

MEDICAL CERTIFICATION OF CAUSE OF DEATH

Introduction:

Death is a fact which every individual has to acknowledge some or the other day, and one of its most important aspects is its certification. Mortality statistics form an integral part of the vital data of a country. Understanding population growth and providing a demographic perspective for health planning and policy formulation, the death certification data is useful to public health planners, administrators, medical professionals and research workers. The size and geographical distribution of deaths in relation to prevalence of diseases, evaluation of risks of deaths from various causes at different ages, the medical implications of combination of the conditions resulting in death, proportion of deaths occurring in hospitals are a crucial aspect of interest to many professionals. Public health executives, therefore depend heavily on analysis of causes of death for vital statistical data, for formulating National and State health care Policies and Programs. It is also helpful with practical issues like hospital reimbursement, life insurance claims, obtaining a probate or succession certificate, settling property claims, releasing gratuity and provident fund claims and deleting the deceased name for the Ration Card, and Voter's List or employer's register

Though numerous commissions and committees analyzed the Indian Vital Statistics system after independence, a pragmatic shift came in the manner of data collection, evaluation and statistical analysis after the Registrar General of India introduced the scheme of Medical Certification of Cause of Death in early sixties. After passing of the Act by Parliament - **Registration of Births and Deaths Act** - in 1969, registration of these events became mandatory with registration of not only the occurrence of death, but also its cause being equally important.

Medical Certification of Cause of Death (MCCD) in India is carried out under the **Government Medical Certification Scheme**, which includes training of medical practitioners. Though Medical Certificate of Cause of Death (MCCD), commonly called "**Death Certificate**", is the most frequently issued certificate, at least by a government employed medical officer, if not usually by a private practitioner, many of those, issuing it, do not fill up this document of immense medical and legal importance correctly. The reasons may be many, ranging from ignorance to indifference.

Importance of Death certification

The following are important aspects of MCCD

Legal and protective uses:

For claiming family allowance, hospital reimbursement, life insurance claims, obtaining a probate or succession certificate, settling inheritance/property claims, releasing gratuity and provident fund claims and deleting the deceased name for the Ration Card, and Voter's List or employer's register etc.

Administrative uses:

As indicators of the existence of infection and epidemic diseases and the need for immediate control measures. For public safety, accident prevention and eradication programs. In clearing of documents such as disease case registers, social security files, tax registers etc.

Statistical uses:

In planning and evaluation of development plans. Useful in public health and medical research such as, in the study of mortality and the trends in mortality by age, sex and cause. The registration records thus are primarily useful for their value as legal documents and secondarily as source of vital statistics.

Legal provisions

Medical Certification of Cause of Death under Civil Registration System has got statutory backing under sections 10(2) and 10(3) of the Registration of Births & Deaths Act, 1969.

The Registrar after making the necessary entries in the **Register of Birth and Death**, forwards the certificates to the Chief Registrar or officer deputed by him, by 10th of every month, subsequent to the month when certificate was issued.

Section 17 (1) (b) of the Registration of Birth and Death act any person can obtain an extract relating to any death, provided he pays the necessary dues/fees as per the existing government norms. However the information on cause of death, will not be disclosed unless it is in the interest of the public.

It is the responsibility of the signing medical practitioner to forward the death certificate to the registering authority, although this is usually sent through a relative of the deceased, who receives a permit from the municipality to dispose of the dead body only after presenting the death certificate for registration – as per the RBD Act.

Under Section 23(3) of the RBD Act, any Medical Practitioner who neglects or refuses to issue a certificate under section 10(3) and any person who neglects or refuses to deliver such certificate shall be punishable with fine, which may extend to fifty rupees.

Role of Medical Officer / Medical practitioner

The medical officer has two tasks at hand.

