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Establishment of Cause of Death Act

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Amended by the following acts

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08.12.2010	RT I, 28.12.2010, 6	01.01.2011
06.06.2012	RT I, 29.06.2012, 4	01.01.2013
22.05.2013	RT I, 11.06.2013, 2	21.06.2013, partially 01.09.2013 and 01.01.2014
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29.01.2015	RT I, 26.02.2015, 1	01.03.2015
13.12.2017	RT I, 30.12.2017, 1	01.01.2018, partially 01.07.2018

Chapter 1 GENERAL PROVISIONS

§ 1. Scope of application of Act

(1) This Act provides for the conditions and procedure for the establishment of death and cause of death, notification of death and performance of pathology-related activities, bases for the performance of forensic medical autopsy and forensic examination, use of bodies, organs and tissues in education and research, financing

of the establishment of cause of death and pathology-related activities, collection of data on the causes of death and exercising supervision over compliance with this Act.
[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

(2) Issues related to the burial of the deceased are not regulated with this Act.

§ 2. Application of other Acts

(1) The specifications provided for in this Act shall be taken into account upon the application of provisions of the Administrative Procedure Act, Code of Criminal Procedure or Forensic Examination Act within the scope of this Act.

(2) Personal data received upon the establishment of cause of death and in the course of pathoanatomical activity shall be processed and protected on the bases provided for in the Personal Data Protection Act.

(3) The identity of a deceased at a health care provider shall be established on the basis of the documents specified in the Identity Documents Act.

(4) If the cells, tissues or organs of a person are wished to be removed for transplantation after his or her death, the death of the person shall be established pursuant to the procedure provided for in the Procurement, Handling and Transplantation of Cells, Tissues and Organs Act.

[RT I, 26.02.2015, 1 – entry into force 01.03.2015]

Chapter 2 ESTABLISHMENT OF CAUSE OF DEATH AND NOTIFICATION OF DEATH

§ 3. Establishment of death

(1) A person shall be considered dead if according to the advanced level of medical science it has been established that:

- 1) all the brain functions have ceased completely and irrevocably, or
- 2) the circulation has ceased completely and irrevocably.

(1¹) The death of a person deceased in the course of provision of independent nursing care service shall be established by a nurse or a doctor.

[RT I, 11.06.2013, 2 – entered into force 01.01.2014]

(2) The death of a person deceased at a hospital shall be established by an attending physician or a doctor on call.

(3) The death of a person deceased outside of a hospital shall be established by a doctor or head of an ambulance crew.

[RT I 2010, 8, 35 – entered into force 01.03.2010]

(4) The death of a serviceman killed in an international military operation shall be established by the doctor belonging into the composition of the defence forces unit participating in the military operation or in case of lack thereof by the doctor of military unit.

[RT I 2008, 27, 178 – entered into force 10.07.2008]

§ 4. Establishment of cause of death

Establishment of the cause of death means ascertaining the cause of death of a person whether by:

- 1) external examination of a deceased,
- 2) documents evidencing the provision of health services,
- 3) pathoanatomical autopsy,
- 4) forensic medical autopsy, or
- 5) forensic medical examination.

§ 5. Notification of death

(1) The death of a person deceased at a hospital shall be immediately notified to the person's attending physician or doctor on call.

(1¹) The death of a person deceased in the course of provision of independent nursing care service shall be immediately notified to the person's attending physician or family physician.

[RT I, 11.06.2013, 2 – entered into force 01.01.2014]

(2) The death of a person deceased at his or her permanent place of residence shall be immediately notified to a family physician. If the notification of a family physician is not possible, the emergency medical staff shall be notified.

(3) If there is reason to believe that a person has died as a result of a criminal offence or as a result of external causes or a suspicion thereof or if an unidentifiable deceased is found, an investigative body or a Prosecutor's Office shall be immediately notified thereof.

(4) In cases not specified in subsections (1)–(3) of this section, the emergency medical staff shall be called to the deceased, who shall notify the family physician of the person's death pursuant to the procedure provided for in the Health Care Services Organisation Act.

