

AN OVERVIEW OF COVID-19 PATIENTS WHO DIED AT H ADAM MALIK GENERAL HOSPITAL, MEDAN MARCH 2020 TO MARCH 2021 AND A REVIEW OF THE MEDICOLEGAL ASPECTS OF CORPSE CARE

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Abstract

Background Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is a new type of coronavirus that has never been previously identified in humans. For this reason, in the context of preventing the COVID-19 outbreak from an early age, the Minister of Health has issued a Decree of the Minister of Health Number HK.01.07/MENKES/104/2020 concerning the Determination of Novel Coronavirus (2019-nCoV Infection) as a Type of Disease That Can Cause Outbreaks and Countermeasures. The formulation of the problem in this study is "What are the characteristics of the bodies of Covid-19 patients who died at the RSUP. H Adam Malik Medan from March 2020 to March 2021 is in accordance with the Medicolegal Aspect". The purpose of this study was to determine the characteristics of the bodies of Covid-19 patients who died at the H Adam Malik Hospital in Medan from March 2020 to March 2021.

Methods: This research is a descriptive study with a cross sectional approach. The population in this study is all data on Covid-19 patients who died at the RSUP. H Adam Malik Medan from March 2020 to March 2021. The sample in this study was all data on Covid-19 patients who died at the RSUP. H Adam Malik Medan in March 2020 to March 2021. The research sample was obtained by the total sampling method. The data includes the variables to be studied in accordance with the specific objectives of this study. Data were collected and recorded and tabulated with the types of variables to be studied.

Results: Based on the results of this study obtained: a. The number of patients who died at H Adam Malik Hospital in Medan from March 1, 2020 to March 31, 2021 was 323 people. B. The highest number of patients died at age > 65 as many as 29.72%. The lowest number of patients died at the age of 16-25 years as much as 0.91%. C. The number of patients who died was more in the male sex with a percentage of 55% compared to the female sex with a percentage of 45%. D. The highest number of patients died in a definite diagnosis status of 57% and the lowest number of patients died in a probable diagnosis status of 17%. e. According to the medico-legal aspect, the number of patients who died who received Covid-19 circumcision was higher with a percentage of 86% compared to those who refused with a percentage of 14%. F. Most of the dead patients who received restitution according to the medico-legal aspect were in the definite diagnosis status as much as 95% and those who refused the highest at the probable diagnosis status were 30%.

Discussion: From the results of this study, the author recommends research with subjects that are carried out directly for approval of the circulation of Covid-19 bodies in accordance with applicable regulations. Conducting socialization related to the distribution of Covid-19 corpses to the public. Determination of confirmed or negative status as soon as possible, to avoid rejection from the family regarding the medico-legal aspects of healing the corpse.

Keywords: Covid-19, RSUP H Adam Malik, Patients Who Died, Medicolegal aspects

1. INTRODUCTION

1.1 Background

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is a new type of coronavirus that has never been identified before in humans. There are at least two types of corona virus known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).²

On December 31, 2019, the WHO China Country Office reported an unknown case of pneumonia in Wuhan City, Hubei Province, China. On January 7, 2020, China identified the case as a new type of coronavirus. On January 30, 2020 WHO designated the event as a World Health Emergency (KKMMD) / Public Health Emergency of International Concern (PHEIC) and on March 11, 2020, WHO has designated COVID-19 as a pandemic. On February 11, 2020, WHO officially announced the new naming of the mysterious pneumonia-causing virus as Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) and the name of the disease it causes is Coronavirus Disease 2019 (COVID-19).¹

COVID-19 was first reported in Indonesia on March 2, 2020 in two cases. Data from March 31, 2020 showed 1,528 confirmed cases and 136 deaths. The COVID-19 mortality rate in Indonesia is 8.9%, the highest in Southeast Asia.^{5.11} As of March 30, 2020, there were 693,224 cases and 33,106 deaths worldwide. Europe and North America have been at the epicenter of the COVID-19 pandemic, with cases and deaths already surpassing China's. The United States ranked first with the most COVID-19 cases with the addition of 19,332 new cases on March 30, 2020 followed by Spain with 6,549 new cases. Italy has the highest mortality rate in the world, at 11.3%.