Ist - To diagnose the occurrence of death i.e. permanent disappearance of all evidence of life. Once it is concluded that the person is dead, a “**Death Report**” is forwarded to the Death Registry Authority (along with the MCCD)

IInd - To decide the cause of death. It is the morbid condition to which can be traced the sequence of events ultimately resulting in death. Deaths due to natural causes

Procedure and Practice:

The death events are recorded at the place of occurrence, in the office of the Registrar of births and deaths for that area. On occurrence of death, the informant specified by the RBD act 1969, (Head of the house, Incharge of a Medical Establishment, Jailor incharge of a jail, Incharge of hostel, dharmasala, boarding-house, lodging-house, tavern, barrack, public resort etc) , for such an event has to declare the fact of the event along with certain particulars to the Registrar of Birth and Death for that area. Death Report (Form 4) along with Form 8 / 8 A Medical Certificate of cause of Death for hospital inpatients (Form 8) and for non institutional deaths (Form 8 A) to the registrar of local area.

Every registrar maintains a register which consist of three parts such as I / II / III for registration of live births / still births/ deaths respectively. The certificate of death (Form 10) can be obtained from the registrar. It gives all facts of death such as date of death, place of death etc. but no disclosure is made regarding cause of death. It is certified by sub registrar or any officer specified under rules.

It is common (though wrong) practice to refer to form 8 / 8A (Medical Certificate of cause of death) issued by doctors as Death Certificate As per the act the term Certificate of Death or death Certificate refer to Form 10 issued by Office of Registrar and not by Doctor.

Doctor issues Medical Certificate of Death and the Registrar issues Death Certificate / Certificate of Death.

The format of the certificate proper (medical part) conforms to the standard prescribed by the WHO and has the following features.

FORM 8 (SEE RULE 8)
Medical Certificate of cause of Death
(Hospital Inpatients, not to be used for still births)

I hereby certify that the person whose particulars are given below died in the hospital in ward No.....on at A.M./P.M.....

Name of the deceased: _____ Address of normal Residence: _____ for use by Statistical office

Sex	Age in years	Date of Birth	Marital status S.M.W or D	Religion	Occupation	Age at Death			
						If under 1 year		If under 24 hrs	
						Month	Days	Hours	Minutes
I. Immediate Cause:- State the disease, injury or complication which caused death, not the mode of dying such as heart failure, ashenia etc.					Cause of Death			Interval between onset and death	
					(a) _____ (Due to or as a consequence of)				
					(b) _____ (Due to or as a consequence of)				
Antecedent Cause:- Morbid conditions, if any, giving rise to the above cause, stating that the underlying condition last					(c) _____				
II. Other significant conditions:- Contributing to death, but not related to the disease or condition causing it.					_____				
Accident/Suicide/Homicide (Specify)				How did the injury occur?					
If the deceased was a female				Was the death associated with pregnancy? Yes/No			Was there delivery? Yes/No		
Name and rubber stamp of the institution or medical practitioner: Allopathic/Ayurvedic/Homoeopathic/Unani						Serial No. of the Institution		Date of report:	

Date: _____ Signature and address of the Medical Attendant _____
 Time: _____

(To be handed over to the relatives of the deceased)

Certified that Shri/Smt./Kum. _____ S/W/D of Shri _____ Resident of _____
 was admitted to the hospital on _____ and expired on _____ at _____ AM/PM.

Date: _____ Signature and address of the Medical Attendant _____
 Time: _____

FORM 8A (SEE RULE 8)
Medical Certificate of cause of Death
(Non Institutional Death, not to be used for still births)

I hereby certify that the person whose particulars was under my treatment from to and died on at A.M./P.M.

