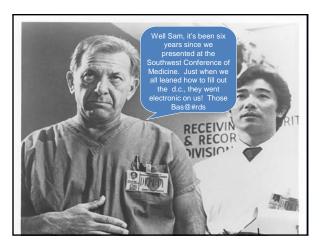
Death Certification Procedures

Cynthia Porterfield, D.O. Forensic Pathologist



The Medical Examiner's Office and Death Certification

- History and background
- What cases fall under the jurisdiction of the M.E. office and how to report one
- Role of the autopsy in medical practice
- Death Certification Procedures
- Review old death certificates





Tucson ME Office

(Forensic Science Center)

pre 1989- 190 W. Pennington

1989-present Forensic Science Center @ 2825 E District (adjacent to Kino Hospital)

Tucson ME Office (Forensic Science Center) Pre 1975- Coroner system 09/12/75- M.E. system (ARS 11-591 through 11-600) • Evolution from coroner system • Medical Examiner (Forensic Pathologist)pathologist with specialized training in forensic medicine • centralized multidisciplinary approach to cause and manner of death determination

FSC-Why do we exist?

- ARS 11-591
- investigate sudden, unexpected, and unnatural deaths
- "diagnostician of dispossessed"
- "family physician to the bereaved"
- surveillance of public health trends
 - autopsy approx. 10% of deaths in county
 - certify the cause and manner of death



FSC-Who we are

- Forensic pathologists (6
 - MD/DO, path residency, forensic fellowship
- Medicolegal investigators
- Pathologist assistants
- Forensic Field Agents
- Transcriptionists, admin, clerical

FSC-What we do

- Forensic examinations/autopsies
- medicolegal inquiries
- testify in court
- live patient consultation
- review/approve cremations

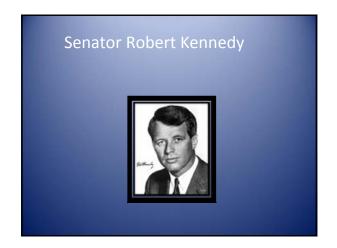
FSC-What we do

- help decide whether death is a medical examiner case
- assist community docs with death certification
- teach (hospitals, medical schools, etc..)
- County morgue

Pima County ME Office

	2001	2009
Autopsy	1153	1301
External	552	551
Total	1705	1852
% Autopsy	68%	70%

NATURAL	819	
ACCIDENT	663	
SUICIDE	250	
HOMICIDE	116	
UNDETERMINED	131	







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autopsy

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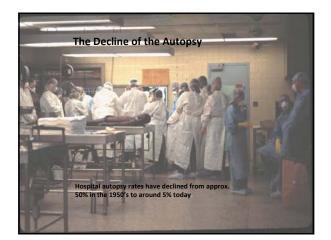
Greek: autopsia--act of seeing with one's own eyes

1: an examination of a body after death to determine the cause of death or the character and extent of changes produced by disease

Forensic

- Latin forensis public, forensic, from forum forum
- Belonging to, used in, or suitable to courts of judicature or to public discussion and debate
- Argumentative, rhetorical
- Relating to or dealing with the application of scientific knowledge to legal problems

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The Decline of the Autopsy Why?

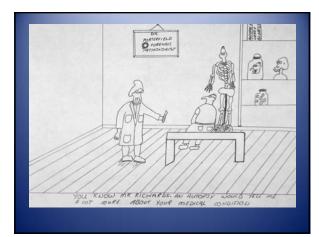
- Belief that everything is already known about patient
- Belief that more autopsies will mean more malpractice claims/litigation
- JCAHO
- cost
- remuneration issues (pathologists)
- time lag in information sharing

Value of Autopsy

- Abundant data support fact that the percentage of autopsies revealing missed major clinical diagnoses has not changed in the last 100 years (10-20%)
 - if not missed, and with appropriate therapy would prolong survival --- Class I errors
- Autopsy is best endpoint for certain clinical studies
- Improves accuracy in death certification

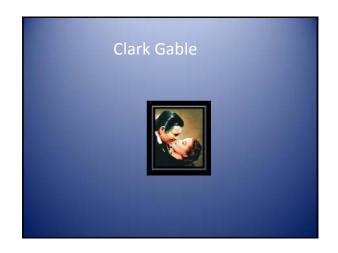
Comparison of Clinical Diagnoses in Critically III Patients and Subsequent Autopsy Findings, *Mayo Clinic Proceedings*, **75**(6), June 2000, pp. 562-567 Roosen et al.

