MOH/P/PAK/570.25 (GU) - e

MINISTRY OF HEALTH MALAYSIA

NATIONAL POLICY FOR FORENSIC MEDICINE SERVICES

Clinical Support Services Unit
Medical Development Division
Ministry of Health Malaysia

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The document outlines optimal achievable standards in accordance with the best practices and guidelines.

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CONTENT

DIRECTOR GENERAL

OF HEALTH MALAYSIA

Forensic medicine stands at the crucial juncture between healthcare and law, offering vital insights that contribute to the pursuit of justice. This uniquely specialised field has become indispendible, grounded in applying medical knowledge to assist the adjudication of justice in a world where the complexities of criminal investigations, public safety, and human rights are ever-evolving. In this field, collaboration with law enforcement agencies, legal experts, and other healthcare professionals is key in medicolegal death investigations.

As Malaysia continues to face the challenges of an increasingly complex legal and healthcare landscape, we can never overstate the importance of having robust forensic medicine services. Therefore, a clear and comprehensive national policy framework must guide its practice to ensure consistent and efficient service delivery while safeguarding both the healthcare professionals who deliver them and the public they serve.

This second edition of the National Policy for Forensic Medicine Services is a timely revision that attests to the critical role of forensic medicine in upholding the rule of law and advancing healthcare whilst maintaining the highest standards of professionalism and public confidence. Congratulations to the Medical Development Division of the Ministry of Health Malaysia and the Working Committee for their outstanding efforts in producing this document.

Datuk Dr Muhammad Radzi bin Abu Hassan

DEPUTY DIRECTOR GENERAL

OF HEALTH MALAYSIA (MEDICAL)

Forensic medicine services represent an essential facet of Malaysia's healthcare system, ensuring the application of medical science in legal and public health matters. However, despite their critical role in ensuring public safety, justice, and health, they are often overlooked, with limited resources and recognition. For these services to function optimally, it is imperative that they operate under a well-structured and coordinated policy framework.

A national policy for forensic medicine services, which encompasses forensic pathology and mortuary services, ensures the establishment of clear guidelines and standards for the practice, management, and delivery of the services across the country. It also ensures that the services remain adaptable to technological advancements, evolving legal requirements, and the public's growing need for a just society.

The revisions introduced in the second edition of the National Policy of Forensic Medicine Services will ensure continued improvement in the quality of forensic medicine services by setting new benchmarks and catalysing the pursuit of excellence in the years to come. I commend the Medical Development Division of the Ministry of Health Malaysia and the Working Committee for their exemplary work in preparing this document.

Dato' Indera Dr Nor Azimi binti Yunus

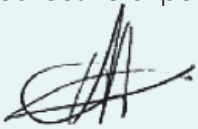
NATIONAL HEAD

OF FORENSIC PATHOLOGY SPECIALTY

Forensic pathology, mortuary, and forensic medicine laboratory services are the three pillars of the forensic medicine services of the Ministry of Health Malaysia, and each plays a pivotal complementary role in addressing the challenges of medicolegal death investigations. These services contribute significantly to our Malaysian legal system by ensuring the investigative process is thorough, accurate, and aligned with legal and professional standards. Additionally, they play a crucial role in improving healthcare by providing valuable data and insights that can inform public health policies in preventive medicine.

Policies in forensic medicine help maintain high standards of practice and serve as a tool for quality assurance, hence reducing the risk of errors and ensuring compliance with ethical guidelines. The pioneering efforts of those who came before us have paved the way for the continued growth and development of this field, providing us with a legacy of knowledge and dedication to build upon. This revised and updated edition of the National Policy of Forensic Medicine Services is a timely effort aimed at ensuring the relevancy of meeting the needs of society with fairness, accuracy, transparency and accountability.

I express my sincere gratitude to the Medical Development Division of the Ministry of Health Malaysia for their unwavering support and commitment throughout the process of producing this document. My heartfelt appreciation also goes to the Working Committee and colleagues, whose collective expertise and dedication made this document possible.



Dr Mohd Suhani bin Mohd Noor

Glossary / Definition of Terms

Biosafety Level 3 Postmortem Facility	A specially designed postmortem facility for conducting postmortem examinations of highly infectious airborne pathogen cases while maintaining tertiary barrier through these features, such as a dedicated negative pressure, laminar flow ventilation system with airlock facility.
Birth	Any child which has issued forth from its mother after the twenty-eighth week of pregnancy.
Brought-in-Dead (BID)	A person who is brought to the Emergency Department / Unit with no signs of life or a person who is brought dead to the mortuary by the police. BID cases shall only have the time cardiopulmonary resuscitation efforts are stopped, and not the approximate time of death. The time at which the body is registered shall be used as the time of death. Sudden deaths in outpatient facilities (patients who are not registered as ward patients), e.g. specialist clinics, diagnostic imaging department and blood donation unit, shall be categorised as BID cases. The cases will be declared as BID cases by the ED and reported to the police. Refer to Appendix I: Section 13 of the Criminal Procedure Code (Act 593).
Case Discussion	An academic exercise / quality assurance activity to discuss the cause of death of a postmortem case prior to the completion of a postmortem report.
Certification of Death	Completion of the relevant death registration forms by a fully registered medical practitioner to obtain a death certificate.
Claimant	Next of kin or authorised representative. Next of kin includes spouse(s), daughter(s), son(s), parent(s), sibling(s), or second- or third-degree relatives. Authorised representative includes representative of next of kin / relatives, representative of Embassy / High Commission, religious authorities and employers.

Clinical Forensic Medicine	A branch of medicine which deals with the investigation of living persons and the assessment of medical findings in the context of the administration of justice.
Clinical Postmortem Examination	A postmortem examination that is performed on a ward death / DID case which is requested by clinicians, to determine the cause of death or extent of disease and requires a written informed consent from the next of kin. Such cases do not involve police investigation.
Death in Custody	Death of a person who is detained by the authorities / law against his will, and it starts from the moment of first contact with the apprehending authority or death of a person in a psychiatric ward.
Death-in-Department (DID)	Death of a patient in the Emergency Department / Unit where the patient has presented to, with signs of life, registered and then passes away. DID cases with unknown cause of death can be categorised as sudden death and a police report is made.
Foreign National	A non-Malaysian citizen including those with permanent resident status.
Forensic Medicine	A branch of medicine which deals with the application of principles of medical knowledge for the purpose of law, both civil and criminal, and furthering justice. It comprises forensic pathology and clinical forensic medicine.
Forensic Medicine Department	A department of forensic medicine must have at least one resident Forensic Pathologist, medical officers and support staff, appropriate and adequate forensic medicine facilities, and preferably a forensic medicine laboratory. It shall be the referral centre for its area of coverage.
Forensic Pathology	A special branch of pathology which deals with the medicolegal investigation of death.
Forensic Postmortem Examination	A postmortem examination that is performed by authorization from the legal authorities.
Hospital Death	In-hospital death i.e. death in department and ward death.

