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Death certification: a practical guide

Introduction

Before the body of a deceased person can be released to the undertaker for burial or cremation a Medical Certificate of Cause of Death must be completed. The purpose of the Medical Certificate of Cause of Death is to identify and document the sequence of events or processes that led to the ultimate demise of the patient. The current system of death certification has remained almost unchanged since 1935 but following extensive investigation and assessment and particularly following the Shipman Inquiry, the system is due to be overhauled in 2014.

Despite its regular occurrence death and death certification often receives little attention during undergraduate teaching. This article provides a practical guide to the process of completing a death certificate. The process from death to burial or cremation involves a number of steps depending

on the complexity of the case and circumstance surrounding death (*Figure 1*).

What is death certification?

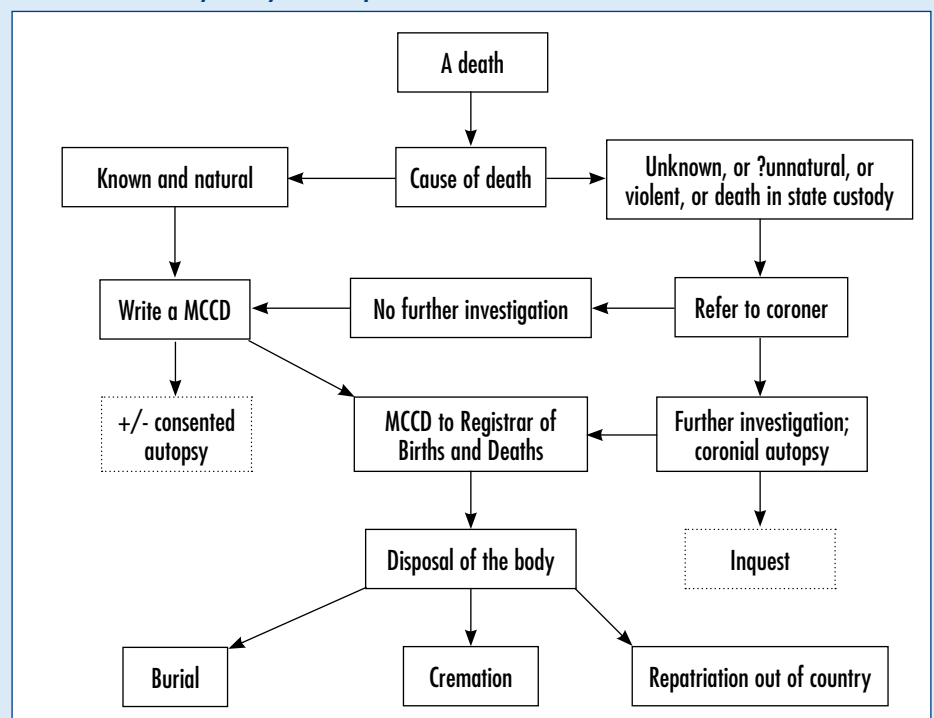
There are three kinds of certificate:

1. Medical Certificate of Cause of Death (form 66): for certifying any death occurring after the first 28 days of life
2. Neonatal Death Certificate (form 65): for certifying any death of a live born infant occurring within the first 28 days of life
3. Certificate of still birth (form 34): for certifying any death of an infant born after 24 weeks' gestation who did not breath or show any signs of life.

Why do we certify death?

Most importantly it allows the deceased's family to register the death as without doing so the family is unable to proceed with funeral arrangements. Second, it pro-

Figure 6. What happens after a death. MCCD = medical certificate of cause of death. Dashed line box = may or may not take place.



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vides the family of the deceased with an explanation for their relative's death, which is particularly important in the case of genetically inherited conditions. Third, it provides information on the health of the nation and the contribution of different diseases to overall mortality, allowing for health-care planning and appropriate allocation of resources.

Who should complete the Medical Certificate of Cause of Death?

The certificate should be completed by a doctor with at least provisional General Medical Council registration who has 'attended' the deceased during the last illness that has resulted in death. This is generally interpreted to mean any doctor who cared for the patient for a reasonable length of time (greater than 24 hours) during the patient's terminal illness so the doctor is familiar with the patient's medical history, recent investigations and treatment.

There is no requirement in law for the certifying doctor to have seen the deceased after death as the doctor does not certify that the death has occurred, only the cause, assuming death has occurred. Ideally it is recommended that death certification should be carried out by a senior clinician but in reality within the hospital setting this task usually falls to the most junior doctor. It is always a good idea to inform a senior clinician when one of his/her patients dies and seek his/her advice before completing the certificate.

Although there is no statutory duty on clinicians to report any deaths to a coroner it is considered best practice to report voluntarily any death that either falls absolutely within the guidelines for referral (*Table 1*) or that is ambiguous and therefore requires further investigation. If a patient dies within 24 hours of admission to hospital you should consider referring the case to the coroner. However, a significant number of patients who die within 24 hours of admission are elderly with longstanding terminal illness and so in many cases a discussion with the deceased's GP may help you complete the death certificate (see a forthcoming article in this series on the coronal system). In the community setting often more than one GP may have been involved in the care of the deceased during their last illness and therefore be able to certify.

