

# Ulster County Medical Examiner's Office

## Guide to Death Notification and Certification for Hospitals and Healthcare Providers

Adapted from the Onondaga County Medical Examiner's Office



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## **Deaths Reportable to the Medical Examiner**

**New York State County Law**, Article 17A, Sections 670 to 676, mandates the Medical Examiner to make inquiry regarding all unnatural deaths within the County. As required by law, all unnatural deaths, or deaths which *appear* to be unnatural, or suspicious, as well as any sudden unexplained death or death of an individual not under the care of a physician, must be reported to the Medical Examiner's Office. The Ulster County Medical Examiner's Office has jurisdiction over deaths occurring under the following circumstances:

- All forms of criminal violence or from an unlawful act or criminal neglect.
- All accidents (motor vehicle, industrial, home, public place, etc.).
  - All deaths from conditions directly related to trauma, regardless of the passage of time (e.g., death from a seizure disorder that was the result of a fall).
- All suicides.
- All deaths that are caused or are contributed to by drug and/or chemical overdose or poisoning.
- Sudden death of a person in apparent good health.
- Deaths of all persons in legal detention, jails, or police custody, including any prisoner who is a patient in a hospital, regardless of duration of hospital stay.
- Deaths that occur during pregnancy, during childbirth, or within twelve months from the end of pregnancy.
- When a fetus is born dead in the absence of a physician or midwife:
  - Stillbirths and neonatal deaths from prematurity in the hospital need not be reported to the UCMEO unless there is a history of maternal trauma or substance abuse, or the case has some other unusual or suspicious circumstance.
- Deaths due to disease, injury, or toxic agent resulting from employment.
- Deaths which occur in any suspicious or unusual manner.

**Note:** When you are certifying a death, any time the possibility arises that the manner of death may be anything other than natural, you are dealing with a case that falls under the jurisdiction of the Medical Examiner and should contact the UCMEO immediately.

## Procedure for Reporting a Death to the Medical Examiner

The Ulster County Medical Examiner's Office is accessible 24-hours-a-day, 365 days a year, with a medicolegal death investigator on-duty at all times. To report a death, call **845-338-1440**, as promptly as possible, after the death. This number reaches the Ulster County Emergency Communications Center, which will relay your notification to the on-call investigator. You will receive a call back in a timely manner. Please do not call the Department of Health to report a death, as there is not always an investigator at our administrative offices.

Please have the following information available at time of notification:

- Name, age, date of birth, sex, and race of the decedent.
- Home address and telephone number.
- Place removed from (if a hospital death) or current location of the body.
- Time of death and name of individual who made the pronouncement.
- A brief narrative surrounding the circumstances of the death.
- Past medical history, if any.
- Current medications, if any.
- Where the decedent was found, and by whom.
- When the decedent was last seen alive, and by whom.
- Name, address, and telephone number of the next-of-kin, their relationship to the decedent, and whether they have been notified of the death.
- The name and telephone number of the attending physician.

Even though you may not have all of the information, you *should not delay* our notification.

On the basis of this information, a decision will be made whether or not the death falls under the jurisdiction of the Medical Examiner. If the Medical Examiner's Office waives jurisdiction, we are not responsible for finding a physician to sign the death certificate, although we will facilitate this whenever possible.

Note: If the decedent expires in a hospital or nursing home and the death becomes a Medical Examiner's case, a copy of the decedent's chart will also be required to be sent with the decedent via the transport service, via fax to 845-334-8337, or via secure email to [medicalexaminer@co.ulster.ny.us](mailto:medicalexaminer@co.ulster.ny.us).

## **Special Handling of Medical Examiner Cases**

The Medical Examiner's Office recognizes that saving a life is of paramount importance. The information listed below must be understood with this primary directive in mind:

- Do not move the body after the individual has been pronounced dead.
- All catheters, tubes, bandages, casts, defibrillation pads, or other medical appliances should be left in place and not removed or disturbed once a person has died.
- In cases where stab and/or gunshot wounds are involved, it is imperative not to use the perforation as the starting point for exploratory procedures. Doing so obscures future accurate documentation of the injury, which may cloud the many legal questions that usually follow.
- In cases where the individual is still alive upon admission to the hospital and the final outcome may fall under the jurisdiction of the Medical Examiner, it is imperative that ALL admitting specimens (e.g., blood, urine, gastric lavage) be retained for testing by the Medical Examiner, should the need arise.
- Decedents must be placed in a clean, new body bag and sealed with a uniquely numbered lock seal before transport. It is particularly helpful if the bag has two zippers to run the seal lock through, however, if the bag only has one zipper, the bag can be secured by looping the seal lock through the zipper and a small hole made at the end of the bag.
- Clothing and other items physically on the decedent at the time of death should be transported with the body.
- Any clothing or other items, including valuables, that were removed by EMS personnel or hospital staff during treatment, must be placed into a personal effects bag and sealed in the body bag with the decedent for transport to our facility.

## Natural vs. Unnatural Deaths

A **natural** death is any death that is the direct result of the progression of a medically recognized disease process. Widespread cancer, acute myocardial infarction due to coronary atherosclerosis (heart attack), or chronic obstructive pulmonary disease, are all examples of progressive, recognized, natural disease processes that may result in the death of an individual. The foreseeable and expected complications of these diseases are also classified as natural. **These deaths are not required to be reported to the Medical Examiner.** However, the UCMEO welcomes and strongly encourages all deaths to be reported for evaluation of jurisdiction.