- Retrospective study of MICU patients in Belgium
- Autopsy rate 93%
- 100 patients
- 16% of case had class I errors
- Most frequent missed diagnoses included fungal infection, cardiac tamponade, abdominal hemorrhage, and MI
- Concluded autopsy an important tool for education and quality control



Forensic autopsy

- focuses on cause and manner of death
- establish all facts which may have any bearing on any criminal or civil litigation
- heavily reliant on scene investigation
- different from a hospital autopsy
 - consent not necessary









What constitutes a Medical Examiner Case

Arizona Medical Examiner Law

Arizona Revised Statutes 11-593

"Any person having knowledge of the death of a human being including a fetal death under any of the following circumstances:...."

What cases need to be reported to 1. Death when not under the current care of a physician for a *potentially* fatal illness or when an attending physician is unavailable to sign the death certificate. "Current care of a physician" Does not have time restriction; does not mean patient was seen recently; generally an ongoing physician-patient relationship where the physician has rendered medical care to the deceased at any time What cases need to be reported to the M.E.? 2. Death resulting from violence 3. Death occurring suddenly when in apparent good health 4. Death occurring in a prison

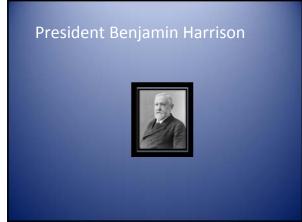
5. Death of a prisoner

manner

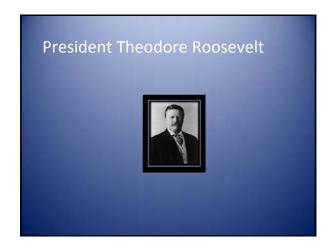
6. Death occurring in a suspicious, unnatural

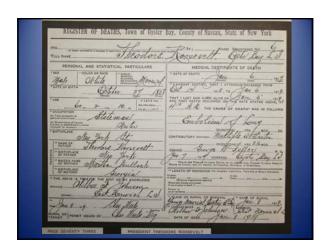
What cases need to be reported to the 7. Death from disease or accident believed to be related to the deceased's occupation or employment 8. Death believed to present a public health hazard 9. Death occurring during anesthetic or surgical procedures • A death "during a surgical procedure or while under anesthesia" . Death will be reviewed over the phone and may or may not be accepted. "24-hour rule" there is no 24-hour rule

Arizona Medical Examiner Law Failure to report a medical examiner case is a class 2 misdemeanor











Reporting a ME Case

- Call to ME office
 - MD/DO or RN
- If case is accepted, tell family deceased is a ME case
 - Do not tell them that an autopsy is going to be performed!



Once jurisdiction has been accepted

- The body is brought in.
- The investigator speaks with law enforcement, family and possibly treating physician.
- The case is presented to the pathologist.
- The pathologist makes a decision as to the type of procedure, an external examination or a full autopsy.

Who gets an autopsy?

- Homicides
- "Fresh" MVAs
- Suicide GSWs with projectiles to recover
- Deaths in prison
- Sudden, unexpected, and unnatural deaths (medical opinion NOT lay opinion)
- Occasional family requests



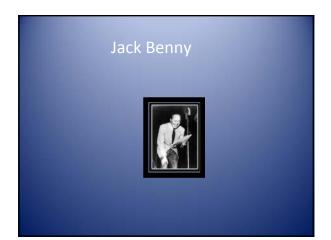


Who doesn't get an autopsy?

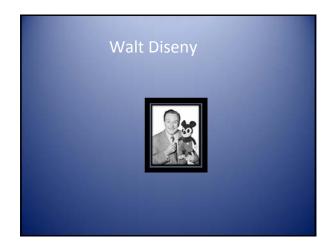
- Deaths with adequate medical information available to explain demise
 - If death at home, scene not suspicious
- Non-homicide religious objections
- "Old" MVAs
- Suicide GSWs with no projectiles to recover
- Cases of non-ME jurisdiction where a hospital autopsy is more appropriate

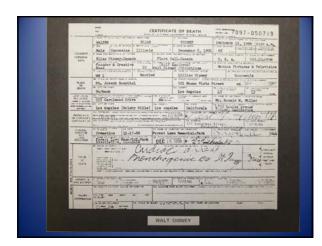
External Examination

- No incisions made
- Body is examined for external evidence of injury or disease
- toxicology occasionally drawn
- DC generated based on history
- body released
- report generated









HIPAA

• §164.512 Uses and disclosures for which consent, an authorization, or opportunity to agree or object is not required.

