CD Summary

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Telephone 503/731-4024
Emergencies 503/731-4030
Fax 503/731-4798
cd.summary@state.or.us
www.oshd.org/cdpe/

CENTER FOR DISEASE PREVENTION & EPIDEMIOLOGY • OREGON HEALTH DIVISION

DEATH CERTIFICATES AND YOU, THE CERTIFYING PHYSICIAN

THIRTY THOUSAND Oregonians die annually. Knowing the causes of these deaths is a vital link in the formation of our state's health planning and policy agenda. Death certificate data are used to: identify and assess the magnitude of certain health problems within communities; provide a sound foundation on which to formulate public health policies; and evaluate the effectiveness of those policies.

Fundamental to these actions is the collection of reliable mortality data. In this issue of the *CD Summary*, we highlight some of the basic points in the completion of the cause of death section of death certificates and provide a guide to situations requiring the notification of the Medical Examiner (M.E.).

First the good news: about 90% of death certificates arrive at the Health Division's Center for Health Statistics (CHS) with enough information to correctly classify the causes of death. Unfortunately, this leaves about 200–300 certificates monthly where the certifying physician must be contacted for additional information, creating additional paperwork for all concerned. In the spirit of ameliorating this task, we offer the following comments.

WHAT IS THE UNDERLYING CAUSE OF DEATH?

The underlying cause of death is that disease condition, injury, or poisoning that ultimately results in the death of a person. When completing a death certificate, the underlying condition should be listed on the lowest used line in Part I, *not* the top line. (See below.) Think of *under*lying as "at the bottom." For example, the death of a person who died from diabetes mellitus might be listed in the following manner:

Part I line (a) congestive heart failure,
line (b) peripheral vascular disease,
line (c) diabetes mellitus,
Part II diabetic nephropathy.

HOW CAN I PREVENT BEING QUERIED?

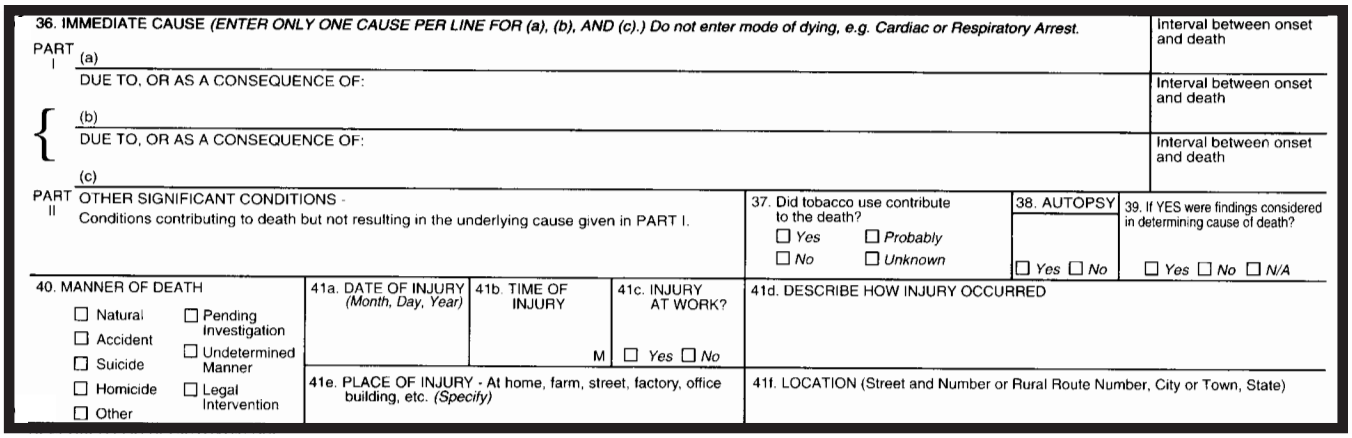
In general, bear in mind that more information is better than less. And, that the durations of the conditions should be specified whenever known. Here are the most common reasons that death certificates are returned to physician certifiers for additional information or clarification:

Be specific about the underlying cause of death. The most common reason for a query, accounting for about three in ten of all queried certificates, is that the only cause listed is a terminal condition that does not clearly indicate the type of underlying disease involved. (We realize that heart and lungs tend to stop at the time of death; but what we need to know is the disease or injury that precipitated the stoppages.) Some of the more commonly and generally inadequate descriptions include: cardiorespiratory or respiratory failure, atrial or ventricular fibrillation, cardiac arrhythmia or decompensation, organic heart disease, cor pulmonale, pulmonary embolism, chronic pulmonary disease, sepsis, renal failure, malnutrition,* inanition, senility, and hemorrhage (of any site except cerebral).

