Information Packet for Death certificates, Causes of Death and Autopsy consent

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Table of Contents

Note: This packet is meant to provide the clinician with a review of general information needed to facilitate the completion of death certificates, Medical Examiner referrals and requests for Autopsy consent. The packet is not meant to encompass all information nor replace standard references on theses topics.

MOUNT SINAI SCHOOL OF MEDICINE

Brief Q&A regarding Autopsy consent

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1. **Why ask for an autopsy?**

There is no single correct answer to this question. Autopsies benefit many people, including the family, the physician, the hospital, and sometimes society.

When asking for consent from Next-of-kin (NOK), you should always consider 'why' you think an autopsy is warranted before speaking with the NOK. Although it is Hospital policy to ask for autopsy consent in every death here at Mount Sinai, you should explain to the family why you think an autopsy is warranted and not use this policy as a default explanation.

2. **How should I ask for autopsy consent?**

A request for autopsy consent should be made in person. Although this task is often relegated to the person (i.e. resident) announcing a death to the family, another individual (i.e. attending) may be more suitable for this task (especially given that this individual may have a long-standing relationship with the family). The decision about who will make the request should be made between the resident and attending.

The request should not lead or end your discussion with the NOK. It is best to speak with them in a quiet location and to allow them the opportunity to ask questions.

If the request is accepted, be sure to indicate that you will follow up with them about the autopsy findings. Preliminary findings are available within 48 hours and the final report is available, generally, within 30-60 working (business) days.

If your request is denied, be sure to complete the bottom portion of the request form and include it with the chart.

3. **How much will the autopsy cost? Does insurance pay for an autopsy?**

There is no charge for autopsies performed on patients of Mount Sinai. Outside referrals incur a cost of $2500 per case.

Health insurance does NOT cover the cost of an autopsy.

Brief Q&A regarding Autopsy consent

4. **Will anyone be able to tell that an autopsy has been performed (i.e. open casket)?**

The autopsy procedure is done so that you can not tell that an autopsy has been done, this includes autopsies that include removal of the brain. Such concerns may be paramount for NOK regarding their decision to proceed with an autopsy or not.

5. **Who performs the autopsy?**

Pathologists and pathology residents perform autopsies at Mount Sinai. Such physicians are trained in the surgical type of dissection required for this procedure.

6. **Will an autopsy delay funeral arrangements?**

In general, the performance of an autopsy does not hinder or delay funeral arrangements. Once consent has been obtained and the pathology staff is able to review the paperwork, the chart and the death certificate, the autopsy is performed fairly quickly. Assuming no major restrictions have been placed on the autopsy consent, organs can be removed from the body and the body can be released to a funeral director within 1-2 hours. If all the organs must be returned to the body, the autopsy takes longer, since the pathologist must examine everything and sample everything before placing them back in the body.

7. **Can autopsy consent be restricted?**

Yes. Autopsy consent can be restricted in many ways. Examples of potential restrictions include: No head examination permitted, Examine the body only, Examine the thorax only, Examine the heart (or any organ) only, The incision may only include opening a prior surgical incision (i.e. laparotomy scar), etc.

8. **Are autopsies done on the weekend?**

Yes.

9. **Can I see the autopsy on my patient?**

Yes. Before proceeding with the autopsy, the pathology staff will contact the attending clinician in order to go over the history and to invite the clinical team.

Brief Q&A regarding Autopsy consent

If you have not heard about when a particular case will be done, you can call 212-241-7376 to find out.

If you are unable to see the autopsy on the day it is done, you can contact the pathology resident to set up a separate time to review the organs.

10. **Where is the autopsy suite?**

The autopsy suite is on the MC level of the hospital near the stairs to the East building tunnel. To get to the autopsy suite, follow the MC level from the main hospital, as if going toward MRI. Make a left at the video machine outside MRI, as if going to the East building tunnel. The autopsy suite is the second door on the right, just after the video machine. A large sign on the door indicating "Autopsy Suite" is apparent.

11. **What do I do if there are religious issues regarding autopsy consent?**

Most religions do not prohibit the autopsy. If there are specific religious issues, you can contact the hospital clergy to help resolve them.