Last Office	Preparation of a dead body in the ward / ED prior to transfer to mortuary including the completion of death registration document where relevant.
Last Rites	Ritual preparation of a dead body before burial / cremation.
Miscarriage / Abortion	Expulsion of a foetus before the twenty-eighth week of pregnancy.
Next of Kin (NOK)	A person who has a relationship of marriage, kinship, or brotherhood, with the deceased. Authorised representatives may represent the next of kin, provided that a written consent from the NOK has been obtained for further management of dead bodies.
Non-police / Non-medicolegal Case	Death that is not reportable to the police under the Criminal Procedure Code (Act 593).
Out-of-Hospital Death	Death of a person that occurs outside hospital settings and in places other than the Emergency Department and hospital wards e.g. public spaces. These cases are not under the purview of the forensic medicine service unless instructed by the police.
Peer Review	A quality assurance activity to assess the accuracy of the cause of death and comments offered by a Forensic Pathologist or medical officer who performs a postmortem examination. It is done after the completion of all ancillary investigations and postmortem report. The peer review panel shall comprise qualified Forensic Pathologists and experts in the disputed area. The involvement of other disciplines depends on the requirement of the case, with conflicts of interest avoided.
Permanent Resident	A foreign national who has been granted a legal residence pass to reside in Malaysia[1,2].
Pol 61 ***(Borang Permintaan Pemeriksaan Mayat, Polis 61 Pindaan 4/86)***	A gazetted document issued by the police for the purpose of a medicolegal death investigation, stating the request for a forensic postmortem examination to be performed by a government medical officer.
Police / Medicolegal Case	Death that is reportable to the police under the Criminal Procedure Code (Act 593). (Refer to Appendix II)

Postmortem Examination	An examination that is performed on a dead body.
Postmortem Report	A report that is produced to fulfil the requirements of Section 332 of the Criminal Procedure Code (Act 593). (Refer to Appendix III)
Pronouncement of Death	Declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending healthcare provider. For the brain death patient, the time of death is at the time of the second brain death test[3].
Specimen	Biological (e.g. body fluids and tissues) and non-biological samples (e.g. clothing) collected during postmortem examination for laboratory analysis.
Stillborn	Any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life[4].
Sudden Death	It is not a cause of death but a category of death where a death occurs suddenly and unexpectedly.
Unclaimed Body	A dead body that has not been claimed after efforts to identify the deceased and to locate the next of kin have been taken, or refusal of the next of kin to claim the body.
Unexplained Death	It is not a sudden death but a death of a patient who was apparently stable in the ward and the cause of death is unknown by the clinicians.
Ward Death	Death of a registered warded patient.

Abbreviation

AMO	Assistant Medical Officer
BID	Brought-in-Dead
CBRNE	Chemical, Biological, Radiation, Nuclear and Explosive
CPC	Criminal Procedure Code (Act 593)
DID	Death-in-Department
ED	Emergency Department / Unit
FP	Forensic Pathologist
FSO	Forensic Science Officer
HOD	Head of Department
HOS	National Head of Specialty
HOSS	Head of Specialty of State
I/O	Investigating Police Officer
MMC	Malaysian Medical Council
MO	Medical Officer
MOH	Ministry of Health, Malaysia
NOK	Next of kin
PDRM	*Polis Diraja Malaysia* (Royal Malaysia Police)
PM	Postmortem
PPK	Healthcare Assistant (Pembantu Perawatan Kesihatan)
SOP	Standard Operating Procedure

Introduction

Forensic Medicine is a branch of modern medicine that applies the principles of medicine and sciences to assist legal authorities nationwide according to provisions in Malaysian law.

Whilst forensic pathology is the core of forensic medicine service in Malaysia, the service has been expanded over the years into areas of interest comprising Forensic Histopathology, Forensic Cardiac Pathology, Forensic Neuropathology, Forensic Anthropology, Forensic Paediatric Pathology, Forensic Human Identification and Clinical Forensic Medicine.

This brings the need for updated service policies for all to fulfil the current aspirations of the service and also to reflect the development and progress that the service has undergone over the years. The policies outlined here shall be read together with the updated Standard Operating Procedure of Forensic Medicine Services.

Vision

To ensure unbiased and transparent forensic services to the stakeholders by conducting professional and impartial medicolegal investigations that are unaffected by undue influences in accordance with the laws of Malaysia.

Mission

1. To ensure transparency, reliability and relevance in Forensic Medicine Services.

2. To provide impartial medicolegal services in accordance with the laws of Malaysia.

3. To provide safe and quality Forensic Medicine Services through competent personnel and adequate infrastructure facilities.

Scope of Service

To provide Forensic Medicine Services that encompass Forensic Pathology and the various areas of interest to the populace of Malaysia.

1. The HOS shall serve as the national head of forensic pathology specialty of MOH for the purpose of clinical governance within the stipulated terms of reference. The nomination for the HOS shall not be restricted to seniority, workplace or state.

2. The HOSS shall serve as the head of forensic pathology specialty at the state level for the purpose of clinical governance within the stipulated terms of reference. His / her nomination shall not be restricted to seniority or workplace within the state.

3. A forensic medicine department is responsible for providing forensic pathology services within its coverage.

4. The delivery of services is subject to manpower, number of cases, and availability of facilities and will be revised from time to time as the need arises.

Organisational and Functional Charts

Hospitals with a resident FP shall establish a Department of Forensic Medicine, whereas hospitals without a resident FP shall form a Forensic Medicine Unit.