With regard to the policy of tackling infectious disease outbreaks, Indonesia already has Law No. 4 of 1984 on Infectious Disease Outbreaks, Government Regulation No. 40 of 1991 on The Prevention of Infectious Disease Outbreaks, and Regulation of the Minister of Health Number 1501 / Menkes / Per / X / 2010 on Certain Types of Infectious Diseases That Can Cause Outbreaks and Countermeasures.³ For this reason, in the framework of efforts to combat the early outbreak of COVID19, the Minister of Health has issued a Decree of the Minister of Health Number HK.01.07 / MENKES / 104/2020 on the Determination of Novel Coronavirus Infection (Infection 2019-nCoV) as a Type of Disease That Can Cause Outbreaks and Prevention Efforts. The determination is based on the consideration that Novel Coronavirus Infection (Infection 2019-nCoV) has been declared by WHO as a World Health Emergency (KKMMD)/Public Health Emergency of International Concern (PHEIC). In addition, the widespread spread of COVID-19 to various countries with the risk of spread to Indonesia related to population mobility, requires countermeasures against the disease.

With the government policy, all hospitals in Indonesia use KMK No. HK.01.07MENKES413/2020 about Guidelines for Prevention and Control of COVID-19 in which it has been determined that the Confirmed Case of Someone who tested positive for COVID-19 virus as evidenced by rt-PCR laboratory examination. The confirmation case is divided into 2: (a). Confirmed cases with symptoms (symptomatic) (b). Asymptomatic (asymptomatic) confirmed cases¹

The bodies of patients with COVID-19 need to be managed ethically and appropriately in accordance with religion, values, norms and culture. The main principle in providing this service is that all officers are obliged to

carry out standard vigilance and supported by adequate infrastructure facilities.

This is a beginner study, where there has been no research on the characteristics of covid-19 patients who died at RSUP H Adam Malik Medan Hospital like this before. And another researcher by DYANA DESTYLYA who examined the characteristics of COVID-19 PATIENTS AT THE HAJI ADAM MALIK MEDAN MEDAN NORTH SUMATRA GENERAL HOSPITAL IN 2021.

Based on the background above, the author wants to conduct research on whether the repatriation of the covid-19 patient's body died in the hospital. H Adam Malik Medan in March 2020 until March 2021 has been in accordance with his Medical Aspects.

2. CORONAVIRUS DISEASE 2019 (COVID-19)

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is a new type of coronavirus that has never been identified before in humans. There are at least two types of corona virus known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).²

2.1 A Brief History of Covid-19

Corona virus has been known since the 1930s and is known to exist in animals. In 2002, a new coronavirus that causes Severe Acute Respiratory Syndrome (SARS). In 2012, the coronavirus outbreak again caused Middle East Respiratory Syndrome (MERS) disease in the Middle East, especially Arab countries.

In December 2019, in Wuhan City, China, there was an extraordinary occurrence (KLB) of pneumonia caused by a virus from the large family of Corona Virus, but the virus has never been known before, so it is referred to as Corona type baryouor Novel Coronavirus (= novel, most recently).

On February 11, 2020, WHO officially announced the new naming of the virus that causes the mysterious pneumonia by the name of *Severe Acute Respiratory Syndrome Coronavirus-2* (SARS-CoV-2) and the name of the disease it causes is *Coronavirus Disease 2019* (COVID-19).¹

2.2 Legal Basis

1. Law No. 24 of 2007 on Disaster Management
2. Presidential Regulation No. 17 of 2018 Implementation of disaster management in certain circumstances
3. Decree of the Head of BNPB No. 9.A. of 2020 concerning the Determination of the Status of Certain Emergency Disasters of Disease Outbreak due to Coronavirus in Indonesia
4. Decree of the Head of BNPB No. 13.A of 2020 concerning The Extension of The Status of Certain Emergency Disasters due to Coronavirus outbreaks in Indonesia
5. MUI Fatwa No. 14 of 2020 on the Implementation of worship in the event of the Covid 19 outbreak.
6. MUI Fatwa no. 18 of 2020 on guidelines for the management of bodies (tajhiz al-jana'iz) of Muslims who died from covid-19
7. Ministry of Health Covid-19 prevention and control guidelines¹³