Subsection (g)1 states:

 Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law...

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Death certification	
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Article from Santa Barbara News-Press (Sep 2009)	
Medical experts want Congress to establish	
autopsy standardsExperts generally agree that nearly a third of	
the nation's deaths had the wrong cause reported on their death certificates, although	
some believe the error rate is more than 50%	
	1
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 Critics of the current death certificate system have many other ideas for improvements, 	
starting with making training on death certificate completion mandatory for all	
medical students	

Dr Keyvan Ravakhah, head of medicine at Huron Hospital, a unit of the Cleveland Clinic	
"every physician who anticipates signing a	
death should be mandated to go to training, sit for an exam and become board certified in	
death certificate completion, so that it's not an uneducated guess.	
 "Hospitals should have a couple of physicians 	
with that certification on staff, paid just like other specialists, for completing a proper	
death certificate for any patient who dies.	
Dr. Elizabeth Burton, chief of the autopsy lab at Baylor	
Medical Center in Dallas	
 1/3 of death certificates are incorrect "one of the things we proposed, there should be a hospital death review panel that 	
would review all the charts and reports and conduct a 'virtual autopsy' and reach a	
consensus on the cause of death.	

The registration of deaths is a State function supported by individual State laws and regulations.
Each State has a contract with NCHS that allows the Federal Government to use information from the State records to produce national vital statistics.

The Death Certificate

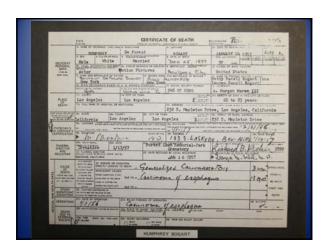
Which of the following are true concerning death certificates?

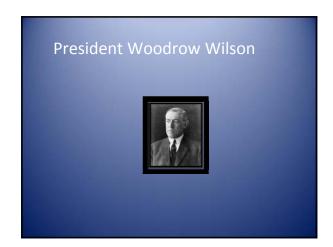
- A) Document that legally binds the signer to prove the cause of death (if questioned)
- B) Document that must be signed by the physician of record (i.e., not a covering physician or emergency room physician)
- C) Document that must be signed by an attending physician (i.e., not a resident)
- D) Document that reflects an opinion

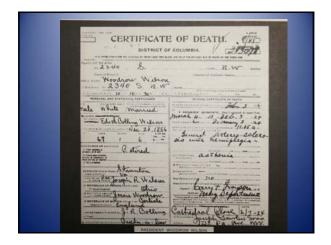
The Death Certificate is an Opinion Statement

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Death Certification - Purposes

- Legal document certifying someone has died
- Vital statistics

Death Certification Paradox

You don't have to know what killed them to certify the cause of death.

Reasonable degree of medical certainty (more probable than not)

NOT

Beyond a reasonable doubt (100% certainty)

Who can sign? • Any licensed physicians in ANY specialty • Interns and residents (licensed) Tribal authorities Nurse practitioners Medical examiners Who cannot sign? • Physician assistance Nurses Midwives Rule of thumb on signing DC If you're were going to attend to them and bill them when they were alive, you're responsible for their DC when they die.

AZ Administrative Code R9-19-301.A.-- The physician......shall complete and sign the medical certification of cause of death promptly so that funeral arrangements may be made. AZ Administrative Code R9-19-301.B.-- When a physician cannot certify within 72 hours as to the cause of death (e.g., pending hospital autopsy), the physician shall enter "pending further examination" on the DC and sign it. A supplemental DC with a COD shall be submitted within ten days. Vital Records Laws • The Arizona Legislature struck and replaced all of the state's vital records statutes in 2004 • Requires a Medical Examiner to complete the cause-of-death within 72 hours or enter "Pending" and sign the death certificate. • Requires a funeral director to file a completed death certificate with the local registrar or state registrar within 7 days of the date he takes possession of the remains.