1. Organisational chart of Forensic Pathology Specialty (Clinical Governance) (Refer to Chart 1)

2. Organisational chart of Department of Forensic Medicine (Administrative) (Refer to Chart 2)

3. Organisational chart of Forensic Medicine Unit (Administrative) (Refer to Chart 3)

    a. Non-specialist hospitals shall have at least one MO appointed as the person in charge of the mortuary with support by AMO and healthcare assistant.

    b. Specialist hospitals without resident FP shall appoint a permanent MO as the person in charge of the forensic medicine unit.

Chart 1:

Organisational Chart of Forensic Pathology Specialty (Clinical Governance), Ministry of Health Malaysia

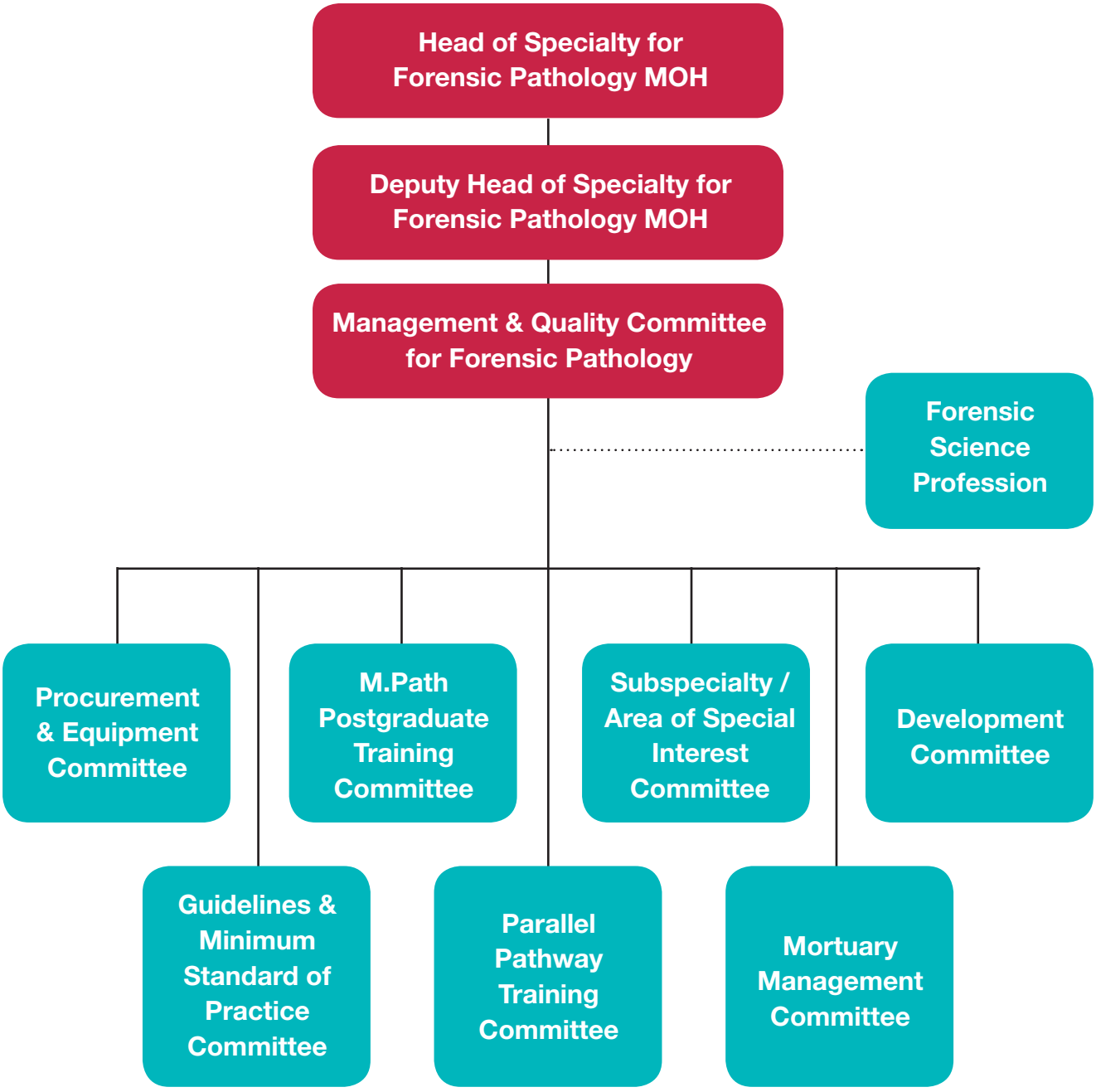


Chart 2:
Organisational Chart of Department of Forensic Medicine (Administrative)