2.3 Etiology

The cause of COVID-19 is a virus that belongs to the coronavirus family. Coronavirus is a single-strain RNA virus that is positive, encased and non-segmented. There are 4 main protein structures in coronavirus: N protein (nucleocapsid), glycoprotein M (membrane), glycoprotein spike S (spike), protein E (sheath). Coronavirus belongs to the order Nidovirales, family Coronaviridae.

2.4 Where the Corona Virus Lives

Corona virus will mostly stick to the wall of the respiratory track from the nasal burrow to the deepest end of the lung duct (lung bubble / alveolus). ¹

2.5 Transmission

Coronavirus is zoonotic (transmitted between animals and humans). An infected person can instantly transmit up to 48 hours before the onset of symptoms (presymptomatic) and up to 14 days after the onset of symptoms.

Based on current epidemiological and virological studies prove that COVID-19 is primarily transmitted from symptomatic people to others who are at close range through droplets. Droplets are water-filled particles with a diameter of >5-10 µm. Droplet transmission occurs when a person is at close range (within 1 meter) with someone who has respiratory symptoms (e.g., coughing or sneezing) so droplets are at risk of hitting the mucosa (mouth and nose) or conjunctiva (eyes). Transmission can also occur through objects and surfaces contaminated with droplets around an infected person. Therefore, transmission of the COVID-19 virus can occur through direct contact with an infected person and indirect contact with surfaces or objects used on an infected person (e.g., stethoscope or thermometer).¹

2.6 Diagnosis

WHO recommends molecular examination for all patients suspected of being infected with COVID-19. The recommended method is a molecular detection method /NAAT (*Nucleic Acid Amplification Test*) such as RT-PCR examination.

2.7 Epidemiological Surveillance

In this section, it is explained the operational definition of COVID-19 cases, namely Suspect Cases, Probable Cases, Confirmation Cases, Close Contacts, Travelers, Discarded, Completed Isolation, and Death. For Suspect Cases, Probable Cases, Confirmation Cases, Close Contacts, the terms used in previous guidelines are Person in Monitoring (ODP), Patient Under Surveillance (PDP), Person Without Symptoms (OTG).

1. A suspect case of a person who has one of the following criteria:
 - a. People with Acute Respiratory Tract Infections (ISPA)* and in the last 14 days before symptoms appear have a travel history or living in an Indonesian country/region that reports local transmission**.

- b. People with any of the symptoms/signs of ISPA* and in the last 14 days before symptoms appear have a history of contact with confirmed/probable cases of COVID-19.
- c. People with severe ISPA/severe pneumonia*** who need hospital treatment and no other cause based on a convincing clinical picture

2. Probable Case

Suspected cases with SEVERE ISPA/ARDS***/died with a convincing clinical picture of COVID-19 AND no results of RT-PCR laboratory examinations.

3. Confirmation Case

A person who tested positive for the COVID-19 virus as evidenced by an RT-PCR laboratory examination. The confirmation case is divided into 2:

- a. Confirmed cases with symptoms (symptomatic)
 - b. Asymptomatic (asymptomatic) confirmed cases
4. Close Contact of Persons who have a history of contact with probable cases or confirmation of COVID-19. The contact history in question includes:
 5. Traveler a person who traveled from within the country (domestic) and abroad in the last 14 days.
 6. Discarded
 7. Complete Isolation
 8. COVID-19 Death for surveillance purposes is a confirmed case / probable COVID-19 who died.