12. **Can a health-care-proxy or common-law-spouse consent for autopsy?**

No. Health care proxy is not recognized in NYC Public Health Code for the purposes of obtaining autopsy consent. Common law marriage is not recognized in the state of New York.

13. **Can consent be obtained over the telephone?**

In most cases, **NO**. According to New York Public Health Law (NY CLS Pub Health 4214): "In no case shall an autopsy or dissection be performed on any body within 48 hours after death unless a **written consent or directive** therefore has been received from the person or persons legally entitled to consent to or order such autopsy or dissection." [In other words, phone consent is unacceptable within 48 hours of death].

a. Fax consent is allowable within the first 48 hours after death.
b. After 48 hours, verbal consent may be obtained over the telephone, using the hospital telephone operator as witness.

Brief Q&A regarding Autopsy consent

14. **How do I get feedback on the results of an autopsy?**

Within 24 hours of the autopsy (except on weekends/ holidays), a preliminary report is generated and faxed to the attending clinician. The pathology resident also calls the attending to relay important findings.

A final autopsy report is generated within 30-60 working (non-weekend) days and is faxed/mailed to the attending clinician. Residents may obtain copies of final autopsy reports by contacting the Records Division of the Department of Pathology via telephone # 212-241-7373.

15. **Do autopsy results become part of the patient's permanent record?**

Yes.

16. **How do families find out results of the autopsy?**

Families may request a copy of the autopsy report from Medical Records. The attending clinician of record is responsible for reviewing the autopsy findings with the family.

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Examples of "specific" causes of death that may serve as the underlying cause of death on a death certificate

This list is meant to provide examples of potential underlying causes of death. It is by no means exhaustive in terms of its scope. Such examples are considered specific and explain the underlying reason(s) for a patient's demise. Abbreviations are NOT permitted on the death certificate (i.e. Pulmonary TB must be written as Pulmonary Tuberculosis)

Abdominal aortic aneurysm, ruptured
Acquired immune deficiency syndrome, non-drug related
Acquire immune deficiency syndrome, drug-related (needs ME referral in every case)
Acute lymphocytic leukemia
Acute myelocytic leukemia
Acute pancreatitis
Alcoholic cirrhosis
Alpha-1 antitrypsin deficiency
Alzheimer's dementia
Amyotrophic lateral sclerosis (ALS)
Aortic stenosis, senile calcific
Aortic stenosis, bicuspid
Asbestosis (should refer to ME)
Asthma
Atherosclerotic heart disease
Berry aneurysm rupture, cerebral

(Squamous/ Adeno) Carcinoma of the:
(any of the following) Appendix
Bladder
Breast
Cervix
Colon
Endometrium
Esophagus
Fallopian tube
Gallbladder
Kidney
Lung
Ovary
Pancreas
Prostate
Rectum
Small intestine
Stomach
Vagina

Cholangiocarcinoma
Chronic lymphocytic leukemia
Chronic myelocytic leukemia
Coronary artery disease
Crohn's disease
Diabetes mellitus, insulin-dependent
Diabetes mellitus, non-insulin dependent
Down's syndrome (or other specific genetic diseases/ syndromes)
Emphysema, pulmonary
Epilepsy, idiopathic
Essential hypertension
Familial amyloidosis
Hepatocellular carcinoma
Hereditary hemochromatosis
Hodgkin's lymphoma
Meningococcal meningitis (refer to the ME)
Metastatic carcinoma of _____ (i.e. breast, lung, etc)
Multiple myeloma
Myelodysplastic syndrome
Non-Hodgkin's lymphoma
Osteosarcoma (or other sarcoma), include site (i.e. right leg)
Parkinson's disease
Peptic ulcer, gastric, perforated
Peptic ulcer, duodenal, perforated
Pneumonia, (you must specify site):
- Right upper lobe
- Right middle lobe
- Right lower lobe
- Left upper lobe
- Left lower lobe
- Multi-lobar

Polycythemia vera
Primary biliary cirrhosis
Progressive systemic sclerosis (i.e. scleroderma)
Pulmonary hypertension, idiopathic
Pulmonary (or Miliary) Tuberculosis
Rheumatic heart disease, (specify valve)
Sarcoidosis
Systemic lupus erythematosus
Tetralogy of Fallot (or other specific congenital heart disease)
Thrombotic thrombocytopenic purpura
Ulcerative colitis
Usual interstitial pneumonitis
Wegener's granulomatosis