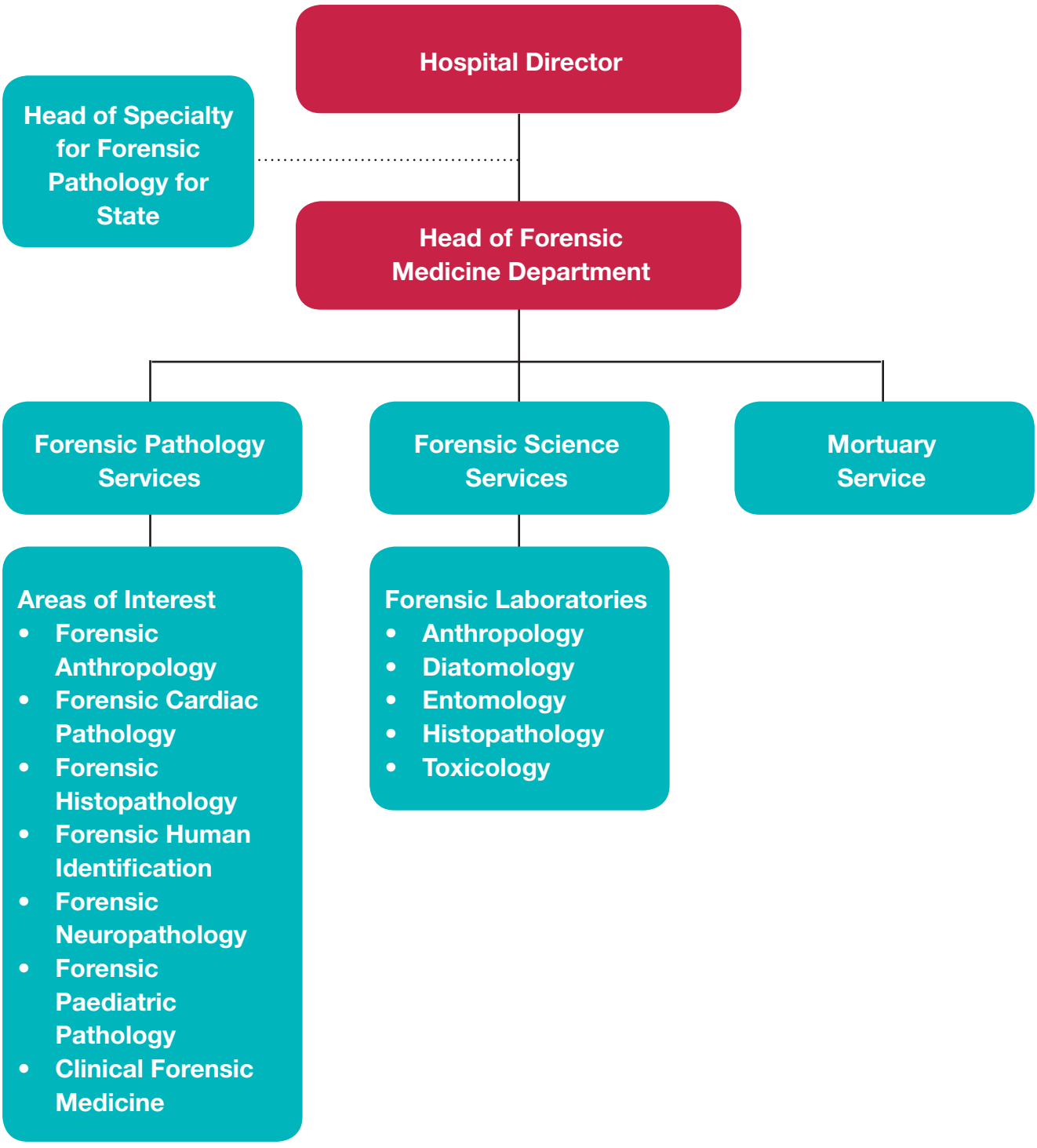
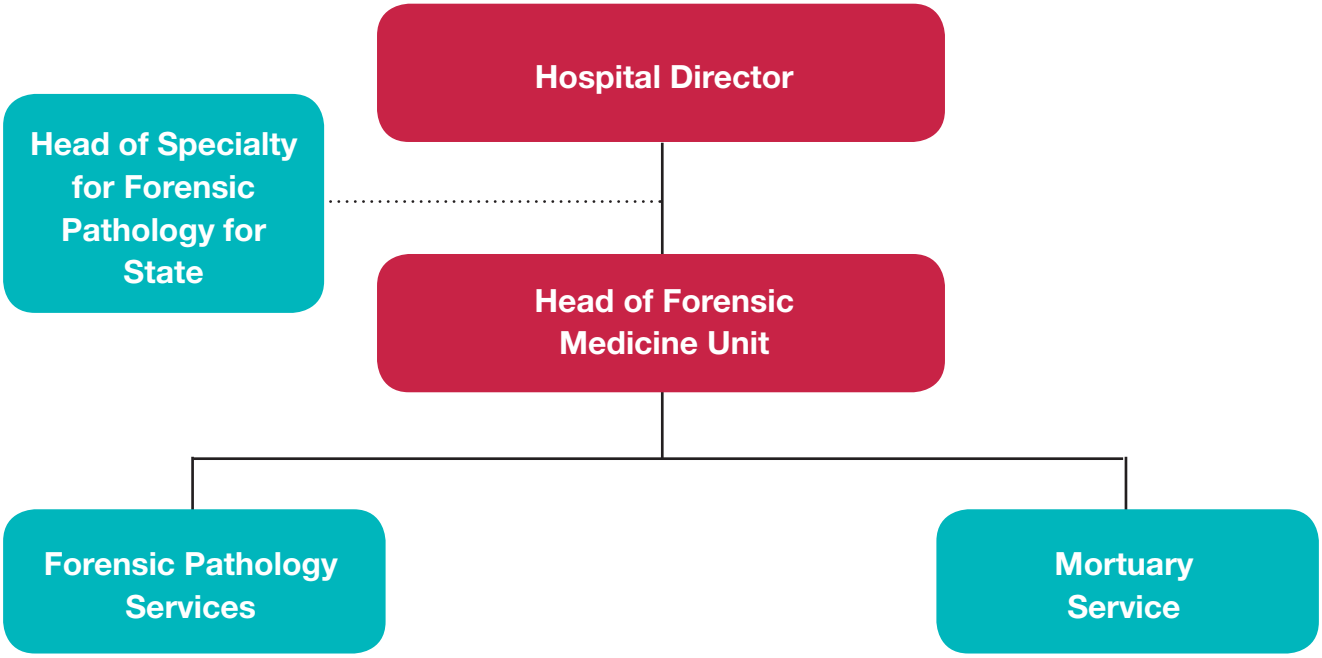


Chart 3:

Organisational Chart of Forensic Medicine Unit (Administrative)



Category of Personnel (Human Resource Requirements)

All Forensic Medicine Departments and Forensic Medicine Units shall be manned by trained and qualified personnel (Refer to Appendix IV).

1. The distribution of human resources shall depend on the service needs which include, but are not limited to, established norms, local service requirements, subspecialty distribution and geography.

2. State and major specialist hospitals with FP should have adequate and appropriate numbers of specialists and health personnel.

3. Credentialing and privileging of mortuary staff will comply with current requirements.

4. Consideration of upgrading a Forensic Medicine Unit to a Forensic Medicine Department is dependent on the number of PM cases of a minimum 150 per annum.

Service Delivery

1. Forensic Pathology Service

The forensic pathology service is to provide 24-hour mortuary and forensic pathology services. The services are as follows:

1.1 Forensic Postmortem Examination

1.1.1 The PM examination remains the gold standard for determining the cause of death. A forensic PM examination is performed under the provision contained within Chapter XXXII of the Criminal Procedure Code (Act 593)[5]. There will be no consent needed in the forensic PM. It also includes PM examination performed under the Prevention and Control of Infectious Diseases Act 1988 (Act 342) (Appendix V) and the Destruction of Disease-bearing Insects Act 1975 (Act 154) (Appendix VI).