(5) A death of a foreign citizen shall be notified immediately by the doctor having established the death to the Ministry of Foreign Affairs in written form. A death notice shall be attached to the notification.
[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

(6) In the case specified in subsection (3) of this section, the Prosecutor's Office shall immediately notify the Ministry of Foreign Affairs of the death of a foreign citizen and the commencement or non-commencement of criminal proceedings.

(7) The Ministry of Foreign Affairs shall notify the death of a foreign citizen to the foreign mission of the country of residence of the deceased pursuant to the procedure provided for in the Vienna Convention on Consular Relations.
[RT I 2009, 29, 175 – entered into force 01.07.2009]

(8) The cooperation between the police, emergency medical staff and hospitals upon the notification of cases of death shall take place pursuant to the procedure provided for in the Health Care Services Organisation Act.

§ 6. Notification of persons close to deceased and legal representative thereof

(1) For the purposes of this Act, the spouse, parents, children and siblings shall be deemed to be the persons close to the deceased. Persons close to the deceased can also be deemed to be other persons pursuant to the way of life of the deceased.

(2) The death of a person deceased at a hospital shall be immediately notified by the health care provider to the persons close to the deceased or to the legal representative thereof but not later than within 72 hours after the establishment of death. If the persons close to the deceased or a legal representative thereof cannot be notified within the given term, the local government of the residence of the deceased shall be notified immediately.

(3) A deceased unidentified by a health care provider shall be immediately notified to the police by the health care provider.

(4) The police having identified the deceased shall immediately notify of the person's death to the persons close to the deceased or a legal representative thereof and notify the personal data of the deceased and the data of the persons close to the deceased or a legal representative thereof to the hospital.

(5) In case of lack of persons close to the deceased or a legal representative thereof, the police shall immediately notify the local government of the residence of the deceased.

(6) The persons close to a person deceased outside of a hospital or a legal representative thereof shall be notified by a doctor or head of an ambulance crew having established the death. If the doctor or head of an ambulance crew having established the death have no data on the persons close to the deceased or a legal representative thereof, the police shall be notified of the deceased.

(7) The death of a person deceased outside of a hospital in the course of provision of independent nursing care service shall be notified immediately by the nurse having established the death, the person's attending physician or family physician to the persons close to the deceased or a legal representative thereof but not later than within 72 hours after the establishment of death. If the persons close to the deceased or a legal representative thereof cannot be notified within the given term, the local government of the residence of the deceased shall be notified immediately.
[RT I, 11.06.2013, 2 – entered into force 01.01.2014]

§ 7. Doctor's responsibilities in case of death

(1) The doctor having received a notice on death shall immediately perform an external examination of the deceased in order to establish death and ascertain the cause thereof.

(2) If the cause of death cannot be established as a result of an external examination of the deceased or based on the information concerning his or her latest disease and treatment, the doctor shall send the body for a pathoanatomical autopsy on the bases and pursuant to the procedure provided for in § 14 of this Act.

(3) If the death is established by emergency medical staff, the owner of ambulance crew shall, pursuant to the procedure provided for in the Health Care Services Organisation Act, notify the family physician of the deceased, who shall decide the performance of a pathological autopsy.

§ 8. Death notice

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

(1) A death notice is an electronic document or part of a medical document reflecting the data on the deceased person, the time and place of death and the health care provider having established the death, which serves as the basis for automatic registration of death in the population register.

(2) After the establishment of death, the health care provider having established the death shall send the death notice to the Health Information System pursuant to the procedure provided for in this Act.

(3) The Health Information System shall forward to the population register the following data from a death notice of a deceased holding a personal identification code of Estonia:

- 1) personal data of the deceased;
- 2) the time and place of death;
- 3) data on the person submitting the notice.

(4) The Health Information System shall forward to the Causes of Death Registry the following death data from a death notice:

- 1) personal data of the deceased;
- 2) the time and place of death and location of death;
- 3) data on the person submitting the notice;
- 4) time of drawing the death notice.

(5) In objective causes the death notice shall be drawn on paper. An objective cause, *inter alia*, is a situation where the birth of a deceased person has not yet been registered in the population register. A death notice drawn on paper shall be issued to the persons close to the deceased or a legal representative thereof and to the local government of the residence of the deceased or in case of a deceased without any persons close to him or her to the local government of the residence of the deceased for the registration of death in a vital statistics office.

