

Voice of Expert

Medical Certificate of the Cause of Death : Some Tips for the Clinician

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(Q.1) What are the basic rules in India for writing a death certificate?

Ans : At the very onset let me make it clear that the terminology “Death certificate” is not identical with “Medical Certification of Cause of Death (MCCD)”.

Medical certification of cause of death is issued by the registered medical practitioner, whereas the Death Certificate is issued by the Municipal corporation authority or by the Gram Panchayat as the case may be.

The documents - “Medical certification of cause of death” and the Death Certificate”, both are governed by the Registration of Birth and Death Act 1969 and are following the WHO formats accepted and published by the office of the Registrar General, Government of India in September 2012.

The basic principle of writing MCCD is as follows -

(A) MCCD can be issued by any registered medical practitioner who had attended the patient during his last illness. When confronted with the death of a person, a registered medical practitioner has to do two jobs, first, he should diagnose and declare death and then issue the medical certification of cause of death.

(B) MCCD can be issued only in cases of natural death where the doctor is satisfied with the cause.

(C) Should be written as per the WHO format form number 4 (for institutional deaths) or 4A (for the private practitioners or Non-institutional deaths).

(D) The MCCD should be issued free of charge as per the registration of Birth and Death Act 1969 section 10 (3).

(Q.2) If a person had died at home without any medical supervision, who will write the death certificate?

Ans : A Registered medical practitioner can not issue an MCCD in such cases. As per rule, no certificate is issued in cases of expected, explained, and died under suspicious circumstances. These deaths are to be registered as Brought Dead” cases

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in the nearest Health care facility and will be subjected to postmortem examination to determine the cause of death.

(Q.3) If no doctor had seen a person for a long time before death, who will write the death certificate?

Ans : If you look at the regulations on Medical certification of cause of death prevailing throughout the world, there are essentially two schools of thought. As per the Textbook written by Simpson on Legal Medicine, those doctors who have attended the patient during his terminal illness or within 14 days before his death can issue the certificate. Again as per the recommendation by the Broderic Committee, a doctor who has attended the patient at least once during the seven days preceding death can issue a certificate. If we consider the above two documents the maximum time limit permitted for giving the certificate can be accepted as 14 days before the death of the patient. Naturally, a doctor who had seen the patient a long time before death but has not attended during his/her terminal illness within 14 days of the event, cannot issue any certificate. All such deaths attended by a medical practitioner at to be reported as medico-legal deaths and will be subjected for post mortem examination.



(Prof) Dr Somnath Das

IN INDIA, A LOT OF ORDINARY PEOPLE DIE AT HOME FROM NATURAL CAUSES. MOST OF THEM HAD NOT VISITED ANY DOCTOR FOR A LONG TIME. IS IT REALLY POSSIBLE TO DO POST-MORTEM IN ALL THESE CASES?

IN UK OR USA, A PERSON NEEDS TO BE REGISTERED WITH A GP AT ALL TIMES. THUS, HE/SHE IS ALWAYS UNDER MEDICAL SUPERVISION. IN INDIA, PEOPLE DO NOT HAVE SUCH PROLONGED CONTACT WITH DOCTORS. THUS, THE RULE OF STAMPING UNATTENDED DEATHS AS “MEDICOLEGAL” PROBABLY NEEDS TO BE CHANGED. THE

CULTURE OF THE INDIAN SOCIETY IS TO GO TO A DOCTOR ONLY WHEN A PERSON STOPS BREATHING. THAT PERSON MAY HAVE NOT BEEN IN CONTACT WITH THE MEDICAL SYSTEM FOR DECADES. IF WE START RECOMMENDING POST-MORTEM FOR ALL THESE CASES, THE SYSTEM WILL BE OVERWHELMED AND IT WILL BE A TRAUMA FOR THE FAMILY TOO!

(Q.4) What are the essential facts to be mentioned in a death certificate?

Ans : Both forms number 4 and 4A consists of two segments - the part above the dotted line which is to be retained and the part below the dotted LINE which is to be handed over to the patient party.

The upper part consists of two sections, of which the first contains the epidemiological information about the deceased; whereas the second section is the Cause of Death part containing the immediate cause, the antecedent cause, and the underlying cause (PART 1). Other significant conditions contributing to the death may be included in (PART 2).

If confident, the Registered medical practitioner may fill up the manner of death section.

This is to be remembered that the bottom portion of the medical certificate of cause of death is to be filled up also by the certifier. It has to be detached and handed over to the relatives. This document enables them to get the Municipal permission for cremation as well as it acts as a reference to obtain the extract of the death register which is known as the 'Death Certificate' from the registering authority.

(Q.5) Should the death certificate be issued only in Form 4A? can it be written in the doctor's letterhead?

Ans : Form number 4 is for institutional deaths and form number 4A is for the non-institutional deaths/private practitioners. It is always preferable to issue the Medical certificate of cause of death in form number 4A for the private medical practitioners. It can be written on doctor's letterhead but it must contain all the segments written in form 4A.

(Q.6) If a person dies of old age without any significant disease, what should be written as the cause of death?

Ans : Death due to old age is also a natural death and the underlying cause of death can be entered as 'senility' under 1(a) row. However, it is to be

remembered that senility as the underlying cause of death can only be entered when the doctor is satisfied that no other disease or complication has caused the death.