1.1.2 A reportable death is not subjected to location and there is no known statute of limitation regarding forensic PM.

1.1.3 Family members are not allowed to observe the PM examination.

1.2 Scene Visit

It is a service that may be required, depending on circumstances. Scene visits, irrespective of whether a crime is suspected or a scene of sudden death, can be done before PM examination or retrospectively.

1.3 Exhumation

1.3.1 Forensic pathology service shall also be involved in exhumation, upon request by PDRM and other legal authorities for the purpose of forensic PM examination.

1.3.2 The exhumation can be the recovery of a suspicious, clandestinely buried body or for the purpose of re-examination of a dead body.

1.3.3 Forensic exhumation does not encompass the relocation of graves or war graves.

1.4 Forensic Disaster Management

The department shall provide expertise in forensic management of fatalities and victim identification in disaster incidents which include infectious disease outbreaks, natural calamities and man-made disasters. The forensic pathology services shall be mobilised accordingly in the event of a disaster.

1.5 Postmortem Examination of Biohazard Cases

A PM examination of a body poses a dangerous health threat to humans from infectious agents. PM examination of such cases shall comply with current biosafety standards and guidelines. PM examination involving dangerous airborne hazard group 3 pathogens shall be done in a biosafety level 3 postmortem facility.

1.6 High-Risk (CBRNE) Postmortem Examination

PM examination of CBRNE (Chemical, Biological, Radiation, Nuclear and Explosive incidents) cases shall be handled with strict attention paid to safety requirements both in terms of equipment and infrastructure.

1.7 Management of Evidence and Specimen

1.7.1 Evidence and specimens collected during the course of a forensic PM examination shall be handled in an appropriate manner and handed over immediately to the investigating police officer and the respective agencies to ensure proper chain of custody.

1.7.2 The specimens shall be disposed of accordingly if they are not collected by the police within the stipulated time, given limited storage space and the likelihood of contamination and deterioration in the quality of the samples.

2. Mortuary Service

The service consists of registration, storage and release of dead bodies, comprising bodies that are BID to the mortuary or ED, and ward deaths. This service shall be provided 24 hours, 7 days a week. Dead bodies in the ward or ED can only be sent down to the mortuary 1 hour after pronouncement of death.

For BID cases, any discrepancies detected in terms of designation of death by ED as BID or DID, the Forensic Medicine Department / Unit shall seek clarification and request necessary corrections be made by attending clinicians.

For DID cases and ward deaths, should the relevant death registration forms be improperly or incorrectly filled (including the cause of death), the mortuary will not release the dead body to the claimant until all the necessary corrections have been made by the responsible doctor.

Release of a dead body must not be subject to the ability of the next of kin to remit hospital charges.

2.1 Release of Dead Body and Body Parts / Foetuses

2.1.1 All dead bodies must be released from the mortuary.

2.1.2 Any special exemption to release the body through the ward can only be authorised by the Hospital Director.

2.1.3 All dead bodies (including whole bodies, body parts and any human remains), shall be released to the right claimant via the respective hospital mortuary in accordance with the stipulated standard operating procedures.

2.1.4 For all dead bodies classified as police cases, the investigating police officer shall be notified and issue approval of release before disposal to the right claimants.

2.1.5 For all dead bodies with infectious status, relevant and current laws and guidelines pertaining to infectious disease and public health[6,7] shall be adhered to. The release of these dead bodies to the claimants shall be in accordance with current public health procedures.

2.1.6 For all dead bodies of foreign nationalities including permanent residents, handling of the bodies shall be based on the current available guideline. Forensic medicine department is not responsible for issuing repatriation permits for the dead bodies. The claimants shall make their own arrangements with the funeral directors for repatriation. The respective High Commission / Embassy / Missions / Consulates shall be engaged to confirm the nationality of the deceased.

2.1.7 Nevertheless, if such confirmation will result in undesirable delay in releasing the dead bodies in the event of a pandemic, such bodies shall be disposed of forthwith in accordance with public health guidelines (Section 17 of Prevention and Control of Infectious Diseases Act 1988 (Act 342) on 'Disposal of the dead').

2.1.8 Religious rites and embalming services are not provided by the mortuary.

2.2 Management of Hazardous Bodies

2.2.1 Dead Bodies with High Infectious Risk

All dead bodies with high infectious risk e.g. HIV, Hepatitis, COVID-19 etc, shall be notified to the Environmental Health Officer and the release of these dead bodies to the claimants shall be under their supervision where applicable and required.

2.2.2 Dead Bodies on Treatment of Permanent Seed Implant Brachytherapy

All dead bodies with permanent seed implant brachytherapy shall follow the stipulated current guideline for radiation safety.

2.2.3 Dead Bodies with Implanted Medical Devices

The respective clinical services shall be consulted for the removal of any implanted medical devices e.g. battery-powered devices.

2.3 Release of Unclaimed Dead Body and Body Parts / Foetuses

2.3.1 A dead body that has not been claimed after efforts to identify the deceased and to locate the next of kin have been taken, or refusal of the next of kin to claim the body, shall be categorised as an unclaimed body. This is subject to local needs and evaluated on a case-by-case basis. Local hospital procedural steps shall be taken for the subsequent disposal of the body.

2.3.2 Bodies can be transferred to another hospital for storage.

2.3.3 Body parts / foetuses that are not claimed shall be disposed of in accordance with local procedure.

2.3.4 In the case of a mass disaster (whereby body refrigerator capacity is exceeded), all unclaimed bodies shall be transferred to the nearest hospital.

2.4 Unclaimed Body for Academic and Research Purposes

Any use of unclaimed bodies in research and academic purposes will comply with any current guideline[8].

2.5 Cadaveric Tissue / Organ Procurement Service

The Department of Forensic Medicine will facilitate and support the activities of cadaveric tissue / organ procurement without prejudice to the inquiries of death in CPC.

3. Forensic Medicine Laboratory Service

3.1 Forensic medicine laboratory service will provide ancillary services for forensic pathology service.

3.2 A Forensic Medicine Department should be equipped with a forensic histopathology laboratory.

3.3 Other forensic laboratories are subject to local practice.

4. Current Areas of Special Interest in Forensic Pathology Specialty

4.1 Forensic Anthropology

Forensic anthropology is the application of physical anthropology, human osteology and archaeology methods in the examination of human skeletal remains tailored towards fulfilling forensic requirements.