(6) A death notice shall be drawn in the composition of data established under subsection § 59²(2) of the Health Services Organisation Act.

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

§ 8¹. Notice of cause of death and cause of perinatal death

(1) A notice of cause of death is an electronic document reflecting the data on the event of death, cause of death, circumstances having inflicted the cause of death of the deceased and data of the person having established the death, based on which data shall be entered in the Causes of Death Registry.

(2) A notice of cause of perinatal death is an electronic document reflecting the data on the event of death, cause of death, circumstances having inflicted the cause of death of a stillborn child and of a child deceased at the age of up to six days, and data of the person having established the death, and also the data on the mother of a deceased child, based on which data shall be entered in the Causes of Death Registry.

(3) After establishing the cause of death, the doctor having established thereof shall transmit the notice of cause of death and cause of perinatal death to the Health Information System, who shall transmit such notices to the Causes of Death Registry. In case of an unclear cause of death the relevant notice after establishing the cause of death shall be transmitted by a pathologist, forensic pathologist or an expert.

(4) In objective causes, the notices specified in subsections (1) and (2) of this section shall be drawn on paper. The issuer of the notice shall send the notice on paper to the Causes of Death Registry.

(5) The notice specified in subsection (1) or (2) of this section shall be issued to the persons close to the deceased or to the legal representative thereof or in case of a deceased without any persons close to him or her to the local government of the deceased.

(6) The notices specified in subsections (1) and (2) of this section reflect the data in the composition of data established under subsection 59²(2) of the Health Services Organisation Act.

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

§ 9. Activity of investigative body and Prosecutor's Office upon establishment of cause of death

(1) Upon ascertaining the elements of criminal offence of a death, the investigative body or Prosecutor's Office shall commence criminal proceedings and assign a forensic medical examination. In case of a death caused by other external causes or a suspicion thereof or if the cause of death of a person is not established in another manner provided for in the law, the investigative body or Prosecutor's Office shall send the body for a forensic medical autopsy.

[RT I 2010, 8, 35 – entered into force 01.03.2010]

(1¹) Death as a result of external causes has been caused by the harmful effect of mechanical, physical, chemical or other factors originating from the outdoor environment.

[RT I 2010, 8, 35 – entered into force 01.03.2010]

(2) An investigative body or Prosecutor's Office shall assist the health care providers upon ascertaining the personal data of a deceased, finding the persons close to the deceased or a legal representative thereof and notification of a person's death.

Chapter 3 PATHOANATOMICAL AUTOPSY FOR ESTABLISHMENT OF CAUSE OF DEATH

§ 10. Pathoanatomical autopsy

(1) Pathoanatomical autopsy means the establishment of cause of death by a pathologist by opening the cavities of the body of the deceased, removal of internal organs and the microscopic and macroscopic description and analysis thereof.

(2) Pathoanatomical autopsy is performed to ascertain an unclear cause of death or in case of death caused by disease to assess the disease and the course thereof or if it is necessary in view of general health care and treatment quality.

(3) Pathoanatomical autopsy and all the related operations shall be in compliance with the requirements of medical code of ethics and shall not infringe the dignity of a body.

§ 11. Basis for performance of pathoanatomical autopsy

The basis for performance of a pathoanatomical autopsy shall be a doctor's referral to which an extract from a document reflecting the state of health of the deceased shall be attached.

§ 12. Organisation of pathoanatomical autopsy

(1) Pathoanatomical autopsy shall be organised at a hospital holding a valid activity licence issued on the basis of the Health Care Services Organisation Act.

(2) Pathoanatomical autopsy can only be performed by a pathologist.

(3) Other persons may be present at a pathoanatomical autopsy for educational purposes if there are no data that the deceased would have been objected to it in his or her lifetime.

§ 13. Deciding on performance of pathoanatomical autopsy

(1) The performance of a pathoanatomical autopsy of a person deceased at a hospital shall be decided by the attending physician of the deceased or by the doctor on call.

(2) The performance of a pathoanatomical autopsy of a deceased brought to a hospital shall be decided by the doctor on call.

(3) The performance of a pathoanatomical autopsy of a person deceased outside of a hospital shall be decided by the doctor establishing the cause of death of the person.