An **unnatural** death is any death in which there is intervening influence or circumstances not recognized as a medical disease process which either *initiates* the lethal sequence of events or *contributes* to the individual's demise. Acute renal failure due to hemolytic uremic syndrome would be classified as natural. Acute renal failure due to ethylene glycol (antifreeze) ingestion would be classified as unnatural with the actual manner (homicide, suicide, or accident) pending additional investigation by the Medical Examiner. **These deaths are required to be reported to the Medical Examiner.**

Other potentially unnatural deaths that must be reported to the Medical Examiner include:

- A person hospitalized for a traumatic injury who is never discharged and ultimately expires at the hospital months later.
- A person dies unexpectedly during medical treatment or while undergoing diagnostic testing or surgery.
- A person dies of an apparent natural disease process and had recent physical trauma; most commonly, an elderly individual with significant medical history suffers a fall with injury and dies a period of time later of apparent natural causes.

The determination of the significance of the injury will be established by the Medical Examiner through communication with those physicians who provided care for the decedent.

## Cause of Death

The **cause of death** is the etiologically specific disease or injury that initiates a dependent and related sequence of events ultimately responsible for the death of that individual. It is often helpful to use the “*but for*” *principal* when establishing a cause of death, in which “but for” a particular disease or injury, the individual would not be dead.

The time interval between the initial insult and death can be instantaneous, as in a massive intracranial hemorrhage due to hypertensive cardiovascular disease, or it can be hours, days, weeks, months, and years between the initial event and death. For example, bronchogenic carcinoma may be present for months before the tumor eventually erodes a major vessel resulting in exsanguination or causes sufficient obstruction so as to create a favorable environment for lethal pneumonia.

Sometimes there may be confusion regarding the actual cause of death, especially if a considerable time interval between the initial event and death has passed and multiple disease processes have come into play. For example, an individual with blunt abdominal injuries secondary to a motor vehicle collision may require prolonged hospitalization. During their stay, the patient develops acute peritonitis and dies of sepsis. In this example, the blunt traumatic injury to the abdomen is still the underlying cause of death. "But for" the abdominal injuries, none of the other disease processes would have been likely to occur, and therefore this death is the result of injury.

In other instances, there may be an independent supervening factor, which would not be a reasonable and foreseeable consequence of the initial disease or injury and would alter the cause and manner of death. For example, a terminally ill patient inadvertently receives an incorrect dose of medication that results in toxic effects. This would be an independent supervening factor, certainly not a reasonable and foreseeable consequence of his/her natural demise, and thus falls under the jurisdiction of the Medical Examiner.

## **Manner of Death**

There are five recognized manners of death. The manners of death are homicide, suicide, accident, natural, and undetermined. The only manner of death that a non-medical examiner may certify is **NATURAL**. A natural death is one that is attributed solely to natural disease in the absence of trauma, injury (including drugs and other toxic substances), or suspicion of foul play.

The manner of death is determined by review of the circumstances in which the death took place. The cause of death (e.g. bronchopneumonia) can be the same despite different manners. For example, bronchopneumonia would not change as the cause of death if it resulted from complications of a criminal gunshot wound of the chest, a suicidal barbiturate overdose with subsequent coma and aspiration, or if it was a community acquired infection. The difference in all of these cases would be the manner of death. A death where there is even a remote possibility that the underlying manner of death is unnatural **MUST** be reported to the Medical Examiner's Office. This determination is independent of the length of time between the initial injury and death. For example, a decedent, who in 1997 developed a seizure disorder as a result of a homicidal gunshot wound to the head, is witnessed to have a seizure and suffer a cardiopulmonary arrest. Vigorous resuscitation restores heart function, but he succumbs one week later to pneumonia. The cause of death would be bronchopneumonia due to seizure disorder due to gunshot wound of the head. Despite the lengthy time interval between the head wound and the pneumonia, "*but for*" the gunshot wound he would not have had the seizure disorder which was responsible for his bronchopneumonia, which ultimately led to his demise. Legally, the manner of death in this case would be certified as homicide.

Factors which may be contributory to a person's death, can also make that death unnatural. An individual with terminal congestive heart failure may fall and break a hip, hastening their demise. An individual with coronary atherosclerosis might die while using cocaine for recreational purposes. In these cases, the manner of death would be accidental as a result of the contributory cause.

## Common Errors in Certifying Death Certificates

One of the most common errors in certifying a death is the use of the terms *cardiopulmonary arrest* and *cardiac arrest*. Neither of these terms are a cause of death; rather, they are the definition of death. Alone, these terms provide no information whatsoever as to the underlying injury or disease process that was responsible for the individual's death. Rather than list either of these terms, identify the underlying condition or disease process responsible for the "arrest." Most commonly, it will be *hypertensive and atherosclerotic cardiovascular disease*.

*Aspiration* is often listed as a cause of death when *aspiration pneumonia* is meant. If the decedent acutely chokes on a food bolus, vomitus, or foreign body, this is an unnatural death and must be reported to the Medical Examiner!

Hip fracture is a common contributory cause of death in the elderly. This is not a natural disease process unless it results from a pathologic fracture such as those associated with metastatic cancer. If the hip fracture is part of the terminal hospitalization, it contributes to the death and must be reported to the Medical Examiner!

All death certificates that are filed in Ulster County are reviewed by the Medical Examiner's Office. If errors are identified, the UCMEO will contact the signing physician to request revision. It is much easier for all concerned if the proper procedure is followed from the start. If there is ever a question on how to certify a death, please call the Medical Examiner's Office at (845) 340-3009 for guidance.

All death certificates are completed using the New York State Database Application for Vital Events (DAVE). For questions regarding the use of this system, please contact the DAVE Call Center at 1-844-866-3377.