When should the Medical Certificate of Cause of Death be completed?

As soon as possible. Delayed death certificates result in delayed funerals and delayed funerals cause unnecessary upset for everyone involved. However, for the reasons outlined above it is essential that the Medical Certificate of Cause of Death is completed accurately and so delays may be unavoidable.

When not to complete a Medical Certificate of Cause of Death?

If you have not seen the deceased either after death or in the 14 days before death you should not complete the certificate. Second, while if a case is being referred to the coroner, there is still a legal duty on the 'attending' doctor to complete a Medical Certificate of Cause of Death, in practice the certificate is not completed unless agreed with the coroner. Third, if you would potentially have a conflict in interest such as if the deceased was a relative.

How should the Medical Certificate of Cause of Death be completed?

The death certificate is, thankfully, a short and straightforward form covering only a double-sided sheet. However, getting it correct first time is essential as it avoids inconvenient return trips to the hospital by

distressed family members. Complete all the questions in your most legible handwriting – consider using block capitals. Spell the patient's name correctly and make sure you get the date of death correct. Sign the certificate and give the name of the consultant who was responsible for the care of the patient.

Technically, the form only asks for limited identifying information for you, including your name, address and professional qualifications. However, it is now considered prudent to also include your General Medical Council number together with a contact number so that the registrar can more easily identify and contact you in the event of a problem occurring. If you do not complete it correctly expect an angry phone call and the form returned from the registrar.

The Medical Certificate of Cause of Death is set out in two main parts. In part I you start with the fatal event or process that was the immediate cause of death on the top line (Ia). Subsequent lines then describe the sequence of events or disease processes ending in the absolute underlying cause of death (*Figure 2*).

An approximate time interval between the onset of each condition and death should be given. This can be given in numerical form indicating the number of years, months and days before death. Although this information is not included on the death certificate given to the deceased's family and therefore technically is optional, it provides extremely valuable information for the government on the natural history of disease and the health of the nation and therefore it is best practice to complete all questions on the form.

It is not necessary to complete all of the lines in part I if there are fewer steps in the

Table 1. When to refer to the coroner

The cause of death is unknown
The deceased was not seen by the certifying doctor either in the 14 days before death or after death
The death may be the result of neglect by others or self neglect
The mode of death was violent or unnatural
The death may be the result of an industrial disease or related to the deceased's employment
The death occurred during or immediately after an operation
The death occurred during or after an abortion
The death may be the result of suicide
The death occurred during or immediately after detention in police custody or in prison
The death may be the result of an accident, whenever it occurred

Figure 2. Example answer to part 1 showing the sequence of events leading to death, in the correct order.

Disease or condition that led directly to death
I(a) Cerebral infarction
Intermediate cause of death (disease or condition leading to) I(a)
I(b) Cerebral embolus
Underlying cause of death (disease or condition leading to) I(b)
I(c) Cerebrovascular atherosclerosis

sequence. If your patient had more than one disease compatible with the mode of death this can be indicated by putting them on the same line and writing 'joint causes of death' in brackets.

In part II of the certificate conditions or injuries should be entered that were not part of the direct sequence that led to the fatal event but may have contributed indirectly by hastening death (Figure 3).

Things to do

Be specific

Give as many details about the disease or condition as you can, including type, nature, site and antecedent conditions or treatments. Ambiguity when using phrases such as metastases can be avoided by specifying whether metastasis is to or from the named site. If death is from an infectious disease give the infecting organism as well as site and source of infection (Figure 4).

Be responsible

Report to the relevant authority if a patient's death was the result of a notifiable disease such as tuberculosis. Advice on which deaths should be reported can be sought from your local infection unit.

Be honest

If the deceased was known to have a health-care-associated infection it should be included, whether in parts I or II. If

Figure 3. Example answer to part 2 showing other conditions that contributed to death.

Disease or condition that led directly to death
I(a) Cerebral infarction
Intermediate cause of death (disease or condition leading to) I(a)
I(b) Cerebral embolus
Underlying cause of death (disease or condition leading) to I(b)
I(c) Cerebrovascular atherosclerosis
Other conditions contributing to death:
II Diabetes mellitus, chronic obstructive pulmonary disease

Figure 4. Example answer to part 1, illustrating the specific details required.

Disease or condition that led directly to death (including specific pathogen)
I(a) <i>Pneumocystis jirovecii</i> pneumonia

chronic alcohol or tobacco use formed part of the sequence of events leading to death they should appear on the death certificate, such as in bronchogenic carcinoma of the lung (Figure 5). The same goes for other stigmatizing conditions such as AIDS (acquired immunodeficiency syndrome) although it should be remembered that the immediate family of the deceased may not be aware of the diagnosis and therefore it is worth discussing the content of the certificate before it is given to them to lessen the shock they get when they receive a copy of the certificate from the registrar and provide an environment where they can ask any questions they may have.

Things to avoid

Writing old age as the sole cause of death. However, it is possible to cite old age if the patient is aged 70 years or over, no specific cause of death can be given, he/she had multiple chronic conditions and experienced a gradual decline in his/her health.