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All of the following are examples of mechanisms of death or non-specific processes that may NOT appear on a death certificate unless followed by an underlying (i.e. specific) cause

Asystole
Abscess
Acute respiratory distress syndrome
Arrhythmia
Bleeding esophageal varices
Bowel obstruction
Cardiomyopathy
Cardiopulmonary arrest
Cerebrovascular accident, non-traumatic
Cirrhosis
Congestive heart failure
Dementia
Empyema
Encephalopathy
End-stage renal (liver or other) disease
Gastrointestinal hemorrhage or other hemorrhage (i.e. intracranial)
Hepatitis
Hepatorenal syndrome
Herniation of brain
Lactic acidosis (or other metabolic derangement)
Liver failure
Multi-organ failure
Myocardial infarction
Myocarditis
Nephrotic/ Nephritic syndrome
Peritonitis
Pulmonary edema
Pulmonary thrombo-embolism
Pulseless electrical activity
Renal failure
Respiratory failure
Sepsis
Shock (from any cause)
Uremia

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"Red flags" that require ME referral in every instance

Any condition listed below that contributes to the events leading to death MUST be referred to the ME in every instance

Accident
Adverse/ Anaphylactic reaction
Asphyxia
Aspiration
Assault
Bite
Blunt impact
Burn
Child abuse
Choking
Contusion
Creutzfeldt-Jakob disease (CJD)
Crush injury
Drowning
Drug (or alcohol) overdose
Drug (or alcohol) reaction
Drug (or alcohol) toxicity
Electrocution
Explosion
Fall
Fire
Fracture (if trauma related)
Gunshot
Heat stroke
Homicide
Hyperthermia
Hypothermia
Injury
Intoxication
Intravenous drug use/abuse
Laceration
Neglect
Overdose
Paraplegia/ Quadriplegia (often injury or trauma related)
Poisoning
Pulmonary emboli (if trauma or injury related)
Seizure (if post-traumatic)
Sting
Subdural/ Epidural hematoma or Subarachnoid hemorrhage (often trauma related)
Suffocation
Suicide

Therapeutic complication
Transfusion reaction
Toxicity
Trauma
Wound

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AUTOPSY INFORMATION FOR THE CLINICIAN

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BEFORE filling out the death certificate and asking for permission to do an autopsy, consider if the case should be referred to the Medical Examiner's office (see "red flags" or reportable deaths portions of this handout). **OCME** telephone **#212-447-2030.**

- If the case is considered **NON-REPORTABLE** by the ME, proceed with completion of the death certificate and request autopsy permission from the next of kin. Write "Non reportable" with the Medico-legal investigator's (MLI) name in pencil on the upper left-hand corner of the back of the death certificate. Put a note in the patient's chart
- If the ME gives the case a **NO CASE** number, proceed with completion of the death certificate and request autopsy permission from the next of kin. Record the **NO CASE** number and investigator's name in pencil on the back of the death certificate. Put a note in the patient's chart.
- If the case is accepted by the ME and given a **CASE NUMBER**, you must fill out the ME form in lieu of the death certificate. The ME will complete a death certificate. No autopsy consent is required but you must inform the family that the case has been accepted by the ME.
- ****All communication with the ME must be indicated in a note in the chart! Record the MLI name, the decision rendered by the ME (i.e. accepted, rejected, etc) and any case numbers given to you by the ME.**

WRITTEN consent is required within 48 hours of death of the patient!

- This is in accordance with NYS Public Health Code 4214.
- Fax consent is acceptable during this time frame.

After 48 hours, phone consent for autopsy is acceptable.

- The hospital telephone operator serves as a witness.

NEXT OF KIN gives consent

- Note the priority of next of kin as indicated in NYC Public Health Code 205.01(d):
  1. Spouse or registered "domestic partner" (needs to prove it)
  2. Children ≥21 yrs of age
  3. Grandchildren ≥ 21 yrs of age
  4. Parents or surviving parent
  5. Siblings≥ 21 yrs of age
  6. Grandparents
  7. Aunts, uncles ≥ 21 yrs of age
- Common law marriage is **NOT** recognized for this purpose in NY.