§ 14. Bases and procedure for performance of pathoanatomical autopsy

(1) Pathoanatomical autopsy is performed to ascertain an unclear cause death or in case of death caused by disease to assess the disease and the course thereof or if it is necessary in view of general health care and treatment quality if the cause of death cannot be established as the result of an external examination of the

deceased and based on the information the doctor has on the last disease and treatment of the deceased and there is no reason for a forensic medical autopsy or forensic medical examination in criminal proceedings.

(2) The performance of a pathoanatomical autopsy shall be mandatory in the following cases:

- 1) in case of an unclear death if there is no reason to believe that a person has died as a result of a criminal offence or due to external causes;
- 2) in case of an unclear diagnosis of a disease in the person's lifetime;
- 3) if the person undergoing hospital treatment died at the hospital within the first twenty-four hours and the doctor has no data on the cause of death;
- 4) if the person died as a result of diagnostic or treatment methods;
- 5) in case of an acute infectious disease or a suspicion thereof;
- 6) in case of death of a pregnant woman or woman giving birth caused by a disease;
- 7) in case of death of a child up to twelve months of age if there is no reason to believe that the child has died as a result of a criminal offence or due to external causes;
- 8) in case of death of a newborn child with birth weight from 500 grams or in case of death of a foetus with vital signs (heartbeat, breathing and foetal movements) born from 22 weeks of pregnancy;
- 9) in case of a stillborn child with birth weight from 500 grams.

(3) In the cases specified in clauses (2) 8) and 9) of this section, the body shall be sent for an autopsy with the placenta.

(4) In addition to the cases specified in (2) 1–9 of this section, a pathoanatomical autopsy shall be performed at the written request of the persons close to the deceased or a legal representative thereof.

(5) Pathoanatomical autopsy shall not be performed in order to establish the cause of death if the deceased suffered from a chronic illness in his or her lifetime which has been recorded in the documents evidencing the provision of health services to the person and which caused his or her death due to complications or becoming acute.

§ 15. Consent for performance of pathoanatomical autopsy

(1) A written consent for the performance of a pathoanatomical autopsy in cases other than specified in subsection 14 (2) of this Act must be obtained from the persons close to the deceased or a legal representative thereof.

(2) The person having granted a written consent for the performance of a pathoanatomical autopsy may withdraw it until the commencement of a pathoanatomical autopsy.

§ 16. Interruption of pathoanatomical autopsy

If in the course of a pathoanatomical autopsy a suspicion arises that the person died as a result of a criminal offence or due to external causes, the performance of a pathoanatomical autopsy shall be interrupted and an investigative body of Prosecutor's Office shall be notified thereof immediately.

§ 17. Preservation and documentation of materials and results of pathoanatomical autopsy

The procedure established under the Health Care Services Organisation Act shall be applied to the preservation of materials and results of pathoanatomical autopsies and documents maintained on pathoanatomical autopsies.

§ 18. Notification of results of pathoanatomical autopsy

(1) The report of a pathoanatomical autopsy shall be issued to the doctor having sent the deceased for a pathoanatomical autopsy and to the family physician.

(2) The persons close to the deceased or a legal representative thereof shall be entitled to inspect the autopsy report and to receive copies thereof at their own expense.

Chapter 4 FORENSIC MEDICAL EXAMINATION AND FORENSIC MEDICAL AUTOPSY FOR ESTABLISHMENT OF CAUSE OF DEATH

§ 19. Forensic medical examination

(1) Forensic medical examination means the establishment of cause of death of a person through the forensic medical autopsy of a person and additional examinations performed by a forensic medical expert pursuant to the procedure provided for in the Forensic Examination Act.

(2) Forensic medical examination for the establishment of cause of death shall be performed pursuant to the procedure provided for in the Code of Criminal Procedure if there is reason to believe that a person has died as a result of a criminal offence.

(3) Other persons may be present at a forensic medical examination for educational purposes if there are no data that the deceased would have been objected to it in his or her lifetime.

§ 20. Basis for performance of forensic medical examination

The basis for the performance of a forensic medical examination shall be a ruling of a body conducting proceedings which shall be prepared in case elements of criminal offence become evident on the deceased or in case a suspicion of criminal offence arises.

