



Suffolk
County Council

Completing the Medical Certificate

(or ... how to avoid unnecessary
referrals to the Coroner!)

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Why is the death certification important?

- Prompt and accurate certification of death is essential as it serves a number of functions ...
- The doctor who attended the deceased in their last illness is fulfilling their legal responsibility
- After registering the death, the certified copy of the register entry (death certificate) includes an exact copy of the cause of death information you give
- Information from death certificates is used to measure the relative contributions of different diseases to mortality. Statistical information on deaths by underlying cause is important for monitoring the health of the population, planning for the future and evaluating risks to health

A reminder of the temporary rules under emergency regulations

- Any medical practitioner with GMC registration can sign if ...
- The medical practitioner who attended is unable to sign the MCCD and
- The medical practitioner who proposes to sign is able to state the cause of death to the best of their knowledge and belief and
- A medical practitioner has attended the deceased within 28 days before death (including visual/video consultation) or viewed the body in person after death (which does not include video viewings of the body after death or viewings of the body by nurses, paramedics or other medical professionals)
- If no medical practitioner attended the deceased during their last illness, a medical practitioner can sign the MCCD if ...
- Able to state the cause of death to the best of their knowledge and belief and
- They have obtained agreement from the Coroner that they can complete it

So what does a registrar need from the MCCD

- Legible handwriting!
- Acceptable cause(s) of death – Nichola will provide an overview
- No abbreviations or symbols to be used (ie CVA/COPD) as these may seem clear to you in context but won't be clear to others either now or in the future – ie RTI – Respiratory Tract Infection to one doctor or Reproductive Tract Infection to another / MI – Myocardial Infarction or Mitral Incompetence?
- A complete MCCD with one circle round 1) 2) 3) or 4) and one round a) b) or c)
- The date last seen alive by the certifying practitioner (not under emergency regulations but frequently missed in 'normal' times)
- The address of the place of death – just entering 'home' is not acceptable as it's not clear whose home (yours, the deceased's or the registrar's?)
- Timely submission – currently electronically – as it is a legal requirement for the death to be registered by a qualified informant within **5 days** following the date of death (including weekends) unless the Coroner is involved.
- The signature, qualifications as registered with the GMC and the registration number of the certifying practitioner
- Place of residence – not your own address but the address of the surgery or hospital where you are based
- Correct spelling if possible – remember that if you've put 'Iskemick Hart Dizeze' then that is what is recorded in the register and on the death certificate and it's your details are shown below as certifying practitioner!

The order of completion of the medical certificate

- You are expected to state the cause of death to the best of your knowledge and belief – you're not expected to be infallible!
- Without diagnostic proof, if appropriate and to avoid a delay, circle '2' in the MCCD or tick Box B on the reverse ie if the patient had symptoms of Covid, but the test result not received, give Covid 19 as the cause of death, tick Box B and share the result when available
- The MCCD is set out in two parts – start with the immediate direct cause of death in 1a) then go back through the sequence of events or conditions that led to death in 1b) and 1c).
- If there's more than 3 conditions that directly caused the death, simply put more than one on each line linked by 'due to' or adding 'joint causes of death' in brackets
- You should also enter any other diseases, injuries, conditions or events that contributed to the death but not part of the direct sequence in part 2 of the certificate. This does not include conditions such as 'hard of hearing' where there is no contribution to the death

Old Age – acceptable or not?

- If you have personally cared for the deceased over a long period and
- You have observed a gradual decline in your patient's health and
- You are not aware of any identifiable disease or injury and
- You are absolutely certain there is no reason that the death should be reported to the Coroner
- And ...
- The patient was over the age of 80 years
- Then YES! You can!

Natural causes – or not

- If you don't refer a death to the Coroner where there are question marks over the cause of death, the registration officer is required by law to refer it
- The term 'Natural causes' alone is not sufficient to allow the death to be registered without referral to the Coroner. If you cannot specify a condition which led to the death, you will need to report it to the Coroner
- Organ failures such as 'Liver Failure' if the disease or condition that led to it has not been specified on the MCCD
- Modes of dying such as 'Cardiac Arrest', 'Shock', 'Vasovagal Attack' or 'Syncope'
- Any cause of death that's shown as 'Probable' will need referral ...
- But 'Unknown' in the context of, for instance, 'Metastatic carcinoma with unknown primary' is acceptable