2.8 RT-PCR Laboratory Examination

Table 1. Swab Retrieval Schedule for RT-PCR Examination

DAY TO									
1	2	3	4	5	6	7	8	9	CLINICALLY APPROPRIATE
X	X					X			X

Information:

Swab collection on days 1 and 2 for diagnosis enforcement

- If there is clinical improvement, then to follow-up patients with severe / critical symptoms, swab collection is taken 1 time on the 7th day to assess healing

2.9 Prevention and Control of Infection for The Repatriation Of Bodies

The bodies of patients with COVID-19 need to be managed ethically and appropriately in accordance with religion, values, norms and culture. The main principle in providing this service is that all officers are obliged to carry out standard vigilance and supported by adequate infrastructure facilities.

Criteria for the patient's body:

- The body was suspected from inside the hospital before the swab results came out.
- The patient's body from inside the hospital has been designated as a probable case/ confirmation of COVID-19.
- Bodies from outside the hospital, with a history that meets the probable/confirmation criteria of COVID-19. This includes DOA (Death on Arrival) patient referrals from other hospitals.

a. Vigilance when receiving bodies from the room with suspect/probable/confirmation (+) cases of COVID-19 include:

- 1) Use the appropriate PPE during contact with the body.
- 2) Hand hygiene before and after contact with the body.
- 3) Environmental decontamination includes the entire surface of objects and tools with disinfectants.
- 4) Vigilance against transmission should be carried out against procedures that cause aerosols.
- 5) Prepare plastic wrapping or watertight body bags for the transfer of bodies.

b. Funeral services for patients infected with COVID-19:

(1) Preparation of the officer who handled the body. (2) Patients infected with COVID-19.

(3) Officers preparing the body shall apply PPEs such as standard vigilance, including hand hygiene before and after contact with the body, and the environment. (4) Make sure the officer interacting with the body uses PPE at risk. (5) Make sure the officer has participated in the training of the use of PPE, procedures for use and release, and dispose of it in a predetermined place.

c. Handling of the body in the treatment room before being transferred to the hospital mortuary

(1) The act of nasopharyngeal swab or other sampling when necessary is carried out by the designated officer in the treatment room before the body is picked up by the mortuary officer. (2) The body is covered / gagged with the nostrils and mouth using cotton wool, until it is certain that no liquid comes out. (3) If there are injuries due to medical measures, then the closure is carried out with watertight plaster. (4) Mortuary attendants who will pick up the body, carry: (a) Personal protective equipment (APD) in the form of: surgical masks, goggles / protective glasses, plastic aprons, and non-sterile gloves. (b) Body bags. If there is no body bag, plastic wrapping is prepared. (c) A corpse with a lockable lid. (5) Before the officer removes the body from the treatment bed to the body gurney, it is confirmed that the nostrils and mouth are closed and the wounds due to medical measures have been covered in watertight plaster, then put in a body bag or wrapped in plastic wrapping. The body bag should be perfectly covered. (6) After that the body can be transferred to the corpse gurney, then the gurney is closed and locked tightly. (7) All PPE used during the process of transferring the body is opened and disposed of in the treatment room. (8) The body is transferred to the mortuary. During the trip, the officer continued to wear a surgical mask.

(9) Certificate of Death or Medical Certificate of Cause of Death is made by the treating doctor by circling the type of disease causing death as an infectious disease as the form attached. (10) The body is only transferred from the body gurney to the repatriation table in the morgue by officers who use complete PPE.

d. Repatriation of the body in the mortuary

(1) Bodies that fall within the scope of these guidelines are highly recommended to be buried in the mortuary. (2) The act of bathing the body is only carried out after the act of disinfection. (3) The body bathing officer uses standard PPE. (4) The bathing officer of the body is limited to only two people. Families who want to help bathe the body should also be limited and use PPI as the body bathing officer. (5) The body is bathed in accordance with the religion and beliefs it embraces. (6) After the body is bathed and bathed / clothed, the body is put in a body bag or wrapped in plastic and tightly tied. (7) If the coffin is needed, the following means are carried out: the body is put in the casket and closed tightly; the periphery of the coffin is sealed with a sealant / silicone; and nailed / screwed as much as 4-6 points with a distance of 20 cm each. Coffins made of wood must be strong, tight, and the thickness of the chest is at least 3 cm.