(Q.7) Can a doctor write death certificate of a close family member like his own mother or brother?

Ans : Though there is no such hard and fast rule mentioned in the Registration of birth and death Act is, it is preferable not to issue death certificates of closed relatives as there is a possibility of conflict of interest.

(Q.8) If a person dies while being transferred from one hospital to another, who writes the death certificate?

Ans : In such cases the transferring hospital in which the patient was first attended in living condition, should issue the death certificate if the attending physician is confirmed with the cause of death.

(Q.9) If a person dies from a notifiable disease like cholera or dengue at home, should the doctor inform any health authority? if yes, then whom? and through what means (in writing, by sms, by e-mail, verbally over phone)?

Ans : Notifiable disease is any disease that is required by law to be reported to the government authorities. Any registered medical practitioner needs to notify search diseases in proper format (if unavailable, on their letterhead) within 3 days or verbally via phone within 24 hours depending on the urgency of the situation.

They will give such notification to local health authorities like BMOH or CMOH or Municipality Health Officer as the case may be.

WHAT ARE THE PROBLEMS THE DOCTOR MAY FACE IN SUCH CASES? CAN A DOCTOR FACE GOVERNMENT ENQUIRY AND HARRASSMENT IN SUCH CASES?

(Q.10) If a doctor is requested by his colleague to write the death certificate of a patient, should the doctor do so based on the information received from his colleague?

Ans : Medical certification of cause of death is to be filled up by the doctor who has full knowledge of the patient. Even in partnership practice, one doctor should not certify the cause of death to his colleague's patient unless attended the deceased in the past.

(Q.11) Can “cardiorespiratory failure” be written as a cause of death?

Ans : Terminal events, like a circulatory failure, respiratory failure, etc. are modes of dying and should be avoided as they are no more than signs of death and provide no useful information as to the underlying disease process.

If at all it is to be written, the underlying disease which is related to such condition must be entered in the next line. They cannot be the sole entries.

(Q.12) If a person is killed by means of an untraceable poison, the doctor may not be able to detect any foul play. In that case, if a doctor issues a death certificate in good faith, can he be charged with felony later?

Ans : It is to be emphasized that no certificate is to be issued in case of sudden death where the death is unexpected or unexplained and under suspicious circumstances. The doctor can be charged under section 34 or Sec 212 of IPC. The doctor may be charged for concealing a crime to screen the accused person from legal punishment.

(Q.13) If a doctor goes to a house to issue death certificate and suspects foul play, how should he inform the authority? which authority should be informed and how? should a doctor go to the police station by himself to report foul play? if so, which police station? the station nearest to the deceased person’s home or the one nearest to the doctor’s place of work?

Ans : In such a situation the doctor may fill up the first part of the form 4A, but not the bottom portion of the Medical certificate of cause of death. Under the column of “cause of death” in form 4 or 4A, the doctor should write “The cause of to be determined by post mortem examination”. The registered medical practitioner must inform the nearest police station about the incident in writing or through any other electronic means which can be preserved for future correspondence.

Under Kolkata Police jurisdiction such complaints can be lodged through the online portal.

WHAT ARE THE LEGAL IMPLICATIONS FOR A DOCTOR IN THOSE CASES? JUST TO LODGE A COMPLAINT, THE DOCTOR WILL HAVE TO SPEND A LOT OF TIME. THEN, THERE WILL BE UNENDING POLICE PROCEDURALS AND LEGAL BATTLES. CAN A DOCTOR REALLY AFFORD TO ENTER THIS UNENDING LEGAL QUAGMIRE?

(Q.14) In the age of telemedicine, can a doctor issue death certificate via telemedicine?

Ans : It is not legalized to issue death certificates via telemedicine.

IF THE PATIENT WAS LAST SEEN BY A DOCTOR (IN A DIFFERENT CITY) VIA TELEMEDICINE BEFORE DEATH, THEN WHO ISSUES A DEATH CERTIFICATE? SINCE DEATH CERTIFICATE MUST BE ISSUED FREE OF CHARGE, WHO WILL BEAR THE EXPENSES FOR THAT DOCTOR TO TRAVEL TO A DIFFERENT CITY, IF AT ALL POSSIBLE?

(Q.15) What are the common mistakes committed by doctors while issuing death certificate?

Ans : As per the media reports and studies which have revealed that proximately 50 to 60% of medical certificates of cause of death submitted to the death registering authority are incorrectly filled up. The common mistakes are

(a) In section I of the Cause of death column of Form 4 and 4A there is a practice of writing different modes of death (cardio-respiratory failure) in place of cause of death.

(b) Not writing the events in proper sequence.

(c) Writing multiple underline causes in part 1 of the form.

(d) Major contributing causes are omitted

(e) Underlying cause listed as a contributory cause in part 2.

(f) Not writing the ICD classification of the disease.

(g) Manner of death should preferably be written when the registered medical practitioner is confirmed about it.

(h) Registered medical practitioner has no right to withhold the issuance of a medical certificate of cause of death even if his dues have not been cleared.

(i) No medical officer should sign the medical certificate in advance without examining the dead body personally.

(j) Issuing death certificates in sudden death cases.

(k) Not mentioning the registration number of the doctor.

(l) Using abbreviations in writing the cause of death.

Dr Somnath Das thank you for the valuable insight into ‘Cause of Death’.