Specific causes of death

- Stroke and cerebrovascular disorders:
 - Give as much detail as you can about the nature and site of the lesion ie whether the cause was haemorrhage, thrombosis or embolism.
 - Remember to include any antecedent conditions such as atrial fibrillation, artificial heart valves or anticoagulants
- Neoplasms
 - Malignant neoplasms remain a major cause of death.
 - Where applicable you should indicate whether a neoplasm was benign, malignant or of uncertain behaviour
 - Specify the histological type and anatomical site of the cancer ie 'Small cell carcinoma of left main bronchus'
- Diabetes Mellitus
 - Specify whether it was insulin dependent / Type I or non-insulin dependent / Type II
 - If diabetes is the underlying cause of death, specify the complication or consequence that led to death, such as ketoacidosis

Deaths involving infections and communicable diseases

- Mortality Data:
 - Important in surveillance of infectious diseases as well as monitoring effectiveness of immunisation and other preventative programmes
- Notifiable diseases:
 - You have a statutory duty to notify the Proper Officer for the area unless the case has already been notified
 - Notifiable to the Proper Officer does not mean that the death needs to be referred to the Coroner if there is no other reason to do so: ie 'Covid 19' is a notifiable disease but is on its own an acceptable cause of death
- Pneumonia:
 - May follow other infections and be associated with treatment for disease, injury or poisoning, especially where ventilator assistance is required. Specify if possible whether it was lobar or bronchopneumonia and whether primarily hypostatic or related to aspiration as well as if known the organism involved

Injuries and external causes

- All deaths involving any form of injury or poisoning must be referred to the Coroner.
- If the death is not one that must be referred to the Coroner and he/she instructs the medical practitioner to certify, remember to include details as to how the injury occurred and where it happened

Obtaining MCCD books and envelopes

- New books of MCCDs can be obtained from the Ipswich or Bury St Edmunds registration offices. Please provide a letter signed by a registered practitioner (including qualifications and GMC number) requesting the release of a book of certificates and envelopes
- Email requests are not acceptable!

Other important tasks

- Current guidance for delivery of the MCCD:
 - Deliver the MCCD electronically to: registrars.admin@suffolk.gov.uk and post the MCCD directly to: Ipswich Registration Office, St Peter House, 16 Grimwade Street, Ipswich IP4 1LP
 - Direct the relatives to our website for information on how to register the death: www.suffolk.gov.uk/registrars
 - Remember, these emergency regulations are only in force until March 2022!
- Return to 'Business As Usual'
 - The MCCD will need to be completed in line with the standard regulations
 - The MCCD should be handed to the relative in a sealed envelope showing the register office address or website – sealed to prevent the MCCD being tampered with
 - The family should also be handed the tear off strip to remind them who can register the death as this is a prescribed list and must be followed

Quick reference reminder for BAU certification

- Check the certifying doctor was in attendance during last illness and saw patient either within 14 days prior to the death or has seen the body since death (if neither, this is an uncertified death and needs referral to the Coroner)
- Ensure the date last seen alive has been entered – seen by you and not another doctor. Have you seen them after death? If so, circle a)
- Check the death does not require any reference to the Coroner (the cause does not include a mode of dying or organ failure alone, an industrial disease or illness, the word 'probable', any abbreviation or medical symbol)
- If you make a mistake issue a fresh MCCD or clearly amend and initial any changes
- Check the certificate is signed, the qualifications and GMC number for the doctor have been added (and print your name underneath)
- Use the surgery or hospital address and not your home address
- Check for completeness and accuracy with no spelling mistakes or omissions
- For a death in hospital, check the name of the Consultant has been added

BIRTHS AND DEATHS REGISTRATION ACT 1953
(Form prescribed by the Registrar of Births and Deaths Regulations 1967)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

Registrar to enter
No. of Death Entry

DON'T FORGET YOU MUST ALSO COMPLETE THE COUNTERFOIL OF THE MCCD

Name of deceased **NAME OF DECEASED**
Date of death as stated to me **DATE OF DEATH MUST BE SHOWN** **YEAR** Age as stated to me **AGE**
Place of death **PLACE OF DEATH MUST BE SHOWN**
Last seen alive by me **DATE LAST SEEN ALIVE MUST BE COMPLETED**

ONE OF THESE MUST BE RINGED

- 1 The certified cause of death takes account of information obtained from post-mortem.
- 2 Information from post-mortem may be available later.
- 3 Post-mortem not being held.
- 4 I have reported this death to the Coroner for further action.

