

# **Interpretation (Determination and Certification of Death) Regulations**

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## **Legislative History**

### **INTERPRETATION ACT (CHAPTER 1, SECTION 2A)**

### **INTERPRETATION (DETERMINATION AND CERTIFICATION OF DEATH) REGULATIONS**

**Rg 1**

**G.N. No. S 505/1998**

**REVISED EDITION 2000**

## **Citation**

1. These Regulations may be cited as the Interpretation (Determination and Certification of Death) Regulations.

## **Conditions to be satisfied before determining irreversible cessation of all functions of the brain**

2. Subject to regulation 3A, the determination of irreversible cessation of all functions of the brain of a person shall not be carried out unless the following conditions regarding the person have been satisfied:

- (a) that the person's condition is undoubtedly due to irremediable structural brain damage and the diagnosis of any disorder which can lead to the irreversible cessation of all functions of the person's brain must have been fully established;
- (b) that there is no suspicion that the person's condition is due to depressant drugs, hypothermia or metabolic and endocrine factors; and
- (c) that the person's cessation of spontaneous respiration is not caused by neuromuscular blocking agents or other drugs.

## **Criteria for determining irreversible cessation of all functions of the brain**

3. Subject to regulation 3A, the criteria for determining the irreversible cessation of all functions of the brain of a person for the purposes of section 2A of the Act shall be that —

- (a) the pupils are fixed and non-reactive to strong light;
- (b) there is no corneal reflex;
- (c) there is no spontaneous motor response to painful stimulus, excluding spinal reflexes;
- (d) there is no oculocephalic reflex;
- (e) there is no gag reflex or reflex response to tracheobronchial stimulation;
- (f) there is no vestibulo-ocular response on instillation of 50 cubic centimetres of ice-cold water into each ear; and
- (g) there is no spontaneous respiration even with carbon dioxide tension at 50 millimetres or more of mercury.

## Supplementary test

### 3A. Where —

- (a) the condition specified in paragraph (b) or (c) of regulation 2 cannot be satisfied but the remaining conditions specified in that regulation have been satisfied; or
- (b) any of the criteria specified in regulation 3 cannot be performed but the remaining criteria specified in that regulation have been satisfied,

the irreversible cessation of all functions of the brain of a person for the purposes of section 2A of the Act shall be determined by —

- (i) such criteria specified in regulation 3 as have been satisfied; and
- (ii) any of the supplementary tests specified in the First Schedule.

*[S 103/2004 wef 01/07/2004]*

## Qualifications required for certification under section 2A of Act

4. A medical practitioner may determine and certify death of a person under section 2A(3) and (5) of the Act if he has attained one of the following qualifications:

- (a) Master of Medicine (Surgery) (Singapore);
- (b) Master of Medicine (Internal Medicine) (Singapore);
- (c) Master of Medicine (Anaesthesia) (Singapore);
- (d) Master of Medicine (Paediatrics) (Singapore); or
- (e) any other equivalent postgraduate qualification as approved by the Director of Medical Services for the purposes of the Act and these Regulations.

## Forms

5. The following forms shall be used for certifying the death of a person under section 2A of the Act:

- (a) where irreversible cessation of circulation of blood and respiration in the body of the person has occurred, Form 1 in the Second Schedule; and
- (b) where total and irreversible cessation of all functions of the brain of the person has occurred, Form 2 in the Second Schedule.

*[S 103/2004 wef 01/07/2004]*

## FIRST SCHEDULE

Regulation 3A

## SUPPLEMENTARY TESTS

1. Cerebral angiography to confirm that there is no intracranial blood flow.
2. Radionuclide scan to confirm that there is no intracranial perfusion.

*[S 103/2004 wef 01/07/2004]*

## SECOND SCHEDULE

Regulation 5

FORM 1

INTERPRETATION ACT  
(CHAPTER 1)

INTERPRETATION  
(DETERMINATION AND CERTIFICATION OF DEATH)  
REGULATIONS

CERTIFICATION OF CARDIAC DEATH UNDER SECTION 2A

| CERTIFICATION OF DEATH<br>UNDER SECTION 2A |      |      |     | ACCOUNT NO.<br>NRIC/PASSPORT NO. |
|--|------|------|-----|----------------------------------|
| CLASS                                      | DEPT | WARD | BED | NAME                             |
|  |      |      |     | ADDRESS                          |
|  |      |      |     | SEX/BIRTH DATE/RACE              |
|  |      |      |     | HOSPITAL                         |
|  |      |      |     | DATE REGISTERED                  |

CRITERIA FOR DOCTORS WHO CERTIFY CARDIAC DEATH WHERE ORGAN(S)  
WILL BE REMOVED AFTER DEATH

Death shall be certified by 2 medical practitioners —

- (a) who have not been involved in the care or treatment of the person so certified;
- (b) who do not belong to the team of medical practitioners which will effect the removal of the organ from the body;
- (c) who have not been involved in the selection of the proposed recipient of the organ;  
and
- (d) who will not be involved in the care or treatment of the proposed recipient of the organ during his hospitalisation for the purpose of the transplant.

|  |  |
|--|--|
| <p><b>I have examined the abovenamed patient and confirm that there is irreversible cessation of circulation of blood and respiration in the body of the abovenamed patient.</b></p> <p>Name of 1st Doctor: .....</p> <p>Designation: .....</p> <p>Hospital/Dept: .....</p> <p>Signature: .....</p> <p>Date: ..... Time: ..... am/pm</p> | <p><b>I have examined the abovenamed patient and confirm that there is irreversible cessation of circulation of blood and respiration in the body of the abovenamed patient.</b></p> <p>Name of 2nd Doctor: .....</p> <p>Designation: .....</p> <p>Hospital/Dept: .....</p> <p>Signature: .....</p> <p>Date: ..... Time: ..... am/pm</p> |
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