

## Completing Death Certificates: Tips from a Medical Examiner

From <http://www.med.uiuc.edu/internalMed/residency/p&pmanual/autopsy/medical%20examiner%20tips.htm>

Every week the medical examiner's office receives such calls from physicians. The purpose of this article is to address these questions and to provide some perspective on completing the death certificate.

There are two key points to remember:

- Report any death resulting from non-natural causes to the medical examiner's office regardless of the time interval between illness or injury and death.
- Complete the death certificate on your patient if he or she dies of natural causes, regardless of whether the death occurs in or out of the hospital.

In most states only a physician medical examiner can certify an unnatural human death. When suspected non-natural deaths occur in the hospital, the physician of record is responsible for reporting the death to the medical examiner's office. Deaths occurring outside the hospital are reported to the medical examiner's office by emergency personnel, representatives of funeral homes, or law enforcement officials. A staff member from the medical examiner's office visits the scene of death and examines the deceased. If it is determined the death is clearly from 'natural causes,' the deceased's personal physician is asked to complete the death certificate. Medical examiners will not request completion of the death certificate by personal physicians if there is the slightest probability that the manner of death was not natural.

Avoid listing modes or mechanisms of death.

There is a difference between the cause of death and the mode or mechanism of death. Cause of death is the disease process or injury that sets in motion the chain of events which lead to death. The mechanism of death is a physiologic disturbance which results from the disease or injury causing death. Mechanisms of death such as "cardiorespiratory arrest" or "cardiac arrhythmia" have no place on the death certificate. We all die of cardiorespiratory arrest eventually.

List the most specific cause of death

The same death certificate is used throughout the United States. The form can be confusing. Most confusing are the statements "cause of death due to or as consequence of." Many physicians think it is necessary to fill out each of these lines. This is not the case. It is advisable to simply and concisely state the cause of death, ignoring the time interval boxes, words, and letters. For example, bronchogenic carcinoma will suffice as the cause of death instead of septicemia due to pneumonitis due to bronchogenic carcinoma. Alternatively, one might indicate the patient died of bronchogenic carcinoma with terminal pneumonia. In the case of a young person who dies of atherosclerotic heart disease, it may indicate that her or his children are at risk of early death and that preventable precursors of atherosclerosis should be sought and treated. Thus the cause of death must be listed as atherosclerosis and not myocardial infarction, cardiac arrhythmia, or cardiorespiratory arrest. Similarly, if a 20-year-old man dies of pneumonia because he is quadriplegic due to a brain stem injury 5 years earlier, the cause of death should be listed as spinal cord injury with quadriplegia and terminal pneumonia; if a heroin addict dies of endocarditis, intravenous heroin use is the cause of death, and endocarditis is merely the terminal event.

Remember, the cause of death is a medical opinion and is based on the preponderance of medical evidence. On occasion, despite our best efforts, a specific cause of death can not be stated. A 90-year-old woman in declining health and residing in a nursing home simply dies without a specific diagnosis. It is reasonable to state "undetermined natural causes." However, if an elderly person has several diseases, it is not appropriate to list "Amultiplesystemorgan failure" or "age." List the most serious condition as the cause of death, that is, generalized atherosclerosis.

### References

1. Brady WJ. *Death Investigation* 3rd ed. 1982, pages 21-35.
2. Lewmen LV, Wilson EF. Personal communications
3. Lewman LV. Manner of Death - Suicide, *Case of the Month*. 1989 Mar.
4. Rosenberg HM. Improving the cause of death statistics. *Am J Public Health*. 1969-79: 563-4