were not supplied. Alcohol is the most frequently abused substance in the Western Cape, with the prevalence of lifetime alcohol use across household surveys ranging from 39% to 64%.12

Information received prior to autopsy
If no case history is available prior to autopsy, subtle pathology may be missed that may have been evident at autopsy if it was expected. It could also result in failure to perform or request special investigations, which may later prove to be important. Information is especially essential in alleged SUDA cases, to ascertain whether the death was indeed ‘sudden and unexpected’. An effort should be made to reach family members and the general practitioner and to obtain clinical notes. Clinicians who refer cases to FPS should send detailed referral notes and their contact details. As the presumed manner of death in most of our cases was natural, it could be argued that many of the autopsies were superfluous, and necessitated only by the lack of useful pre-autopsy information.

Factors causing the high frequency of suboptimal information received before autopsy include: relatives may have been too distressed to talk, the deceased may have been unidentified when found, the general practitioner may not have been identified, or the police officer may have sought information that was irrelevant to the pathologist’s requirements.13 Further reasons in South Africa include: language barriers, lack of medical training of forensic pathology officers who are the main interviewers of relatives or friends of the deceased, and poor access to transport for family members to attend an interview at the medicolegal facility.

Unfortunately, this study had a limited number of cases available for correlation between the symptoms and medical history, and the cause of death. Regarding distinguishing specific disease symptoms, many studies have shown that the verbal autopsy has different causes of death. Regarding distinguishing specific disease symptoms, many studies have shown that the verbal autopsy has different causes of death. Further reasons in South Africa include: language barriers, lack of medical training of forensic pathology officers who are the main interviewers of relatives or friends of the deceased, and poor access to transport for family members to attend an interview at the medicolegal facility.

Feedback system
It has been stressed14,15 that feedback regarding the cause of death should be given to relatives, especially where the cause of death could impact on the health of the surviving relatives and close contacts. The prevalence of ischaemic heart disease, pulmonary TB and infectious diseases of the central nervous system was high in this study. These are conditions where feedback could initiate preventive health measures that could save relatives’ lives.

Recommendations and conclusions
In this study the majority of cases had a presumed natural manner and cause of death. We recommend the following to improve the quality and quantity of information received prior to autopsy, and possibly to reduce the number of unnecessary autopsies:

- Clinicians should try to obtain the medical history in SUDA cases and only refer these to FPS if no reasonable conclusion regarding a possible natural cause of death can be made, or if other factors necessitating a medicolegal autopsy exist.
- Clinicians should provide forensic pathologists with as much clinical history as possible.
- A Standard Verbal Autopsy Questionnaire should be developed for the South African context, suited to local needs, and preferably be available in local languages.
- Availability of translators to overcome language barriers.

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ERRATUM
An error occurred in the South African Hypertension Guideline 2011 that was published as a supplement to January 2012 SAMJ. The error is in the title of the heading for Table IV, on page 64; the title should read International Diabetes Federation (IDF) definition of metabolic syndrome – and not diabetes. The authors regret this error. The online edition of the Guideline has been corrected.