e. Disinfection of the body in the morgue

(1) Mortuary officials should provide explanations to the family about the procedures for the bodies of those who died with infectious diseases, especially in the conditions of the COVID19 pandemic. (2) Repatriation of bodies with infectious diseases or should be suspected of dying from infectious diseases must be disinfected first. (3) Disinfection of the body is carried out by personnel who have competence for it, namely: forensic and medical specialists and forensic technicians using complete PPE (4) Disinfection material of the body with infectious diseases using formaldehyde solution of 10% or more with exposure of at least 30 minutes with intraarterial techniques (when possible), intracavitas and respiratory surface. After disinfection, it is ensured that no liquid drips or comes out of the body holes. If there is a rejection of the use of formaldehyde, it can be considered the use of chlorine with dilution of 1:9 or 1:10 for intracavitas and airway surface techniques. (5) All nostrils and mouths are covered / gagged with cotton until it is confirmed that no liquid comes out. (6) In bodies that fall under the criteria of unnatural death, then disinfection of the body is carried out after forensic procedures are completed.

f. Delivery of the body from the hospital to the cemetery

1) Transportation of the body from the hospital to the burial place can be by land using the hearse. (2) The body to be transported has undergone a disinfection procedure and has been put in a body bag or wrapped in tightly bound plastic, and covered with all body holes.

g. Cemetery

Because H Adam Malik Medan Hospital is a vertical General Hospital under the auspices of the Ministry of Health, H Adam Malik Hospital made a Standard Operating Procedure (SPO) for the repatriation of COVID-19 based on KMK decree No. HK.01.07MENKES413/2020 on Guidelines Prevention and Control of Covid-19.

Syara Law:

1. The provisions of Syara' Law reaffirm the provisions of MUI Fatwa No. 14 of 2020 number 7 which stipulates: The management of bodies (tajhiz al-jana'iz) exposed to Covid-19, especially in bathing and bathing must be

done in accordance with medical protocols and carried out by the authorities, keeping in mind the provisions of sharia. As for mashing and burying it is done as usual while keeping it from being exposed to Covid-19.

2. Muslims who died due to the Covid-19 outbreak in the view of syara' belong to the category of martyrdom of the afterlife and the rights of the body must be fulfilled, namely bathed, cremated, in prayer, and buried, whose implementation is obliged to maintain the safety of officers by complying with the provisions of medical protocol¹³

2.10 Age Category According to Ministry of Health (2009)

Age Category According to The Ministry of Health (2009): (1) Toddler life: 0-5 years, (2) Childhood: 5-11 years. (3) Early adolescence: 12-16 years. (4) Late adolescence: 17-25 years. (5) Early adulthood: 26-35 years. (6) Final adulthood: 36-45 years. (7) Early Elderly Age: 46-55 years. (8) End Elderly Period: 56-65 years. (9) Seniors: 65 To Superiors

2.11 Medical Aspects of The Repatriation of Bodies

Medical is an applied science that involves two aspects of science, namely medico which means medical and legal science which means legal science. Medical centering on legal provisions issued by the government from time to time in the field of Health and Medical Services where the procedure of management of various aspects related to the law.

3. RESEARCH METHODS

This research is descriptive research with a *Cross Sectional* approach. The population in this study is all data of covid-19 patients who died in hospitals. H Adam Malik Medan from March 2020 to March 2021. The sample in this study is all of data of covid-19 patients who died in hospital. H Adam Malik Medan from March 2020 to March 2021. Research samples are obtained by the total *sampling* method. In the data are listed the variables that will be examined in accordance with the specific purpose of this study. *Data* is collected and recorded and tabulated with the type of variable to be studied. The population in this study is all data of covid-19 patients who died in hospitals. H Adam Malik Medan in March 2020 to March 2021 and Samples in this study are all data of covid-19 patients who died who met the criteria of inclusion and exclusion in the HOSPITAL. H Adam Malik Medan from March 2020 to March 2021. Research Criteria are with Inclusion Criteria: all of data of covid-19 patients who died include suspected, probable and confirmed covid-19 patients in RSUP. H Adam Malik Medan and Exclusion Criteria: all of data on deceased patients who were not exposed to COVID-19. The variables studied are:

