

Onondaga County

Guide to Death Notification and Certification

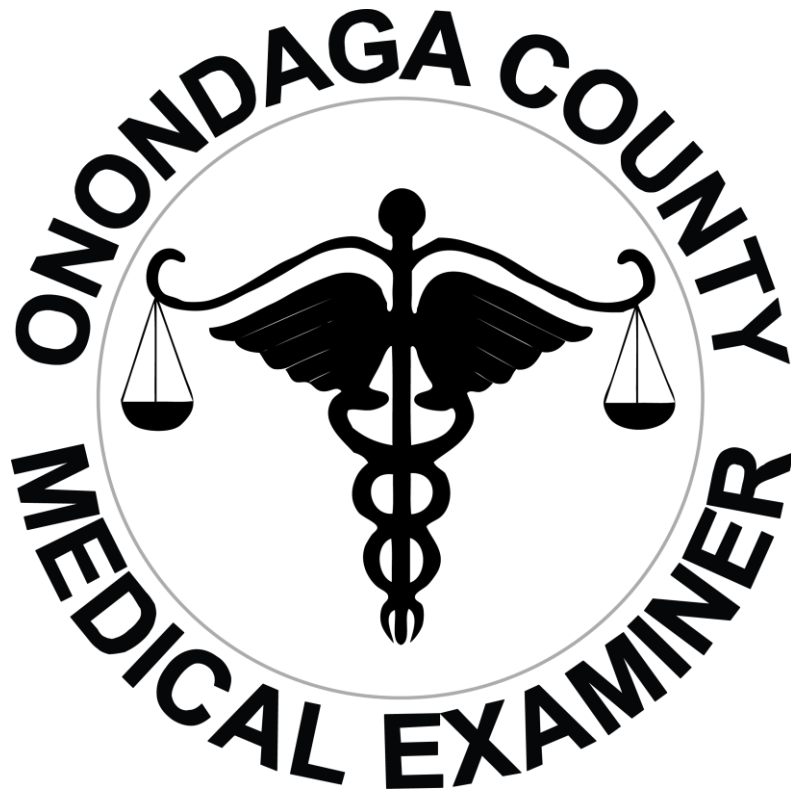


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Deaths Reportable to the Medical Examiner

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 as outlined below:

1. A violent death, whether by criminal violence, suicide, or casualty
2. A death caused by an unlawful act or criminal negligence.
3. A death occurring in a suspicious, unusual, or unexplained manner.
4. A death caused by suspected criminal abortion
5. A death while unattended by a physician, or where no physician is *able* to certify the cause of death as provided by public health law can be found.
6. A death of a person confined to a public institution other than a hospital or nursing home.

Examples of Reportable Deaths

1. A death of any inmate, even though the cause and manner both appear to be natural, regardless of the location of death.
2. A death caused by, or suspected to be the result of, drug and/or chemical poisoning or overdose.
3. Any sudden death of a person in apparent good health.
4. Any death occurring during diagnostic or therapeutic procedures, resulting from such procedures, or having such procedures play a contributory role.
5. Infectious deaths following an injury.
6. Hip fractures in the elderly, either as a primary or contributory cause of death.
7. Head injuries with a prolonged hospital course.
8. Cases where there is uncertainty or inadequate clinical information at the time of admission or death.
9. Cases transferred from out of county where there may be inadequate information.
10. 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 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 this office 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 435-8833.** This number reaches the 911 Center, and will be forwarded to our on-call Forensic Investigator. Please have the following information available:

1. Name, age, date of birth, sex, and race of the decedent.
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 any.
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 the 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 our 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. If the Medical Examiner 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 case 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 company.

Special Handling of Medical Examiner's 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.

1. Do not move the body after the individual has been pronounced dead.
2. All catheters, tubes, bandages, casts, or other medical appliances, should be left in place, and not removed or disturbed, once a person has died.
3. In those cases where stab wounds, 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.
4. In cases where the individual is still alive upon admission to the hospital, and where even the slightest possibility that the final outcome may involve medicolegal 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** so that the specimens can be tested by the Medical Examiner should the need arise.
5. Decedents must be placed in a clean body bag and sealed with a uniquely numbered lock seal before transport. It is helpful if the bag has two zippers to run the lock seal through, however, if the bag has only one zipper the bag can be secured by looping the lock seal through the zipper and a hole in the end of the bag.
6. Clothing or other items physically on the decedent at the time of death will be transported with the body.
7. It is NOT necessary to secure ALL of the decedent's personal property (clothing and items not physically on the body) in the body bag prior to our transport company's arrival. MEO forensic investigators will retrieve any personal items not on the decedent at the time of death deemed necessary for evidentiary purposes and will take custody of those items following our normal procedures. **Items not retrieved by MEO forensic investigators should be returned directly to family members.**
8. If MEO staff REQUEST that clothing or specific items be transported with the decedent (most often emergency room deaths), those items should be placed in a plastic bag and then sealed in the body bag with the decedent.

Natural vs. Un-natural 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 the 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.**

A death falls into the **un-natural** 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. This, as **an un-natural death, requires reporting to the Medical Examiner.**

Other potentially **un-natural** deaths include:

If a person is hospitalized for a traumatic injury and the person is never released and dies, even months later, the death **MUST** be reported to the Medical Examiner's Office (see page 3).

If a person dies unexpectedly during medical treatment, or while undergoing diagnostic or therapeutic testing or surgery, then the death **MUST** be reported. The Medical Examiner will ask pertinent questions to determine what role the medical treatment played in terms of causing the death.

If a individual dies of an apparent natural disease process; however, there was also recent trauma to that individual, the death **MUST** be reported to the Medical Examiner's Office. The most common example of this would be an elderly individual with significant medical history who suffers a fall with injury (hip or other fracture) and dies days to weeks to months 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 providing care.

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. 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 his or her 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 an 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*** and a death may only be certified as **NATURAL** when there is no trauma, injury (including drugs), 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 homicidal gunshot wound of the chest, a suicidal barbiturate overdose with subsequent coma and aspiration, or if it was simply a community acquired infection. The difference in all of these cases would be the manner.

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 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 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, 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.

Common Errors in Certifying Death Certificates

One of the most common errors that we see 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**; but rather a mechanism. Alone, it provides no information whatsoever as to what underlying injury or disease process was responsible for the individual's death. Rather than list cardio-respiratory arrest as a cause of death, identify what the underlying condition, or disease process is, responsible for the "arrest". Most commonly it will be the result of atherosclerotic and hypertensive cardiovascular disease.

Aspiration is often listed as a cause of death when **aspiration pneumonia** is meant. 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 the Medical Examiner.

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 to the Medical Examiner.

If the physician certifying the death makes errors on the death certificate, then the Bureau of Vital Statistics (BVS) will return the death certificate to that physician for correction.

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 the time of death for guidance.