Please ring appropriate digit(s) and letter.

- a Seen after death by me
- b Seen after death by another medical practitioner but not by me.
- c Not seen after death by a medical practitioner.

ONE OF THESE MUST BE RINGED

[See overleaf]

The Registrar is unable to accept any certificate that is not fully completed. This causes major distress and delays for families.

CAUSE OF DEATH
The condition thought to be the "Underlying Cause of Death" should appear in the lowest completed line of Part I.

I(a) Disease or condition directly leading to death? **1(a) THIS MUST NOT BE A MODE OF DYING**

(b) Other disease or condition, if any, leading to I(a)

(c) Other disease or condition, if any, leading to I(b)

II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.

DO NOT USE ABBREVIATIONS OR MEDICAL SYMBOLS IN CAUSE OF DEATH

These particulars not to be entered in death register

Approximate interval between onset and death

ENTER DURATION if known

The death might have been due to or contributed to by the employment followed at some time by the deceased.

SPEARING BOX
PLEASE TICK ONLY IF DEATH IS OR MAY BE EMPLOYMENT RELATED

(This does not mean the mode of dying, such as heart failure, asphyxia, anoxia, etc.: it means the disease, injury, or complication which caused death)

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature **MUST BE SIGNED LEGIBLY PRINT BELOW IN BLOCK CAPITALS** Qualifications as registered by General Medical Council

Residence **COMPLETE RESIDENCE**

Date **MUST BE DATED**

MUST SHOW CONSULTANTS NAME

MUST SHOW QUALIFICATIONS & GMC NUMBER

Complete where applicable

You must initial Box A if you have reported this death to the Coroner

A

I have reported this death to the Coroner for further action.

Initials of certifying medical practitioner: _____

B

I may be in a position later to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification.

Initials of certifying medical practitioner: _____

You must initial Box B if you may be in a position to provide further information on the cause of death

The death should be referred to the coroner if:

- the cause of death is unknown
- the deceased was not seen by the certifying doctor either after death or within the 14 days before death
- the death was violent or unnatural or was suspicious
- the death may be due to an accident (whenever it occurred)
- the death may be due to self-neglect or neglect by others

- the death may be due to an industrial disease or related to the deceased's employment
- the death may be due to an abortion
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death may be a suicide
- the death occurred during or shortly after detention in police or prison custody

LIST OF SOME OF THE CATEGORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

MALIGNANT DISEASES

- (a) Skin
- (b) Nasal
- (c) Lung
- (d) Pleura and peritoneum
- (e) Urinary tract
- (f) Liver
- (g) Bone
- (h) Lymphatics and haematopoietic

Causes include:

- radiation and sunlight
- pitch or tar
- mineral oils
- wood or leather work
- nickel
- asbestos
- chromates
- nickel
- radiation
- asbestos
- benzidine
- dyestuff manufacture
- rubber manufacture
- PVC manufacture
- radiation
- radiation
- benzene

POISONING

- (a) Metals
- (b) Chemicals
- (c) Solvents

- e.g. arsenic, cadmium, lead
- e.g. chlorine, benzene
- e.g. trichloroethylene

INFECTIOUS DISEASES

- (a) Anthrax
- (b) Brucellosis
- (c) Tuberculosis
- (d) Leptospirosis
- (e) Tetanus
- (f) Rabies
- (g) Viral hepatitis

Causes include:

- imported bone, hornmeal hide or fur
- farming or veterinary
- contact at work
- farming, sewer or under-ground workers
- farming or gardening
- animal handling
- contact at work

CHRONIC LUNG DISEASES

- (a) Occupational asthma
- (b) Allergic alveolitis
- (c) Pneumoconiosis
- (d) Chronic bronchitis and emphysema

- sensitising agent at work
- farming
- mining and quarrying
- potteries
- asbestos
- underground coal mining

Where can I
go for help?

Please direct the relatives of the deceased to our website: www.suffolk.gov.uk/registrars to find out how to register the death

Information on completion of MCCD can be found at: <https://www.suffolk.gov.uk/births-deaths-and-ceremonies/the-coroner-service/advice-for-gps-about-completing-a-death-certificate/>

And at: <https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medical-certificate-of-cause-of-death>



Any Questions?

www.suffolk.gov.uk/registrars