AUTOPSY INFORMATION FOR THE CLINICIAN

- A Health Care Proxy is **NOT** acceptable unless such person falls under the above listing of designated next-of-kin

There is **NO CHARGE** to the family for autopsies done on MSH patients.

Autopsy consent may be **LIMITED**. Please indicate restrictions (i.e. No head, Thorax only, Abdomen only, etc.) on the consent form.

If consent is obtained for a hospital autopsy, please notify the Morgue (241-7376/ 241-7377) and inform the next of kin to let their funeral director know that an autopsy will be performed

MOUNT SINAI SCHOOL OF MEDICINE

DEATH CERTIFICATE COMPLETION

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1. General information:

- It is the **responsibility** of the clinician to fill out death certificates at Mount Sinai Medical Center.
- **You need not have known the patient to complete a death certificate,** and might be asked to complete the certificate as a representative of the hospital.
- In most cases, the death certificate is completed without an autopsy. Therefore, the cause of death is based upon your **opinion** as to the cause. This opinion is based on available information (i.e. determined based upon info from the chart, work-up, discussion with the attending, etc.).
- The underlying COD must be **as etiologically specific/ accurate as possible** (cardiorespiratory arrest, MI, renal failure, CHF, etc are unacceptable, unless followed by an etiologically specific reason—see examples below).
- Only **Black ink** may be used on the form (felt tip pens are **not** acceptable).
- Abbreviations (i.e. AIDS, HIV, COPD, etc) **cannot** be written on the death certificate

2. Medical Examiner's issues:

BEFORE filling out the death certificate and asking for permission to do an autopsy, consider if the case should be referred to the Medical Examiner's office. In other words, consider if the cause of death is natural (i.e. due solely to a disease) or is unnatural (i.e. due to some violent cause or some therapeutic complication). Unnatural deaths need referral to the Medical Examiner's office.
Other reasons for ME referral include death of particular health significance (i.e. CJD, smallpox, food poisoning, etc).

> A hospital death falls under the jurisdiction of the Office of Chief Medical Examiner (OCME) if it is unnatural or possibly unnatural or if it presents impelling legal or public health implications. The death should be immediately reported by telephone to the OCME by a physician fully acquainted with the case.

MOUNT SINAI SCHOOL OF MEDICINE

DEATH CERTIFICATE COMPLETION

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The 24-hour telephone number of the OCME in NYC is: 212-447-2030.

If a case is accepted, a signed hospital autopsy consent is not necessary and the OCME will complete the death certificate. A Medical Examiner form must be completed 0by the clinician; however, and is forwarded with the body to the OCME. An OCME "case number" should be recorded on the form. Admission blood, urine, or gastric contents should be preserved and refrigerated for transport to the OCME. The family should be notified (by the clinician who reported the case) that the OCME has accepted the case. The OCME will also contact the family prior to the autopsy (in case there are objections to the autopsy).

At times, the OCME may accept the case but allow the hospital to perform the autopsy. In this case, the clinician must request permission for autopsy from the next of kin. The OCME "case number" must be given to the pathologist. Once the autopsy is performed, a Preliminary Anatomic Diagnosis (PAD) is faxed to the OCME, which will then issue a death certificate.

If the OCME determines that the death does not fall within its jurisdiction, responsibility for death certification reverts back to the hospital (i.e. the clinician needs to fill out the death certificate). The notifying clinician is given a "no case number" which should be written in pencil on the upper right hand corner of the reverse of the death certificate or the case may be deemed "non-reportable." Processing proceeds in the same manner as with other deaths. Autopsy consent may then be requested of the next of kin.

The period of time a person is in the hospital in and of itself does not dictate whether a death falls under the jurisdiction of the OCME. Rather, it is the circumstances surrounding the death that are controlling.