Remember to fill out the tobacco section. One in ten queries stem from physicians neglecting to indicate if tobacco use contributed to death. If you aren't reasonably sure, it is acceptable to check "Unknown." Left blank, however, it is an automatic query. These data are an important element in tobacco education programs and show the widespread and often fatal effects of tobacco use. (Current data indicate that 22% of Oregon resident deaths are tobacco-related.)

Note whether tumors are benign or malignant and specify the primary site. Another tenth of the queries result when

* Do not use "starvation in lieu of "refusal to eat".



36. IMMEDIATE CAUSE *(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.* — Interval between onset and death

PART I
(a)
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY ☐ Yes ☐ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a. DATE OF INJURY *(Month, Day, Year)*

41b. TIME OF INJURY M

41c. INJURY AT WORK? ☐ Yes ☐ No

41d. DESCRIBE HOW INJURY OCCURRED

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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the underlying cause of death is listed as "cancer," "metastatic cancer," or "tumor." The primary cancer site and type (malignant, benign, in situ, of uncertain behavior, etc.) should be noted on the certificate.

Specify the cause of liver disease, including cirrhosis. "Liver disease," and/or "cirrhosis," without an indication of the underlying cause will also trigger a query. Specific types of cirrhosis such as Laennec's (alcoholic) cirrhosis or primary biliary cirrhosis may be used.

If surgery is noted on the death certificate, state the reason for the surgery. Be certain to note the date of the surgery, as well.

If medications are listed on the certificate, list the condition(s) for which they were prescribed. This is especially important in cases where the administration of the drug led to toxicity/poisoning. Poisonings are considered injuries—therefore, the M.E. must be notified. If after notification, the M.E. does not take jurisdiction, items 41a–41f must be completed.

If the death is the consequence of a subdural hematoma, note whether it resulted from natural causes. If from natural causes, no action *other than noting the underlying cause* of the subdural hematoma is required. However, if it resulted from an injury, the M.E. must be notified. If after notification, the M.E. declines jurisdiction, items 41a–41f must be completed.

Falls and fractures are assumed to be accidental in origin. Some, however, may have resulted from natural conditions, such as osteoporosis. When this is the case, no further action is required on your part (other than listing the natural disease condition). If, however, the fall/fracture was accidental, the M.E. must be informed of the death. If the M.E. does not take jurisdiction, items 41a–41f must be completed.

Unless otherwise stated, aspirations are assumed to be of external cause. If, however, the aspiration is a result of natural disease process (such as dysphagia from throat cancer or other disease), that process should be listed in Part I of the death certificate. If an aspiration is due to an external cause, such as choking on a bolus of meat, the M.E. must be notified.

HELP IS AVAILABLE

The above points are the most common reasons for returning certificates to certifiers, but not the only ones. Death certificate completion is both an art and a science, but commonly receives little formal attention in medical school. Given the limits of this publication, we have, by necessity, only discussed highlights. Physicians wishing additional information may request a free detailed 33-page instruction manual from the DHS's Center for Health Statistics by calling 503/731-4453. You'll also receive a laminated reference card.

Staff from CHS are available to assist in answering questions on the completion of the cause of death and external cause information in items 36–41f at the above phone number.

SHOULD I NOTIFY THE M.E.?

ORS 146.100 (3) (b) states that the district Medical Examiner or designated assistant Medical Examiner *shall be notified* of "all deaths of persons admitted to a hospital or institution for less than 24 hours, although the Medical Examiner need not investigate nor certify such deaths."

The M.E. should be notified of the deaths of persons who have *not* been "under the health care of a physician during the period immediately previous to death." The M.E. may decline jurisdiction in these cases after investigation. Other circumstances requiring the M.E.'s notification and certification include deaths which are apparently accidental, homicidal, suicidal, suspicious, or of unknown circumstances, as well as those resulting from the use of a controlled substance (or toxic agent), an on-the-job injury, or which may represent a public health threat. (For further information, see ORS 146.090, available on the Web at: *http://www.leg.state.or.us/ors/146.html*.)

Just as the M.E. needs to know about certain deaths, there are others that should not involve the M.E. For example, instances of alleged medical malpractice do not qualify as M.E. cases. There may be rare situations where it may be in the public interest for the M.E. to become involved, but these do not normally fall under M.E. jurisdiction. The M.E.'s office will specifically seek to avoid involvement in cases centering on issues of civil litigation because of the direct use of a public office for private gain and because the deaths are natural disease-related and have occurred under medical care.