

**Interpretation (Determination and Certification of Death) (Amendment)
Regulations 2004**

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No. S 103

**INTERPRETATION ACT
(CHAPTER 1)**

**INTERPRETATION (DETERMINATION AND CERTIFICATION OF DEATH)
(AMENDMENT) REGULATIONS 2004**

In exercise of the powers conferred by section 2A of the Interpretation Act, the Minister for Law hereby makes the following Regulations:

Citation and commencement

1. These Regulations may be cited as the Interpretation (Determination and Certification of Death) (Amendment) Regulations 2004 and shall come into operation on 1st July 2004.

Amendment of regulation 2

2. Regulation 2 of the Interpretation (Determination and Certification of Death) Regulations (Rg 1) (referred to in these Regulations as the principal Regulations) is amended —

- (a) by deleting the word “The” and substituting the words “Subject to regulation 3A, the”; and
- (b) by deleting the words “all of”.

Amendment of regulation 3

3. Regulation 3 of the principal Regulations is amended by deleting the word “The” and substituting the words “Subject to regulation 3A, the”.

New regulation 3A

4. The principal Regulations are amended by inserting, immediately after regulation 3, the following regulation:

“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.”.

Deletion and substitution of regulation 5

5. Regulation 5 of the principal Regulations is deleted and the following regulation substituted therefor:

“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.”.

Deletion of Schedule and substitution of First and Second Schedules

6. The Schedule to the principal Regulations is deleted and the following Schedules substituted therefor:

“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.

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 UNDER SECTION 2A				ACCOUNT NO. 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.

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.	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.
Name of 1st Doctor:	Name of 2nd Doctor:
Designation:	Designation:
Hospital/Dept:	Hospital/Dept:
Signature:	Signature:
Date: Time: am/pm	Date: Time: am/pm