REPORTING DEATHS TO THE MEDICAL EXAMINER

PURPOSE:

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, all unnatural deaths, or deaths which appear to be unnatural, or suspicious, must be reported to the Medical Examiner's Office

Natural vs. Unnatural Death

A natural death is any death which 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 diseases, are all examples of progressive recognized natural disease processes, which may result in the death of the individual. The foreseeable and expected complications of these diseases would also be classified as natural.

A death falls into the unnatural category when 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 antifreeze ingestion would be classified as unnatural with the actual manner (homicide, suicide, or accident) pending additional investigation by the Medical Examiner.

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, which would hasten 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.

Cause of Death

The cause of death is the etiologically specific disease or injury which initiates a dependent and related sequence of events ultimately responsible for the death of that individual. The cause of death is the "but for" without which 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. 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 massive abdominal injuries secondary to a motor vehicle accident may require prolonged hospitalization. During his or her stay, the patient develops acute peritonitis, becomes septic with seizures, and subsequently expires as a result of aspiration pneumonia. In this example, the blunt traumatic injuries to the abdomen are still the underlying cause of death. "But for" the abdominal injuries, none of the other disease processes would have been likely to occur.

Sometimes 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 disease, and this falls under the jurisdiction of the Medical Examiner.

Manner of Death

There are five generally recognized manners of death. The manners of death are homicide, suicide, accident, natural, and undetermined. The Medical Examiner recognizes therapeutic complication, and includes this on the Death Certificate.

The manner of death is the result of a review of the circumstances in which the cause of death took place. The cause of death (bronchopneumonia) can be the same despite different manners. Bronchopneumonia is still bronchopneumonia and would not change as the cause of death if it resulted form homicidal gunshot wound of the chest, suicidal barbiturate overdose with subsequent coma and aspiration, or secondary to blunt traumatic chest injuries in a motor vehicle accident. The difference in all of these cases would be the manner.

Any 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 insult or injury and death. For example, a decedent, who in 1954, 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 1 week later to pneumonia. The cause of death would be bronchopneumonia <u>due to</u> gunshot wound of the head. Despite the lengthy time interval between the head wound and the pneumonia, <u>"but for"</u> 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 <u>manner</u> of death in this case would be certified as homicide.

As the above case demonstrates, autopsy alone rarely determines the manner of death. The autopsy is only one facet in the entire investigative process involved in determining both the cause and manner of death. A complete medical history, police report, scene investigation, and the terminal events, must be taken into account if one is to correctly certify the death certificate.

Deaths Reportable To The Medical Examiner

1. Any death where any form of violence, either criminal, suicidal, accidental, intentional, or unintentional, was directly responsible, or was contributory.

2. Any death caused by an unlawful act or negligence.

3. Any death occurring in suspicious, unusual, or unexplained fashion.

4. Any death where the attending physician is either unable or unwilling, to sign the Death Certificate.

5. Any death of a person confined to a public institution, including legal detention, jail or police custody.

6. The death of any prisoner, even though the cause and manner both appear to be natural, regardless of the location of death.

7. Any death caused by, or suspected to be the result of, drug and/or chemical poisoning or overdose.

8. Any sudden death of a person in apparent good health.

9. Any death occurring during diagnostic or therapeutic procedures, resulting from such procedures, or having such procedures play a contributory role.

10. Any fetal stillbirth in the absence of a physician or midwife.

11. Any death where there is insufficient medical information to explain the individual's demise.

12. Exposure to extreme heat or cold.

13. Workplace related deaths.

14. Physical, chemical biological and radiological injuries.

15. Death of unidentified individuals.

Examples of Reportable Unnatural Deaths

1. Deaths where a motor vehicle was involved.

2. Infectious deaths following an injury.

3. Hip fractures in the elderly, either as a primary or contributory cause of death.

4. Deaths where either the result or contributory cause was due to subdural hematoma.

5. Any death by asphyxiation.

6. Head injuries with a prolonged hospital course.

7. Cases where there is uncertainty or inadequate clinical information at the time of admission or death.

8. Cases transferred from out of county where there may be inadequate information.

9. Deaths from conditions directly related to trauma regardless of the passage of time – e.g., death from a seizure disorder which was the result of a motor vehicle accident, a fall, or being struck on the head.

Please Note: When you are certifying a death, anytime the possibility arises that the manner of death (line 27 on the NYS Department of Health Certificate of Death) may be anything other than natural, or where you might list Undetermined Circumstances or Pending Investigation, you are dealing with a case that falls under the jurisdiction of the Medical Examiner, and should contact them immediately.