§ 21. Forensic medical autopsy

(1) Forensic medical autopsy means the establishment of cause of death of a person through an autopsy performed by a forensic medical expert at a state forensic institution.

(2) Forensic medical autopsy for the establishment of cause of death is performed in case of a death due to external causes or a suspicion thereof or if the deceased cannot be identified or in case of late postmortem changes.

(3) Other persons may be present at a forensic medical autopsy for educational purposes if there are no data that the deceased would have been objected to it in his or her lifetime.

§ 22. Basis for forensic medical autopsy

(1) The basis for a forensic medical autopsy shall be a referral by an investigative body or Prosecutor's Office to which the description of the place where the body was found shall be attached.

(2) The format of referral of a forensic medical autopsy shall be established by the minister responsible for the area.

§ 23. Interruption of forensic medical autopsy

If in the course of a forensic medical autopsy a suspicion arises that the person died as a result of a criminal offence, the performance of a forensic medical autopsy shall be interrupted and an investigative body or Prosecutor's Office shall be notified thereof immediately.

§ 23¹. Transmission of documents reflecting provision of treatment and health care services

(1) At the request of the person performing the forensic medical autopsy, the health care provider shall be required to transmit the documents evidencing the provision of health care services to the deceased to a forensic institution. If a forensic medical examination or autopsy is organised in order to establish the cause of death of a person deceased at a hospital, the health care institution shall transmit to the forensic institution the documents reflecting the state of health of the deceased and provision of health services thereto.

(2) The documents received from the health care provider shall be returned after the registration of the cause of death.

(3) The specific conditions for the receipt of documents from health care providers and the return thereof shall be determined by an agreement between the forensic institution and health care providers. The cost for transmission of documents shall be covered by a forensic institution.

[RT I 2010, 8, 35 – entered into force 01.03.2010]

§ 23². Doctor's right to receive data from forensic pathologist on cause of death

If in the course of a forensic medical examination or forensic medical autopsy it is established that a person has died as a result of a disease, the attending physician and family physician of the deceased shall have the right to receive data on the disease having caused the death and the course thereof from the forensic pathologist by submitting a written enquiry.

[RT I 2010, 8, 35 – entered into force 01.03.2010]

Chapter 5

USE OF BODIES AND TISSUES IN EDUCATION AND RESEARCH

§ 24. Transfer of body for education and research

(1) A body may be transferred for education and research if:

1) the person's death has been established pursuant to the procedure provided for in this Act,
2) the person was a citizen of Estonia or stayed in Estonia on the basis of a long-term residence permit or right of residence,

[RT I 2006, 26, 191 – entered into force 01.08.2006]

3) the deceased expressed intention in his or her lifetime to donate his or her body for education and research after death or there are no data that he or she would have been objected to it, and

4) it does not hinder the forensic medical autopsy or forensic medical examination of the deceased.

(1¹) A person may express his or her intention to donate his or her body for education and research after death by certifying it with digital signature via the Health Information System.

[RT I 2008, 3, 22 – entered into force 01.09.2008]

(2) If there are no data on the opinion of a person expressed in his or her lifetime, the intention of the deceased in his or her lifetime shall be ascertained through the persons close to the deceased.

(3) Other persons may not prohibit the transfer of a body for education and research if the deceased has wished to do so in his or her lifetime and has expressed his or her intention.

§ 25. Transfer of body, tissues and organs to University of Tartu

Bodies, tissues and organs may be transferred to the University of Tartu for the professional training of health care professionals and for medical research.

§ 26. Conditions for transfer of body for education and research

(1) A body may be transferred for education and research to the University of Tartu as voluntary donations from the persons close to the deceased or from guardianship authorities who as the legal representatives of persons with restricted active legal capacity have the right to donate the bodies without successors for educational purposes if the person in his or her lifetime did not explicitly refuse having his or her body transferred for educational purposes.

(2) A fee shall not be paid for the donation of a body.

(3) The conditions and procedure for the procurement, preservation and use of anatomical study materials shall be established by the minister responsible for the area.