 Physical signatures are no longer required on death certificates Allows for electronic signatures 	
What is EDR • Electronic filing of death certificates • On-Line collaboration among multiple death registration system users • User-friendly death record data entry screens – Fact-of-Death data entry – Cause-of-Death data entry • Built-in instructions and on-line help	
What is EDR • Internet accessibility • Electronic authentication – User IDs/passwords – Personal Identification Numbers (PINs) – Biometrics	

Who benefits from an EDRS? • Physicians, medical examiners and coroners Institutions Nursing Homes Hospice Funeral directors • Local and state registrars Who benefits from an EDRS? • Public health researchers • Families Benefits of an EDRS • Greater efficiency-participants interact electronically • Improved timeliness of death registration • Higher quality data via real-time edits - Reduces errors in and rejection of death certificates Promotes uniformity in demographic and causeof-death statistics.

Benefits of an EDRS

- Increases security and fraud prevention
- Supports partial electronic/paper death registration
- Capability to report fact-of-death to SSA with increased accuracy and timeliness
 - Verified Social Security numbers

Benefits of an EDRS

- Capability to report cause-of-death with increased accuracy and timeliness
 - Integral part of patient care
 - Uniformity in cause-of-death statistics
 - Improves the cause-of-death data for electronic disease surveillance systems

Benefits of an EDRS

- Electronic referrals to Medical Examiners/Coroners by
 - Physicians
 - Funeral directors
 - Health departments
 - Key terms (fall, laceration, hypothermia)
- Electronic submission of supplemental causeof-death

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• Printing of the Burial Permit at the Funeral • Electronic trade calls between Funeral Homes • Ordering of certified copies • Death Certification in Arizona went "on line" in 2009







Mortality Statistics from DC

- assess the general health of the population
- allocate medical services, funding, and other resources
 - indicate areas in which medical research may have the greatest impact on reducing mortality

Mortality Statistics from DC

- examine medical problems which may be found among specific groups of people
- evaluate prenatal care services and obstetrical programs and study the causes of adverse pregnancy outcomes in the case of fetal deaths

Mortality statistics

 CDC and Prevention's National Center for Health Statistics (NCHS) publishes summary mortality data in the National Vital Statistics Report publication "Deaths: Final data"
 www.cdc.gov.nchs (under vital statistics, mortality)

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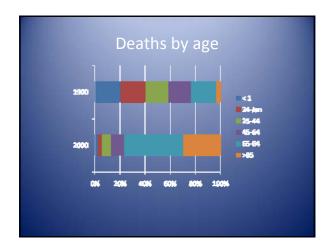


Table B. Deaths and death rates for 2000 and age-adjusted death rates and percent changes in age-adjusted rates from 1999 to 2000 for the 15 leading causes of death: United States, final 1999 and preliminary 2000 librar are based on a continuous file of records received from the States. Retise per 100,000 pepulation, age-adjusted uses per 100,000 U.S. standard population based put 2000 instances, two factorics was for figures for 2000 as between on weighted data rounded to be mounted influsion, accurages may not add to the table.

Rank ¹	Cause of death (Based on the Tenth Revision, International Classification of Diseases, 1992)	Number	Death rate	Age-adjusted death rate		
				2000	1999	Percer
	All causes	2,404,624	873.6	872.4	881.9	-1.1
1	Diseases of heart	709,894	257.9	257.5	267.8	-3.8
2	Malignant neoplasms	551,833	200.5	200.5	202.7	-1.1
3	Cerebrovascular diseases	166,028	60.3	60.2	61.8	-2.6
4	Chronic lower respiratory diseases* J40-J47	123,550	44.9	44.9	45.0	
5	Accidents (unintentional injuries)* V01-X59,Y85-Y86	93,592	34.0	33.9	35.9	-5.6
6	Diabetes melitius	68,662	24.9	24.9	25.2	-1.2
7	Influenza and pneumonis ² J10-J18	67,024	24.3	24.3	23.6	3.0
8	Alzheimer's disease	49,044	17.8	17.8	16.5	3.0 7.9
9	Nephritis, nephrotic syndrome and nephrosis	37,672	13.7	13.7	13.1	4.6
10	Septicemia	31.613	11.5	11.5	11.3	1.8
11	Intentional self-harm (suicide) ²	28.332	10.3	10.3	10.7	-3.7
2	Chronic liver disease and cirrhosis K70,K73-K74	26.219	9.5	9.5	9.7	-2.1
13	Essential (primary) hypertension and hypertensive renal disease. 110,132	17,964	6.5	6.5	6.3	3.2
4	Protomonitis due to solids and liquids 369	16,659	61	61		8.9
5	Assault (honicide)*	16,137	59	5.8	62	-6.5
	All other causes	400,401	145.5			