'Natural causes' as the cause of death. If you do not know the disease or condition that caused the patient's death the case should be referred to the coroner for investigation.

Organ failure as the sole cause of death. The disease that led to the organ failure must be given to prevent referral to the coroner to exclude unnatural causes of organ failure (Figure 6).

Modes of deaths should always be avoided such as cardiac arrest or shock and vague terms such as cardiovascular event.

As with any legal document, abbreviations cannot be used on death certificates, no matter how tempting.

Other questions on the form

Ensure you complete the other answers on the certificate. On the front indicate when

Figure 5. Example answer to part 1, showing how life choices should be included if they played a role.

Disease or condition that led directly to death
I(a) Carcinomatosis
Intermediate cause of death (disease or condition leading to) I(a)
I(b) Adenocarcinoma of the right lung
Underlying cause of death (disease or condition leading) to I(b)
I(c) Cigarette smoker for 35 years

you last saw the patient alive even if he/she was seen alive by another clinician subsequently and whether you or another clinician have seen the deceased after death. Indicate whether a post mortem has been undertaken and if done whether the cause of death you have given takes account of the post mortem results. In addition indicate if the case has been referred to the coroner. These answers are all important as they allow the registrar to provide a second check in ensuring the death is certified by the right person with the right information.

On the front of the form you are required to indicate if you believe the death could be caused by or contributed to by employment undertaken by the deceased at any time. Examples of employment-related categories of death are provided on the back of the certificate and include diseases such as allergic alveolitis, leptospirosis and asbestosis. Deaths which may be employment related should be referred to the coroner. In some cases the deceased may already have been assessed by the Department for Work and Pensions and be receiving compensation before death in the form of a weekly allowance such as Industrial Injuries Disability Benefit which is payable following the formal diagnosis of many industrial diseases such as asbestosis or mesothelioma. However, posthumous claims for industrial diseases can also be made by the representative of the deceased. In assessing any claim, the Department for Work and Pensions will require a copy of the death certificate and therefore care should be taken that the information provided on the certificate particularly on diagnosis and cause of death should be accurate so that the deceased's family can receive any compensation due.

Figure 6. Example answer to part 1, illustrating level of detail required if organ failure is to be cited as cause of death.

Disease or condition that led directly to death
I(a) Congestive cardiac failure
Intermediate cause of death (disease or condition leading to) I(a)
I(b) Atherosclerotic coronary artery disease
Other conditions contributing to death:
II Diabetes mellitus, chronic obstructive pulmonary disease

Do not forget to turn over the form – here you will find box A and box B. This allows you to indicate if there are further results or investigations outstanding. This is important if there is information that may be useful for the deceased's family and for statistical records, but that would not be reason enough to delay a funeral, e.g. if the death was attributable to cancer but the histology was not yet available to identify the specific type. It is important to chase the outstanding results as the registrar will write to you and/or the named consultant of the deceased for the results at a later date.

Finally, remember to complete both counterfoils before detaching the certificate. The left counterfoil remains with the certificate book at the hospital and includes a summary of all the information from the certificate such as the name of the deceased, date and place of death, whether seen after death, whether post mortem occurred and if death was reported to the coroner, together with the cause of death and your name and signature. This information provides a useful summary and record in the event that the certificate is misplaced before the death is registered. The right counterfoil should be given together with the certificate to the deceased's next of kin or representative. This is most commonly a relative or close friend of the deceased and they are responsible for bringing the certificate to the registrar to allow the death to be regis-

tered. It requires only your signature with the date to confirm you have completed the certificate. It provides important information for the person reporting the death on what is required of them.

Changes are coming

Following the Shipman Inquiry in 2003, which concluded that existing arrangements for death certification were 'confusing and provided inadequate safeguards', plans are well advanced to reform the current process of death certification, ensuring adequate scrutiny of those deaths where no post mortem or inquest is held. Under the new proposals all completed death certificates will be subject to scrutiny by newly created medical examiners. The medical examiner will review the medical notes and may discuss the case

with you. If he/she decides that the death does not need to be reported to the coroner he/she will complete a new form, the ME-2. This key form will not only authorize registration of the death but will also authorize funeral directors to prepare the body for cremation. It is anticipated that the new system will be rolled out across the country in 2014. **BJHM**

Conflict of interest: none.

Further reading

Department of Health (2011) Death Certification. http://webarchive.nationalarchives.gov.uk/20130107105354/http://dh.gov.uk/health/category/policy-areas/nhs/resources-for-managers/death_certification (accessed 3 June 2013)
Office for National Statistics (2010) Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales. www.gro.gov.uk/images/medcert_July_2010.pdf (accessed 27 May 2013)

KEY POINTS

- Do not delay completing death certificates – this can delay funerals and upsets relatives.
- Answer all the questions and write clearly.
- Check the deceased's name and date of death are correct.
- Ensure you have entered a logical sequence ending in the underlying cause of death.
- Be as specific as you can – better too many details than too few.
- Do not be afraid to ask – get assistance from a senior member of your medical team if you are unsure about anything.
- If you have said you will provide further information later then chase the results as you will be chased for them.
- Remember to sign the form.

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