Name of the deceased: _____ Address of normal Residence: _____ for use by Statistical office

Sex	Age in years	Date of Birth	Marital status S.M.W or D	Religion	Occupation	Age at Death			
						If under 1 year		If under 24 hrs	
						Month	Days	Hours	Minutes
I. Immediate Cause:- State the disease, injury or complication which caused death, not the mode of dying such as heart failure, ashenia etc.					Cause of Death			Interval between onset and death	
					(a) _____ (Due to or as a consequence of)				
					(b) _____ (Due to or as a consequence of)				
Antecedent Cause:- Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last					(c) _____				
II. Other significant conditions:- Contributing to death, but not related to the disease or condition causing it.					_____				
Accident/Suicide/Homicide (Specify)				How did the injury occur?					
If the deceased was a female				Was the death associated with pregnancy? Yes/No			Was there delivery? Yes/No		
Name and rubber stamp of the institution or medical practitioner: Allopathic/Ayurvedic/Homoeopathic/Unani						Serial No. of the Institution		Date of report:	

Date: _____ Signature and address of the Medical Attendant _____
 Time: _____

(To be handed over to the relatives of the deceased)

Certified that Shri/Smt./Kum. _____ S/W/D of Shri _____ Resident of _____
 was under my treatment from _____ to _____ and expired on _____ at _____ AM/PM.

Date: _____ Signature and address of the Medical Attendant _____
 Time: _____

Guidelines for issuing of MCCD

Medical Practitioner can issue the Certificate of cause of death. Issuing MCCD, is done immediately after deciding the person is dead, by the same doctor who has declared the person dead, provided that the doctor is **certain about of the cause of death** and if it is a **natural death**. There should be no delay, for any reason, in issuing the medical certificate of cause of death, once the doctor is sure of the cause of death.

The doctor should not sign medical certificate of cause of death in advance (i.e. before the individual has died) or without viewing and examining the dead body personally.

In some establishments the Death Certificate is to be counter-signed by the Medical Superintendent (legally not required), who should do it only after personal examination of the body.

The death report (Form 4) and MCCD (Form 8/8A) should reach the registrar with in 14 days of occurrence of death.

No fee is to be charged for issuing the certificate.

He should not withhold issuance of medical certificate of cause of death even if his dues have not been cleared by the relatives.

The doctor must have attended to the deceased in the last seven days preceding death.

MCCD should not be issued and dead body should not be released if:

- The injured is brought dead.
- A crime has already been registered by the police.
- The police have already been informed about the case.
- The cause of death is not known.

In case it is an **Unnatural death**, body should be handed over to the police, who holds an inquest and sends the body for Postmortem examination. However the doctor is responsible to inform the registrar about the occurrence of death. The registrar can note the event of occurrence of death and mention in the column of Cause of Death that – The Inquest report is awaited.

How to fill the MCCD?

The Medical Certificate of Cause of Death is of two types

1. Form No. 8 - For deaths occurring in the hospitals.
2. Form No. 8A - For non institutional deaths.

They differ only in that Form 8 has the details of the hospital where death occurred, while Form 8A has the details of the attending doctor.

Technically the Medical Certificate of Cause of Death (Form 8/ 8A) has two parts

1. Upper part: Particulars of the Deceased are filled along with Medical data in respect to the disease causing death.
2. Lower part: Particulars of the deceased along with the date time place of occurrence of death. It is handed over to the relatives.
3. The personal particulars of the deceased should be filled as under:
 - a. Name: Write in full, initials not to be used. Fathers name/ husbands name (in case of married female), to be written after the name of the deceased. For infants not yet named, write son/daughter of , followed by the name of Mother and Father.
 - b. Age: For more than 1 year, write age in years. For age less than 1 year, write in months and days, and for less than 1 day, write in hours and minutes.

The Medical data to be filled is designed as per the WHO norms and has two parts. **Part I mentions the events which lead to death and Part II mentions the conditions which contributed to the death .**

Part I:

Cause of Death -

One cause is to be entered on each line. Underlying cause is to be filled on the lowest line. It is the condition that started the sequence of events which lead to immediate cause of death from normal health to immediate cause of death.

(a) Immediate cause of Death:

Disease or injury or complication that precedes death. Mode of dying eg, heart failure, respiratory failure should not be entered.