Procedure for Reporting a Death

The Onondaga County Medical Examiner's Office is accessible 24-hours-a-day, 365 days-a-year, with an attending Forensic Pathologist on call at all times. To report a death, call 435-3163, as promptly as possible, after the death. If the death occurs between the hours of 12 midnight and 8:00 a.m., call 435-8836. This number reaches the 911 Center, and will be forwarded to the on-call Forensic Investigator. Ideally the individual with the most information about the patient should make the call to the ME office. Have the chart readily available when the call is made as the following information will be requested:

1. Name, age, date of birth, social security number, occupation, sex, and race of the decent.

2. Home address and telephone number

3. Place removed from (if a hospital death) or current location of the body.

4. Time of death and who made the pronouncement.

5. A brief narrative surrounding the circumstances of the death.

6. Any past medical history.

7. Current medications, if known.

8. Where the decedent was found, and by whom.

9. When the decedent was last seen alive, and by whom.

10. Name, address, and telephone number of the next of kin, their relationship to the decedent, and whether they have been notified of the death (who made notification is helpful, as well).

11. The name and telephone number of the attending physician.

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

On the basis of this information, a decision will be made whether or not the case falls under the jurisdiction of the Medical Examiner, and you will be advised accordingly.

Note: If the decedent expires in a hospital or nursing home, and the case becomes a Medical Examiner's case, a copy of the decedent's chart will also be required to be sent with the decedent.

Common Errors in Certifying Death Certificates

One of the most common errors seen in certifying a death is use of the term cardio-respiratory arrest as the cause of death. Cardio-respiratory arrest is not a cause of death; it is a description of being dead and provides no information whatsoever as to what underlying injury or disease process was responsible for THE INDIVIDUAL'S DEATH. Regardless of the cause, or manner, of death, the heart eventually stops beating and the lungs cease to breathe. Rather than list cardio-respiratory arrest as a cause of death, reflect on what was the underlying condition, or disease process, responsible for the "arrest."

Quite frequently, subdural-hematoma is listed as a cause of death with the manner listed as natural. A subdural-hematoma is almost always traumatic. The actual traumatic event is usually a fall in the elderly. The Medical Examiner's Office must be notified of any patient who expires with a subdural hematoma. If the underlying cause of the subdural is natural as in the case of a coagulopathy, malignant hematologic disorder, or extension of a natural intracerebral bleed, then this must also be listed clearly in the death certificate.

If the event is chronic and results in aspiration pneumonia, then this is a natural disease process. If the decedent acutely chokes on a bolus of food, vomitus or foreign body then this is an unnatural death and must be reported to us. Also it is important to retain the bolus material and submit it for evidentiary purposes.

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

If errors are made by the physician certifying the death, then the death certificate will be sent to the Medical Examiner's Office by the Bureau of Vital Statistics. They review the records and re-issue a corrected certificate. They also notify the family of the amended death certificate. It is much easier for all concerned if the proper procedure is followed from the start.

Special Handling of Medical Examiner's Cases

1. All catheters, tubes, bandages, casts or other medical appliances, should be left in place, and not removed or disturbed, once a person has died.

2. In some cases where stab wounds, and/or gunshot wounds, are involved, is imperative not to use the perforation as the starting point for exploratory procedures. Doing so obfuscates future accurate documentation of the injury, which may cloud the many legal questions which usually follow.

3. In cases where the individual is still alive upon admission to the hospital, and where event eh slightest possibility that the final outcome may involve medical legal implications, or fall under the jurisdiction of the Medical Examiner, it is imperative that ALL admitting specimens, such as blood, urine, gastric lavage, etc., be retained and the medical examiner be notified so that the specimens can be collected.

4. Clothing and personal items should be saved and placed in the body bag (shroud) which will be retrieved by the Medical Examiner. This is vital to the collection of trace evidence, particularly in altercations and motor vehicle/pedestrian accidents.

5. Copies of the autopsy/toxicology reports are available to law enforcement agencies having jurisdiction in the death, or health care agencies (attending physicians, hospital Quality Assurance offices) free of charge by requesting a copy from this office on official letterhead, and signed by the following:

   - Police agencies: the investigating officer or Chief of Police.
   - Health care-related agencies: requests must be signed by either the decedent's attending physician, or in cases of a nursing home or hospital, the institution Director, Administrator, or Chief Executive. Be advised that if the next-of-kin objects to us forwarding a copy, we must honor their request and not provide a copy.

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Revisions: 10/05 None 3/09 Editorial 11/10 None 3/13 None 10/14 Clothing and personal items to be put in body bag for the Medical Examiner. 11/15 Ideally the individual with the most information about the patient should make the call to the ME office. Have the chart readily available when the call is made as it contains the information that will be requested. 8/17 None 2/20 Updated some causes of death that should be reported to Medical Examiner pg 2, 12-15.	
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