§ 27. Conditions for use of organs and tissues for education and research

(1) Organs and tissues removed in the course of a pathoanatomical autopsy, examination, forensic medical autopsy or examination preserved without personal data may be used for education and research without the consent of the persons close to the deceased or a legal representative thereof.

(2) Organs and tissues removed in the course of a pathoanatomical autopsy, examination, forensic medical autopsy or examination preserved with personal data may be used for education and research only with the consent of the persons close to the deceased or a legal representative thereof.

Chapter 6 FINANCING

§ 28. Costs of pathoanatomical autopsy

(1) The costs of a pathoanatomical autopsy shall be covered by the health insurance fund pursuant to the procedure provided for in the Health Insurance Act.

(2) The costs of a pathoanatomical autopsy performed in the case specified in subsection 14 (4) of this Act shall be covered by the person applying for the pathoanatomical autopsy within the maximum rate pursuant to the procedure provided for in the Health Insurance Act.

(3) If a cause of death other than the initial cause of death recorded in the documents evidencing the provision of health services to a person is established in the case requested by the persons specified in subsection 14 (4) of this Act, the costs of a pathoanatomical autopsy shall be covered by the health insurance fund pursuant to the procedure provided for in the Health Insurance Act.

(4) If in the course of a pathoanatomical autopsy it is established that the person died as a result of a criminal offence and an autopsy is completed pursuant to the procedure provided for in the Code of Criminal Procedure, the costs of a pathoanatomical autopsy shall be covered as the costs of a forensic medical examination. The costs of an autopsy performed until the interruption of a pathoanatomical autopsy shall be covered by the health insurance fund pursuant to the procedure provided for in the Health Insurance Act.

§ 29. Costs of forensic medical examination and forensic medical autopsy

(1) The costs of forensic medical examinations and forensic medical autopsies shall be covered from the state budget through the Ministry of Justice.

(2) If in the course of a forensic medical examination or forensic medical autopsy it is established that the person died as a result of a disease, the costs of an autopsy shall be covered by the health insurance fund pursuant to the procedure provided for in the Health Insurance Act.

§ 30. Transportation costs of deceased

(1) The transportation costs of a deceased not regulated with this Act shall be covered by the persons close to the deceased or other persons having ordered the transportation.

(2) If a deceased is transported to a pathoanatomical autopsy on the basis of a doctor's referral in the case specified in subsection 14 (2) of this Act, the costs related to the transportation of the deceased shall be covered by the health insurance fund pursuant to the procedure provided for in the Health Insurance Act.

(3) The transportation of a deceased without persons close to him or her or who is found in a public place and who has not died as a result of external causes shall be organised by the local government in its administrative territory and the costs of transportation shall be covered from the budget of the local government.

(4) If the place of residence of a deceased without persons close to him or her specified in subsection (3) of this section or who is found in a public place is in another local government according to the population register, the local government having organised the transportation of the deceased shall submit the invoice for transportation costs of the deceased for payment to the local government of the residence of the deceased.

(5) If the address of a deceased without persons close to him or her or who is found in a public place has not been entered in the population register, the transportation costs of the deceased shall be refunded to the local government from the state budget as the costs of a state function performed by the local government pursuant to the procedure established by the minister responsible for the area.

[RT I, 28.12.2010, 6 – entered into force 01.01.2011]

(6) The transportation of a deceased for a forensic examination or forensic medical autopsy shall be organised by the police and the funds necessary therefor shall be provided for in the budget of the Ministry of the Interior.

(7) The transportation of a deceased at the site of a traffic accident shall take place pursuant to the procedure provided for in the Traffic Act.

§ 31. Costs related to use of bodies, organs and tissues for education and research

Costs related to the use of bodies, organs and tissues for education and research shall be covered from the budget of the University of Tartu.

Chapter 7 COLLECTION OF DATA ON CAUSES OF DEATH

§ 32. Causes of Death Registry

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

(1) The Causes of Death Registry is a database belonging into the state information system which is maintained in order to register the causes of death of Estonian citizens deceased in Estonia and outside Estonia and the causes of death of persons with a long-term residence permit or permanent right of residence in Estonia and in order to develop national social policy, evaluate the structure and state of health of the population, plan the preventive actions in the social and public health area.