(b) Due to (or as a consequence of)

If immediate cause occurred as a consequence of another condition it should be entered here. Antecedent condition might have just prepared the ground for Immediate cause of death, even after a long interval.

(c) Morbid condition leading to the underlying condition

Part II

All diseases or conditions, which were not directly related to the disease directly causing death, though might have unfavorably influenced the morbid process.

Interval between Onset and Death :

Exact period from onset of morbid condition and the date of death is to be mentioned. In cases where period is not known, approximate period- "from birth", "several years" or "Unknown" is to be filled.

Accident, Suicide, Homicide:

Explain briefly the circumstances or cause of accident. In case of medicolegal cases **Pending Investigations** should be mentioned there.

Female death:

If women are of child bearing age group (15-49 yrs), information on pregnancy and delivery is to be give even though the pregnancy may have nothing to do with occurrence of death.

Name of the Practitioner:

The name with rubber stamp mentioning the registration number of the Medical practitioner should be mentioned.

The part below the perforations should be filled by the Medical practitioner mentioning that the deceased was under his care or was admitted at the hospital and died on the date and time. This will be endorsed in **form no 8** by **doctor** and in **form 8A** by the **medical superintendent** of the hospital.

The following are some of the examples of medical certification of cause of death;

A. Part I

- (a) Peritonitis
- (b) Perforation of duodenum
- (c) Duodenal Ulcer

Part II

Carcinoma of Bronchus

B. Part I

- (a) Acute exacerbation of Chronic Pancreatitis
- (b) Chronic Pancreatitis
- (c) Chronic alcoholism

Part II

Diabetes Mellitus

C. Part I

- (a) Acute Myocardial Infarction
- (b) Atherosclerotic Heart Disease
- (c) Hyperlipidemia

Part II

D. Part I

- (a) Hemorrhagic Shock
- (b) Disseminated Intravascular Coagulopathy
- (c) Abruptio Placenta

Part II

Gestational Hypertension

E. Part I

- (a) Bronchopneumonia
- (b) Fracture of Neck of Femur (Lt)
- (c) -----

Part II

Essential Hypertension

F. Part I

- (a) Gangrene Foot
- (b) Diabetes
- (c) -----

Part II

Precautions to fill MCCD

1. Obviously, it has to be filled up by the doctor who has full knowledge of the events which lead to death.
2. The names of the diseases should be written in full and legibly, preferably in block capital letters.
3. Abbreviations and short forms of diseases are not to be used as they are likely to lead to confusion in the statistical office.
4. Terminal events like circulatory failure, respiratory failure etc and modes of dying should be avoided as they are no more than signs of death and provide no useful information as to the underlying disease process.
5. If at all entered, the disease which led to them must be entered in the next line. They can not be the sole entries.
6. The underlying cause of death which started the sequence should be the last entry under PART- I.
7. Consequently, if there is no chain of events and **underlying cause** is the only event, it should be entered under Part I (a) as it is both the immediate & underlying cause.
8. Line (a) **must** always have an entry.
9. **Due thought** should be given to the **last entry under PART-I** as it is picked up for statistical purposes as underlying cause of death.
10. Although, it is a general rule that only one condition is to be entered on each line (a, b, c, d),
11. When the sequence consists of more than 4 entries, more than one condition can be entered on one line, of course maintaining the correct causal relationship. This will retain the internationally accepted form of the certificate.
12. However, even if the alternative of increasing the lines beyond 'd' is resorted to, the last entry must be the underlying cause
13. Issuing a false certificate is a criminal offence; all doctors should refrain from it.

Conclusion

Medical certificate of Death is an important aspect of documentation after death of an individual. It is legal as well as ethical responsibility of doctor to issue medical certificate of cause of death based on International Classification of Diseases ICD, which he or she has attended. A lot of haze exists in the minds of medical fraternity about the correct way of filling of medical certificate of death. Concerted efforts by the Government and private institutions is required to address this issue. Correct reporting and registration of cause death will play a very important role in proper health program planning and national development.