- If the ME considers the case **NON-REPORTABLE**, proceed with completion of the death certificate and requests for autopsy permission. Write **"Non-reportable"** with the investigator's name **in pencil** on the upper left-hand corner of the back of the death certificate. **Place a note indicating the referral, ME decision and investigator's name in the chart.**

MOUNT SINAI SCHOOL OF MEDICINE

DEATH CERTIFICATE COMPLETION

- If the ME gives the case a **NO CASE** number, proceed with completion of the death certificate and requests for autopsy. Record the **NO CASE** number and investigator's name **in pencil** on the back of the death certificate. **Place a note indicating the referral, ME decision and investigator's name in the chart.**

- If the case is accepted by the ME and given a **CASE NUMBER**, you must fill out the ME form in lieu of the death certificate. The ME will complete a death certificate. No consent is required for the ME to perform an autopsy. Let the family know of the ME decision, so they can make arrangements for pick-up of the body after the autopsy. **Place a note indicating the referral, ME decision and investigator's name in the chart.**

- ****All communication with the OCME must be indicated in a note in the chart!****

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Medical Examiner Cases: Reportable Deaths

The Office of Chief Medical Examiner (OCME) has jurisdiction over deaths occurring under the following circumstances:

- All forms of criminal violence or from an unlawful act or criminal neglect
  - **Applies whether the death occurs immediately and directly, or indirectly after a lapse of weeks, months, or even years**
- All accidents (motor vehicle, industrial, home, public place, etc.)
- All suicides
- All deaths caused or contributed by drug and/or chemical overdose or poisoning
  - **Any infectious complication of intravenous drug use should also be referred to the OCME (i.e. AIDS, Hepatitis, endocarditis, etc)**
- Sudden death of person in apparent good health
- Deaths of all persons in legal detention, jail, or police custody
  - **This includes a prisoner who is a patient in the hospital, irrespective of the cause of death**
- Deaths during diagnostic or therapeutic procedures or from complications of such procedures
- Deaths of particular health significance (i.e. anthrax, smallpox, etc)
- Deaths due to disease, injury, or toxic agent resulting from employment
- When a fetus is born dead in the absence of a physician or midwife
- Deaths unattended by a physician and where no physician can be found to certify the death
  - "Unattended" meaning not treated within 31 days prior to death
- When there is intent to cremate the body or dispose of a body in any fashion other than internment in a cemetery
- Dead bodies brought into the city without proper medical certification.
- Deaths in any suspicious or unusual manner

Remember: There is no "24 hour rule" in NYC regarding deaths that need to be reported to the OCME. Rather, the circumstances surrounding a death dictate whether the OCME needs to be notified.

NYC OCME telephone # 212-447-2030

DEATH CERTIFICATE COMPLETION

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3. <u>Generic format for the Cause of Death statement</u>:

<u>Part I</u>:
Immediate cause:
A._____
due to or as a consequence of:
B._____
due to or as a consequence of:
C._____
due to or as a consequence of:
D._____

<u>Part II</u>:
Other significant conditions:
_____

- **All lines do not necessarily need to be completed, if you have satisfied the criteria for the COD statement.**
- **Each time you fill in one of the lines…ask yourself "WHY" the patient has this particular condition…until you have satisfied the etiologically specific cause.**
- **2 separate and unrelated causes of death cannot be indicated on the form.**

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DEATH CERTIFICATE COMPLETION

Examples of good Cause of Death statements:

Part I.

A. **Acute myocardial infarction**
due to or as a ~~consequence of~~
B. ***Atherosclerotic coronary artery disease***
C. _____
D. _____

Etiologically specific underlying cause

or

Part I.

A. **Pulmonary infarction**
due to or as a consequence of
B. **Pulmonary embolism**
due to or as a consequence of
C. **Deep vein thrombosis**
due to or as a consequence of
D. ***Polycythemia vera***

Etiologically specific underlying cause

Poor example:

Part I.

A. Liver failure
B. **Cirrhosis**
C. _____
D. _____

Not acceptable as underlying cause of death as it is not etiologically specific. Modifiers that could be added include such things as ***Cryptogenic*** cirrhosis, ***Hepatitis B/C*** cirrhosis.

In the case of Hepatitis B/C cirrhosis, you would then need to add the cause of the infection (i.e. IVDA, blood transfusion, needlestick, etc), which might need OCME referral. Alternatively, the etiology may be unknown and should be written as such (i.e. Hepatitis C cirrhosis of unknown etiology).