4.2 Forensic Cardiac Pathology

An area of cardiac pathology dedicated and tailored towards fulfilling forensic requirements as opposed to diagnostic, therapeutic and prognostic requirements of surgical cardiac pathology.

4.3 Forensic Histopathology

An area of histopathology dedicated and tailored towards fulfilling forensic requirements as opposed to diagnostic, therapeutic and prognostic requirements of surgical histopathology.

4.4 Forensic Human Identification

An area of human identification that utilises various scientific techniques and methods to confirm the identity of an individual.

4.5 Forensic Neuropathology

An area of neuropathology dedicated and adapted towards fulfilling forensic requirements as opposed to diagnostic, therapeutic and prognostic requirements of surgical neuropathology.

4.6 Forensic Paediatric Pathology

An area of pathology involving the paediatric age group that utilises specialised techniques and methods required for the administration of legal matters.

4.7 Clinical Forensic Medicine

Clinical forensic medicine deals with the medical examination of living persons to assist in the adjudication of justice.

5. Forensic Medical Record and Information Management

5.1 All documents pertaining to forensic PM examination (e.g. PM draft, PM report, photograph) constitute medical records. The development of forensic record keeping should be in tandem with the advancement of medical report keeping as a whole. It is the duty of the hospital to provide safe record-keeping for forensic records.

5.2 If the PM examination is done at another facility, the postmortem draft shall be in the possession of the respective referral hospital.

5.3 PM report must be done by the respective medical officer who performs the PM examination (Appendix III: Section 332 of the CPC (Act 593) on 'Report of Government Medical Officer'). FP / MO of the forensic medicine department / unit who do not perform the PM must not sign the PM report.

6. Expert Testimony

6.1 The forensic medicine service shall abide by the MMC guideline on expert witness[9]. FP / MO who have conducted forensic PMs shall testify in court when subpoenaed.

6.2 FP and other forensic personnel can be called as an expert or material witness (Section 45 of Evidence Act 1950 (Act 56) on 'Opinions of experts')[10].

7. Quality Assurance in Forensic Medicine Service

The service shall comply with any current quality assurance programme of MOH. These programmes may include case discussions, peer reviews and external quality assurance.

8. Health and Safety

The forensic medicine service must comply with current standards of infection control, occupational safety and health, and biosafety requirements of any mortuary and forensic pathology facilities.

9. Training and Research

Forensic medicine departments may provide the place to conduct any forensic training for undergraduate and postgraduate students, and any healthcare professionals. Training will be conducted at suitable centres with relevant expertise and caseloads.

10.Others

10.1 Clinical Postmortem Examination

It is under the purview of Anatomical Pathologists with the technical support of the Department of Forensic Medicine. Nevertheless, depending on the nature of the case, the FP may elect to conduct the clinical PM.

10.2 Second Postmortem Examination

10.2.1 It shall be performed following authorisation from the legal authority.

10.2.2 It is the responsibility of the FP who shall perform the second PM examination to consult and obtain relevant documents from the medical practitioner who performed the first PM examination.

10.2.3 The doctor performing the first and second PM examinations shall not be from the same hospital, to avoid any possible conflict of interest.

10.3 Forensic Consultation and Referral for Opinion

FP can provide consultation or opinion upon request by non-government interested parties with the permission of the Hospital Director.

10.4 Disposal of Residual Tissue Specimen / Biological Sample

Following completion of forensic laboratory analysis, any residual tissue specimens shall be disposed of accordingly by the hospital support services.

10.5 Temporary Body Lodging

Temporary body lodging by third parties is not allowed. However, temporary lodging of bodies at government hospitals shall only be provided upon approval by the Hospital Director in writing.

10.6 Waste Management

It shall comply with current policies and standards.

10.7 Temporary Morgue

It will be provided by respective agencies during mass disaster management if necessary.

11. Facilities & Equipments

Departments of Forensic Medicine will be in step with the current Medical Brief of Requirements for Mortuary and Postmortem Facilities, MOH Malaysia[11] and MOH Equipment List - Forensic 2023[12].

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Appendix

Appendix I: Section 13 of Criminal Procedure Code (Act 593)

Appendix II: Medicolegal Death Cases

Appendix III: Section 329 - 332 of Criminal Procedure Code (Act 593)

Appendix IV: Established Norms for Forensic Medicine Services

Appendix V: Prevention and Control of Infectious Diseases Act 1988 (Act 342)

Appendix VI: Destruction of Disease-bearing Insects Act 1975 (Act 154)

Appendix VII: Types of Forensic Medicine Facility, Ministry of Health, Malaysia

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Special Thanks

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Appendix I

SECTION 13 OF CRIMINAL PROCEDURE CODE (ACT 593)

Public to give information of certain matters

13. (1) Every person aware—

(a) of the commission of or the intention of any other person to commit any offence punishable under the Penal Code or any other written law; or

(b) of any sudden or unnatural death or death by violence or of any death under suspicious circumstances, or of the body of any person being found dead without its being known how that person came by death,

shall in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer or the nearest penghulu of the commission or intention or of the sudden, unnatural or violent death or of the finding of the dead body, as the case may be.

(2) If any person discovers any dead body and he has reason to believe that the deceased met with his death through an unlawful act or omission he shall not remove or in any way alter the position of the body except so far as is necessary for its safety.

Appendix II

MEDICOLEGAL DEATH CASES

Medicolegal death cases are those that are reportable to the police under Chapter XXXII of the Criminal Procedure Code (Act 593).