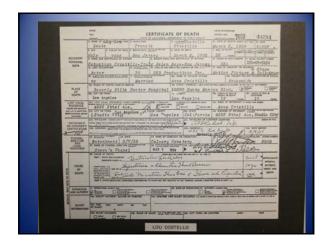
nth power, take the cube root and prepare wonderful diagrams. But you must never forget that every one of these figures comes in the first instance from the village watchman, who just puts down what he ***** well pleases.

> Josiah Charles Stamp 1st Baron of Shortlands 1880-1941









Death Certification

- not taught in medical school
- "skill" usually passed down from resident to intern
- policies and practices in US are non-uniform
 style vs. substance

Cause of Death

The disease or injury responsible for initiating the lethal sequence of events. A competent cause of death should be etiologically specific

Death

That which in a natural and continuous sequence, unbroken by any efficient intervening cause, produce the fatality, and without which the end result would not have occurred.

Must be etiologically specific

- Hepatits C cirrhosis
 Coree
- Coronary atherosclerosis
- Atherosclerotic cardiovascular disease
- Hypertensive cardiovascular disease

Mechanism of Death

The altered physiology and biochemistry whereby the cause exerts its lethal effects

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Causes of death needing more Anoxic encephalopathy • Abdominal hemorrhage • Arrhythmia Adhesions Adult respiratory distress syndrome • Bacteremia Altered mental status • Bedridden Anemia • Biliary obstruction • Bowel obstruction Causes of death needing more Carcinogenesis Cerebral edema Carcinomatosis • Cardiac arrest • Cerebellar tonsillar Cardiac dysrhythmia Cardiomyopathy • Chronic bedridden state • Cardiopulmonary arrest Cirrhosis Coagulopathy Causes of death needing more Compression fracture • Congestive heart failure • End-stage liver disease Convulsions • End-stage renal disease • Decubiti Exsanguination Dehydration • Failure to thrive

DiarrheaDisseminated

intravascular coagulopathy

Gangrene

Causes of death needing more

- Heart failure
- Hepatic failure
- Hepatitis
- Hepatorenal syndrome
- Hyperglycemia

- Hypotension
- Immunosuppression
- Increase intracranial pressure
- Intracranial hemorrhage

Causes of death needing more

- encephalopathy
- Multisystem organ failure
- Myocardial infarction
- Necrotizing soft-tissue infection

- Perforated gallbladder
- Perforated bowel
- Peritonitis
- Pleural effusions
- Pneumonia

Causes of death needing more

- Pulmonary edema
- Pulmonary embolism
- Pulmonary insufficiency Subdural hematoma
- Renal failure
- Respiratory arrest
- Seizures
- Sepsis

- Starvation
- Subarachnoid hemorrhage
- Sudden death
- Thromboctopenia

Causes of death needing more information

- Uncal herniation
- Urinary tract infection
- Ventricular fibrillation
- Ventricular tachycardia
- Volume depletion

AZ Administrative Code

- R9-19-301
- Part I of DC shall contain the disease sequence which <u>directly</u> resulted in the person's death
- Part II of DC shall contain conditions contributing to the death, but not resulting in the underlying cause (Not a place for unusual or incidental findings)

Manner of Death

explanation of how the cause arose

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Manner of Death

natural
accident
suicide
homicide
undetermined

Manner of Death

Natural death:

deaths caused exclusively (100%) by disease or predictable outcomes of diagnostic or therapeutic procedures

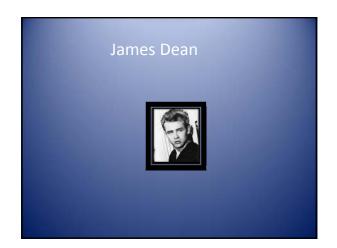
Common mistakes in death

- No underlying cause
- Underlying cause and mechanism of death in reverse order
- inappropriate use of Part II