(2) Data to the Causes of Death Registry shall be submitted by the health care providers and state forensic institutions specified in this Act. The Ministry of Foreign Affairs shall submit data on the death of an Estonian citizen deceased outside Estonia or a person with a long-term residence permit or permanent right of residence

in Estonia if the Ministry of Foreign Affairs has been notified thereof on the basis of the Vienna Convention on Consular Relations.

(3) Data to the Causes of Death Registry shall be submitted through the Health Information System or, in objective causes, on paper.

(4) The following data shall be processed in the Causes of Death Registry:

- 1) general data of the deceased, including the personal data of the biological mother of a stillborn child and of a child deceased at the age of up to six days;
- 2) health records of the deceased, including the health records of the biological mother of a stillborn child and of a child deceased at the age of up to six days;
- 3) the time and place of death;
- 4) the cause of death;
- 5) circumstances of death due to external causes;
- 6) the person submitting the data.

(5) The Causes of Death Registry shall be founded and the statutes thereof shall be established with a regulation by the minister responsible for the area, setting out the following:

- 1) the processor;
- 2) functions of the controller and processor;
- 3) specific composition and procedure of transmission of the collected data;
- 4) procedure of access to data and issue thereof;
- 5) procedure of ensuring the correctness of data;
- 6) other organisational issues.

(6) The controller of the Causes of Death Registry shall be the Ministry of Social Affairs.

(7) Registry data shall be preserved for an unspecified term.

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

Chapter 8

STATE SUPERVISION

§ 33. State supervision

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

State supervision over the performance of obligations imposed on health care providers with this Act shall be exercised by the Health Board who shall inspect:

- 1) compliance with the requirements for the establishment of death of a person and the cause of death by family physicians and compliance with the conditions for issue of death notices and the obligation to notify the persons close to the deceased, a legal representative thereof, local government, Ministry of Foreign Affairs, investigative body or Prosecutor's Office;

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

- 2) compliance with the conditions for issue of death notices by health care providers and compliance with the special requirements for notification of the persons close to the deceased, a legal representative thereof, local government, Ministry of Foreign Affairs, investigative body or Prosecutor's Office pursuant to the Health Care Services Organisation Act.

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

§ 34. Competence of supervisory authority

[Repealed - RT I, 29.06.2012, 4 – entry into force 01.01.2013]

§ 35. Special state supervision measures

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

For the execution of state supervision provided for in this Act, the law enforcement agency may apply the special state supervision measures provided for in §§ 30, 31, 32 and 50 of the Law Enforcement Act on the basis of and pursuant to the procedure provided for in the Law Enforcement Act.

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

§ 36. Precepts issued by supervisory officials

[Repealed - RT I, 13.03.2014, 4 – entry into force 01.07.2014]

§ 37. Limit of penalty payment

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

In the event of failure to comply with a precept, the upper limit of penalty payment imposed pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act shall be 640 euros.

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

§ 38. Contestation of precept

[Repealed - RT I, 13.03.2014, 4 – entry into force 01.07.2014]

Chapter 9 IMPLEMENTATION OF ACT

§ 39. Transfer of data concerning causes of death to Ministry of Social Affairs

(1) The data concerning the causes of death collected by the Statistical Office before the entry into force of this Act shall be transferred to the Ministry of Social Affairs by 1 January 2007.

(1¹) The data concerning the causes of death collected by the Statistical Office from 1 January 2006 until 1 January 2008 shall be transferred to the Ministry of Social Affairs by 1 January 2009.
[RT I 2008, 27, 178 – entered into force 10.07.2008]

(2) The requirements established for the transmission and dissemination of data provided for in section 9 of the Official Statistics Act shall not be applied to the transfer of data specified in subsections (1) and (1¹) of this section.

[RT I 2008, 27, 178 – entered into force 10.07.2008]

§ 39¹. Transitional provision

The electronic data interchange of the notices provided for in §§ 8 and 8¹ of this Act shall be ensured no later than by 1 July 2019.

[RT I, 30.12.2017, 1 – entry into force 01.07.2018]

§ 40.–§ 42.[Omitted from this text.]

§ 43. Entry into force of Act

(1) This Act enters into force on 1 January 2006.

(2) § 32 of this Act enters into force on 1 January 2007.