- A sudden unexpected death (regardless of the age) occurring in the course of natural causes (such as age and disease / illness) and its complications, and is deemed not suspicious with no elements of foul play (e.g. myocardial infarction, spontaneous subarachnoid haemorrhage etc).
- A sudden or unusual death, resulting from the acts of violence by another person or animal.
- A death that is suspected to be done by oneself.
- A death of a person raising a reasonable suspicion that some other person has committed an offence.
- Deaths in the workplace due to accidents or poisoning.
- Deaths due to poisoning (e.g. alcohol intoxication, coal gas, pesticides, illicit substances etc).
- Iatrogenic death (e.g. death due to negligence of hospital / clinic personnel and staff such as negligence during medical procedures, handling equipment, medicine, treatment and so on).
- Cases of death involving police detainees, remand detainees, and prisoners in detention camps.
- Deaths in custody / psychiatric hospital or wards.
- Deaths due to firearm or explosion.
- Drowning
- Deaths related to adverse effect of drugs / pharmaceutical agents etc
- Heat stroke / heat-related or environmental-related deaths
- Deaths related to accidents, e.g. vehicular or transportation mishap/crash, aviation, fall, electrocution, etc

NB: The above list is not exhaustive.

Appendix III

SECTION 329 - 332 OF CRIMINAL PROCEDURE CODE (ACT 593)

Duty of police officer to investigate death

329. (1) Every officer in charge of a police station on receiving information—

(a) that a person has committed suicide;

(b) that a person has been killed by another, or by an animal, or by machinery, or by an accident;

(c) that a person has died under circumstances raising a reasonable suspicion that some other person has committed an offence;

(d) that the body of a dead person has been found, and it is not known how he came by his death; or

(e) that a person has died a sudden death,

shall with the least practical delay transmit such information to the Officer in charge of the Police District.

(2) On receipt of the information the Officer in charge of the Police District or some other police officer acting under his directions and being either the officer in charge of a police station or a police officer not below the rank of sergeant shall immediately proceed to the place where the body of the deceased person is and there shall make an investigation and draw up report of the apparent cause of death, describing the wounds, fractures, bruises and other marks of injury as may be found on the body, and such marks, objects and circumstances as, in his opinion, may relate to the cause of death or the person, if any, who caused the death, and stating in what manner or by what weapon or instrument, if any, the marks appear to have been inflicted.

Appendix III

(3) Every police officer making an investigation under this section into the cause of any death, may exercise any or all of the special powers in relation to police investigations in seizable cases conferred on the police officer by Chapter XIII and sections 112, 113 and 114 shall apply to statements made by persons examined in the course of the investigation.

(4) The report shall be signed by the police officer by whom it was drawn up, and where the report was not drawn up by the Officer in charge of the Police District it shall immediately be forwarded to him.

(5) The Officer in charge of the Police District shall immediately forward that report to the Magistrate within the local limits of whose jurisdiction the body of the deceased was found.

(6) When the information given under subsection (1) is of such a nature that, though it affords reasonable ground for believing that a death has occurred, it is unlikely that the body of such deceased person can be found owing to its destruction by fire or otherwise or to the fact that the body is lying in a place from which it cannot be recovered, the officer referred to in subsection (2) shall nevertheless make an investigation and draw up a report, and forward the report to the nearest Magistrate who shall proceed in reference to the report as in the case of a report forwarded under subsection (5).

Duty of officer to arrange for post-mortem examination in certain cases

330. Every officer making an investigation under section 329 shall if there appears to him any reason to suspect that the deceased came by his death in a sudden or unnatural manner or by violence or that his death resulted in any way from or was accelerated by any unlawful act or omission on the part of any other person, at once inform the nearest *Government Medical Officer and, unless it appears to him that the body should be viewed by a Magistrate *in situ*, shall take or send the body to the nearest Government hospital or other convenient place for the holding of a post-mortem examination of the body by a Government Medical Officer:

**NOTE*—Medical Officers of the Armed Forces to be regarded as Government Medical Officers, for the purpose of inquiries into deaths and evidence under the Criminal Procedure Code—*see* L.N. 198/1952.

Appendix III

Provided that if that officer is satisfied as to the cause of death and that the deceased came by his death by accident he may order the body to be buried immediately.

Post-mortem examination of body

331. (1) Upon receiving the information referred to in section 330 a Government Medical Officer shall, as soon as practicable, make a post-mortem examination of the body of the deceased.

(2) The Medical Officer, if it is necessary in order to ascertain the cause of death, shall extend the examination to the dissection of the body and an analysis of any portion of it, and may cause any portion of it to be transmitted to the Institute for Medical Research.

Report of Government Medical Officer

332. (1) The Medical Officer making any such examination shall draw up a report of the appearance of the body and of the conclusions which he draws from it, and shall certify as to the cause of death and shall date and sign the report and transmit it to the Officer in charge of the Police District who shall attach it to the report forwarded under subsection 329(5).

(2) The report of the Medical Officer and also the report of an officer of the Institute for Medical Research on anything transmitted to him under subsection 331(2) shall be admissible as evidence and shall be *prima facie* evidence of the facts stated in it at any inquiry held under this Chapter.

Appendix IV

ESTABLISHED NORMS FOR FORENSIC MEDICINE SERVICES FOR DEPARTMENT OF FORENSIC MEDICINE (per annum) CATEGORIES OF PERSONNEL

CATEGORIES OF PERSONNEL	TOTAL DEATH	POSTMORTEM (PM) CASES	HISTOPATHOLOGY SLIDE	OTHER NORMS
FORENSIC PATHOLOGIST (FP)		1 : 150 PM cases		
MEDICAL OFFICER (MO)				1 FP: 2 MO
FORENSIC SCIENCE OFFICER (FSO)			1 FSO : 2000 SLIDES	
ASSISTANT MEDICAL OFFICER (AMO)	* Min. 1 AMO : 300 deaths			
HEALTHCARE ASSISTANT (PPK)	* Min. 2 PPK : 1 PM table or Min. 1 PPK : 300 deaths			

Note:
Numbers are based on minimum requirement of staff for each category of personnel at a centre where a forensic pathologist is available. The above norms are as of January 2024 and will be revised when necessary.
*Norms for AMO / PPK may also be applicable for hospitals with forensic medicine units. These norms are not applicable for shift-based work.

