

Clinician Obligation to Complete a Certificate of Death

North Carolina law requires that when a death does not meet criteria for jurisdiction by the Medical Examiner, the death certificate be completed by a licensed physician, physician assistant, or nurse practitioner (“clinician”) in charge of the patient’s care for the illness or condition which resulted in death. Delaying the completion of a death certificate or refusing to sign a death certificate creates unnecessary complications with funeral arrangements, estate proceedings, and other legal and personal matters. This makes an already difficult time for surviving family members and other loved ones even more so.

Clinicians may not decline to sign a certificate because they are uncertain of the exact cause of death or believe it is another person’s responsibility. Clinicians are expected to exercise their best clinical judgment under the circumstances using available information. Accurate completion of death certificates has important public health implications, and the Board encourages the use of standard nomenclature, legible writing, and accurate diagnoses. Often, however, the precise cause of death cannot be known with certainty. Less than 10% of deaths result in an autopsy. Clinicians are not required to establish beyond a doubt the specific anatomic or physiologic cause of the death. The requirement for death certification is a statement of the likely chain of events, usually from a known chronic disease, which led to the death. Clinicians may be uncertain about the cause even if they have been treating the patient for one or more stable chronic conditions. The patient’s medical history should provide adequate information to state a reasonable cause of death that meets legal requirements for the death certificate. Examples of acceptable causes of death may include arteriosclerotic cardiovascular disease, hypertension, or complications of diabetes mellitus. Furthermore, it is acceptable to use “probable” or “possible” to identify a suspected cause of death. In the end, a clinician’s determination of the cause of death is a medical opinion and is based on the best available medical evidence, which may include the cumulative effects of multiple risk factors for a known disease process.

Licenseses should understand that the Board will not pursue disciplinary action against clinicians who complete death certificates in good faith and to the best of their ability in accord with the information available—even if that information is limited. An investigation by the Board, or other adverse legal consequences, related to the completion of a death certificate in good faith is remote and should not deter a clinician from performing this duty. The clinician completing the death certificate is only asked to provide a cause of death “to the best of [his or her] knowledge,” not to a medical certainty (which is not possible in many instances). The Board also recognizes clinicians may believe, for a variety of reasons, they were not “in charge of the patient’s care for the illness or condition which resulted in death.” This is often because death has occurred weeks or months after the last contact with the patient. The Board encourages clinicians to undertake completion of death certificates for patient’s (current, recent, or remote) under these

circumstances as a professional, ethical, civic, and public health duty. Failure or refusal to complete a death certificate, when the licensee clearly has a responsibility to do so, could lead the Board to consider charges of unprofessional conduct. Licensees should perform this final aspect of patient care promptly and with consideration for the decedent and his or her loved ones.

Questions or concerns by clinicians regarding medical examiner responsibilities in a particular case or for advice on the completion of a death certificate may be discussed in a collegial and professional manner with the county or Chief Medical Examiner's office. Legal requirements regarding completion of a death certificate may be found at N.C. Gen. Stat. § 130A-115.

Additional guidance on the proper completion of death certificates is available at https://www.cdc.gov/nchs/data/misc/hb_cod.pdf (Physicians' Handbook on Medical Certification of Death).