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 Use of the words "probable" or "presumed" are appropriate to indicate that the description provided is not completely certain. 	
Your goal while certifying a death should be • to give the government something to throw their money at — If you can't start a charitable foundation based on your cause of death, you're likely not certifying the death correctly	
President Franklin Delano Roosevelt	









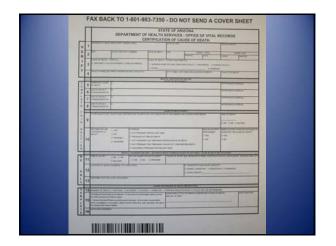
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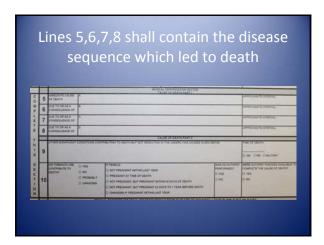


"Things" to remember

- Write legibly
- Avoid abbreviations

Supplements

- If you need to change a pending or change the original cause of death:
 - Funeral home will bring hard copy
 - Only original doctor can sign supplemental



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- You should be able to give a brief history of the patient by looking at the death certificate.
- A cause of death of renal failure doesn't tell you anything about what disease the patient had.

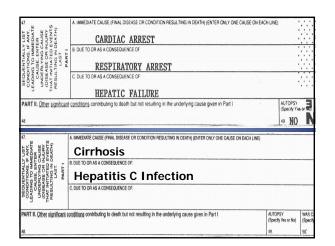
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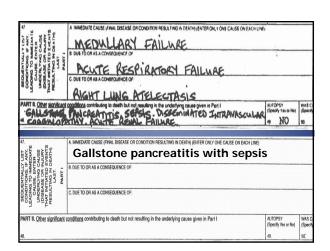
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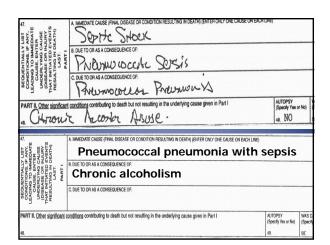
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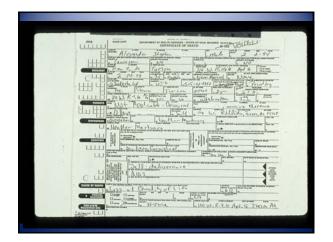
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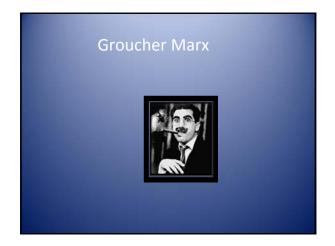
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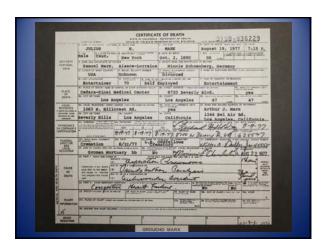
- Physicians Handbook: www.cdc.gov/nchs/data/misc/hb_cod.pdf
- Instructions for completing COD Section www.cdc.gov/nchs/data/dvs/cod.pdf
- Completing an Arizona Death Certificate <u>www.azbn.gov/documents/death_certificates/</u> <u>Medical%20Cause%20of%20Death.pdf</u>

Web sites for death certification

- Reporting surgical deaths www.azbn.gov/documents/death certificates/ Surgical%20Deaths.pdf
- Fetal Deaths <u>www.azbn.gov/documents/death_certifcates/</u> <u>Fetal%20Field%20to%20Remember.pdf</u>

Web sites for death certification • Death certification problems www.cdc.gov/nchs/nvss/death certification problems.htm www.cdc.gov/nchs/nvss/writing_cod_stater Writing COD statements Web sites for death certification Reporting Elder Abuse www.azbn.gov/documents/death_certifcates/ Report%20Elder%20Abuse.pdf Reporting Child Abuse vww.azbn.gov/documents/death certifcates/ deport%20Elder%20Abuse.pdf Vital Records Office • Audrey Rogers 243-7914 • Luana Pallanes 243-7916





Questions/Comments?

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