1. Data of covid-19 patients who died in hospitals. H Adam Malik Medan reviewed from age, gender, patient diagnosis status (suspect, probable, confirmed), and medical aspects (accepting / rejected)
2. KMK No. HK.01.07/MENKES/413/2020 on COVID-19 Prevention and Control Guidelines reviewed from the medical aspect (accepting/rejecting)

4. RESEARCH RESULTS

Number of Covid-19 cases that died based on age at H Adam Malik Medan Hospital

Number of Covid-19 cases who died based on age at H Adam Malik Medan Hospital pada March 2020 until March 2021 presented in the form of a table 6

Table 2. Number of Covid-19 cases that died based on age at H Adam Malik Medan Hospital

Age	Sum	Percentage
0-5 Years	6	1,85%
6-11 years	7	2,16%
12-16 Years	3	0,91%
17-25 Years	14	4,33%
26-35 years	22	6,81%
36-45 Years	30	9,28%
46-55 Years	56	17,33%
56- 65 years	89	27,05%
>65 Years	96	29,72%
Total	232	100%

Based on the results of this study conducted on patients' medical records, who died at RSUP H Adam Malik Medan on 01 March 2020 until 31 March 2021 got the number of cases of Covid-19 patients died at the age of 0-5 years 6 people (1.85%). At the age of 6-11 years amounted to 7 people (2.16%). At the age of 12-16 years amounted to 3 people (0.91%). At the age of 17-25 years amounted to 14 people (4.33%). At the age of 26-35 years amounted to 22 people (6.81%). At the age of 36-45 years amounted to 30 people (9.28%). At the age of 46-55 years amounted to 56 people (17.33%). At the age of 56-65 years amounted to 89 people (27.05%). At the age of >65 years amounted to 96 people (29.72%).

Seen from the whole data, the highest number of patients dying at the age of >65 was 29.72%. The number of patients who died aged 16-25 years as much as 0.91%.

Number of Covid-19 cases that died based on gender at H Adam Malik Medan Hospital

Number of Covid-19 cases who died by gender at RSUP H Adam Malik Medan presented in the form of table 7

Table 7. Number of Covid-19 cases that died based on gender at H Adam Malik Medan Hospital.

Gender	Total	
	Number	Percentage
Man	178	55%
Woman	145	45%
Total	323	100%

Based on the results of this study conducted on the Medical Records patients who died at RSUP H Adam Malik Medan pada 01 March 2020 until 31 March 2021 got number of patient cases Covid-19 male sex amounted to 178 people (55%) and female sex amounted to 145 people (45%).

In terms of all data, the number of patients dying is more in the male sex with a percentage of 55% compared to the female sex with a percentage of 45%.

Number of Covid-19 cases that died based on diagnostic status at H Adam Malik Medan Hospital

The number of Covid-19 cases that died based on diagnostic status at H Adam Malik Medan Hospital was presented in table 8.

Table 8. The number of Covid-19 cases that died based on diagnostic status at H Adam Malik Medan Hospital.

Patient diagnose status	Total	
	Number	Percentage
Unconfirmed	183	57%
Probable	44	17%
Suspect	96	26%
Total	323	100%

Based on the results of this study conducted on the Medical Record of patients who died at RSUP H Adam Malik Medan pada 01 March 2020 until 31 March 2021 got number of cases The status of diagnoses of confirmed Covid-19 patients amounted to 183 people, Probable numbered 44 people, and suspects numbered 96 people.

Viewed From Overall Data, the highest number of patients dying at confirmed diagnosis status as much as 57% and the lowest number of patients dying at probable diagnosis status as much as 17%.