Appendix IV

ESTABLISHED NORMS FOR FORENSIC MEDICINE SERVICES CATEGORIES OF FACILITY & EQUIPMENT

NO.	CATEGORIES OF FACILITY / EQUIPMENT	NORMS
1.	**Biosafety level 3 postmortem facility**	Min 1: every State
2.	**Forensic histopathology laboratory**	Every Forensic Medicine Department that produces ≥ 10,000 slides per year
3.	**Body refrigerator 2-tier**	Min 8 for type A of Forensic Medicine Facility Min 5 for type B of Forensic Medicine Facility Min 4 for type C of Forensic Medicine Facility Min 2 for types D and E of Forensic Medicine Facility
4.	**Postmortem table**	3 fixed PM tables plus 3 latch-on PM tables for type A of Forensic Medicine Facility 2 fixed PM tables plus 2 latch-on PM tables for type B of Forensic Medicine Facility 1 fixed PM table plus 1 latch-on PM table for type C of Forensic Medicine Facility No PM table for types D and E of Forensic Medicine Facility
5.	**Adult postmortem set**	1 PM table : 1 PM set
6.	**Infant postmortem set**	2 PM table : 1 PM set
7.	**Microscope (Pathologist grade)**	1 FP : 1 microscope 2 MO : 1 microscope
8.	**Electric autopsy saw with attached vacuum**	1 PM table : 1 autopsy saw (+1 redundancy)
9.	**Digital camera with SD card**	1 PM table : 1 camera (+1 redundancy)
10.	**Portable medical suction apparatus with double jar**	2 PM table : 1 suction apparatus (+1 redundancy)

Appendix IV

NO.	CATEGORIES OF FACILITY / EQUIPMENT	NORMS
11.	**Organ weighing scale 7.5 kg (3 decimal)**	1 PM table : 1 scale (+1 redundancy)
12.	**Baby weighing scale 20 kg**	3 PM table : 1 scale
13.	**Automated mortuary hydraulic body lifter with weighing scale**	Min 3 for types A and B of Forensic Medicine Facility Min 2 for type C of Forensic Medicine Facility
14.	**Automated mortuary hydraulic body lifter**	Min 1 for types D and E of Forensic Medicine Facility

Note:
The above list is based on MOH Equipment List - Forensic 2023 and Medical Brief of Requirements for Mortuary and Postmortem Facilities, Ministry of Health, Malaysia version 2023. Development Committee, Forensic Pathology Specialty, Ministry of Health, Malaysia (Refer to Appendix VII).

Appendix V

PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT 1988 (ACT 342)

Order for examination of corpse

16. Whenever an authorized officer suspects that a person has died of an infectious disease, he may order the corpse to be conveyed to such place as he may appoint for such examination as he may consider necessary.

Disposal of the dead

17. (1) Where—

(a) a person has died or is suspected to have died of an infectious disease; and

(b) an authorized officer has given directions as to the manner in which the corpse of such person is to be buried or cremated,

no person shall bury or cremate such corpse otherwise than in accordance with the directions of the authorized officer.

(2) Any person who contravenes subsection (1) commits an offence.

Appendix VI

DESTRUCTION OF DISEASE-BEARING INSECTS ACT 1975 (ACT 154)

Medical examination of persons suspected of being infected with insect-borne disease

10. (1) The Director General or a Medical Officer of Health may—

(a) medically examine any person suspected or likely to be infected with insect-borne disease for the purpose of ascertaining whether such person is suffering from, or has recently suffered from, or is a carrier of, any insect-borne disease, or whether such person has been recently exposed to infection by any such disease, including the examination of his blood, urine and stool;

(b) medically treat or isolate any person who is suffering from any insect-borne disease or to do both; and

(c) cause a post-mortem examination to be made on any corpse where the death is suspected to have been caused by any insect-borne disease.

(2) Any person who refuses, fails or neglects to submit for examination, treatment or isolation under paragraph (1)*(a)* or *(b)* or any person having the custody of any corpse who refuses or obstructs the post-mortem of the corpse under paragraph *(c)* of that subsection shall be guilty of an offence under this Act and shall be liable on conviction to a fine not exceeding two thousand ringgit.

Power to require information and examine persons

10A. (1) The Director General, a Medical Officer of Health or an inspector making an investigation and examination under this Part shall have the poser to require information, whether orally or in writing, from any person acquainted with the facts and circumstances of the matter under investigation.

Appendix VI

(2) Any person who, on being required by the Director General, a Medical Officer of Health or an inspector to give information under this section, refuses to comply with such requirement or furnishes as true any information which he knows or has reason to believe to be false, untrue or incorrect, in whole or in part, shall be guilty of an offence.

(3) If any information furnished under subsection (2) is proved to be false, untrue or incorrect, in whole or in part, it shall be no defence to allege that such information or any part thereof was misinterpreted or furnished inadvertently or without criminal or fraudulent intent.

(4) The Director General, a Medical Officer of Health or an inspector making an investigation under this Act may exercise any or all of the powers conferred by section 111 of the Criminal Procedure Code [Act 593] and sections 112 to 114 of the Code shall apply to statements made by the persons examined in the course of such investigation.

Appendix VII

TYPES OF FORENSIC MEDICINE FACILITY, MINISTRY OF HEALTH, MALAYSIA

1. DEFINITION

Mortuary and postmortem facilities shall be defined and categorised as shown in **Table 1**.

Table 1: Types of Forensic Medicine Facility

Type A	Specialist Hospital with Department of Forensic Medicine (Dedicated Resident Forensic Pathologist) Mortuary with postmortem examination facility
Type B	Specialist Hospital with Unit of Forensic Medicine (Dedicated Forensic Medical Officer) Mortuary with postmortem examination facility **Potential for future upgrades to a Department once a Forensic Pathologist is assigned.*
Type C	Non-specialist Hospital which is: • Located **more than** 1 hour travelling time OR • Located **more tha**n 50km from the nearest mortuary with postmortem examination facility. Mortuary with postmortem examination facility
Type D	Non-specialist Hospital which is: • Located **less than** 1 hour travelling time OR • Located **less than** 50km from the nearest mortuary with postmortem examination facility. Mortuary facility only
Type E	Other non-hospital facilities. Mortuary facility only e.g. Klinik Kesihatan (e.g. KK Tekek, Pulau Tioman and KK Belaga, Sarawak)
Disclaimer: Type of forensic medicine facility shall be subject to discussion with the Forensic Pathology Specialty MOH, based on the norm of specialist distribution.	

Note:

- The above table is extracted from the Medical Brief of Requirements for Mortuary and Postmortem Facilities, Ministry of Health, Malaysia version 2023. Development Committee, Forensic Pathology Specialty, Ministry of Health, Malaysia.

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