Number of Covid-19 Cases that died based on Medical Aspects at H Adam Malik Medan Hospital

The number of Covid-19 cases that died based on medical aspects at H Adam Malik Medan Hospital was presented in table 9.

Table 9. The number of Covid-19 cases that died based on medical aspects at H Adam Malik Medan Hospital.

Medical Aspects	Total	
	Number	Percentage
Receive	279	86%
Refuse	44	14%
Total	323	100%

Based on the results of this study conducted on Medical Records who died at RSUP H Adam Malik Medan on 01 March 2020 to 31 March 2021, it was obtained number of cases of Covid-19 patients Those who received the repatriation of covid-19 bodies in accordance with the medical aspect amounted to 279 people and who refused the repatriation of covid-19 bodies in accordance with the medical aspect of 44 peoples.

In terms of all data of patients the number of deceased patients who received the repatriation of covid-19 bodies in accordance with the medical aspect was higher with a percentage of 86% than those who refused with a percentage of 14%.

The reasons for the refusal to release the body of Covid-19 based on the affidavit attached to the medical record are:

1. Family distrust of the cause of death of patients due to corona virus
2. Family distrust of doctors' authority in diagnosing Covid-19 patients
3. Family distrust of Covid-19 transmission from deceased patients

The number of Covid-19 cases that died based on diagnostic status and medical aspects at H Adam Malik Medan Hospital.

The number of Covid-19 cases that died based on diagnostic status and medical Aspect.

Table 10. The number of Covid-19 cases that died based on diagnostic status and medical aspects at H Adam Malik Medan Hospital was reviewed from the Medical Aspect.

Patient Status	Receive		Refuse		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Unconfirmed	174	95%	9	5%	183	100%
Probable	31	70%	13	30%	44	100%
Suspect	75	78%	21	22%	96	100%

Based on the results of this study conducted on the Medical Records patient who died at RSUP H Adam Malik Medan on 01 March 2020 until 31 March 2021 got number of cases of Covid-19 patients with confirmed diagnosis status that received the repatriation of Covid-19 amounted to 174 people, who refused the repatriation of covid bodies amounted to 9 people (5%). Probable Covid-19 patients who received Covid-19 repatriation amounted to 31 people (70%), who refused to release covid bodies amounted to 13 people (30%). Covid-19 suspect patients who received the repatriation of Covid-19 amounted to 75 people (78%), who refused the repatriation of covid bodies amounted to 21 people (22%).

Viewed From All Data, the number of deceased patients who received the repatriation of bodies according to the highest medical aspect at confirmed diagnosis status as much as 95% and who rejected the highest at probable diagnosis status of 30%.

If viewed from the high percentage of rejection of the repatriation of covid-19 bodies in accordance with the medical aspect of probable diagnosis status, it must be studied.

returned what is the reason the patient's family refused the repatriation of covid-19 corpses in accordance with the medical aspect.

5. CONCLUSION

- a. Based on the research results obtained from Medical Record data, it can be concluded: The number of patients who died at RSUP H Adam Malik Medan on 01 March 2020 until 31 March 2021 are 323 peoples.
- b. The highest number of patients died at the age of > 65 as much as 29.72%. The number of patients who died aged 16-25 years as much as 0.91%.
- c. The number of patients died more in the male sex with a percentage of 55% compared to the female sex with a percentage of 45%.
- d. The number of patients died highest at confirmed diagnosis status at 57% and the lowest number of patients dying at probable diagnosis status was 17%.
- e. The number of patients who received the repatriation of covid-19 corpses in accordance with the medical aspect was higher with a percentage of 86% than those who refused with a percentage of 14%.
- f. The number of patients who received the repatriation of bodies according to the highest medical aspect at confirmed diagnosis status as much as 95% and those who refused the highest at probable diagnosis status of 30%.

These results are in line with research by DYANA DESTYLYA who examined the CHARACTERISTICS OF COVID-19 PATIENTS AT THE GENERAL HOSPITAL OF HAJI ADAM MALIK MEDAN NORTH SUMATRA IN 2021.

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