

**Frequently Asked Questions on Completion of Death Certificates in North Carolina**  
*Compiled by the North Carolina Medical Board*

**Whose responsibility is it to complete death certificates?**

Under North Carolina law, death certificates must be completed by a licensed physician or, thanks to changes that took effect in fall 2011, a physician assistant or nurse practitioner who has been specifically authorized by his or her supervising physician to certify deaths. As with any other delegated tasks, the supervising physician is ultimately responsible for ensuring that death certificates are properly filled out and filed.

In situations where a person dies at home and is brought by ambulance to a hospital emergency department, it is common practice for hospital staff to check the person's medical records to determine if he or she had an established relationship with a primary care doctor or other physician. If so, the hospital will generally ask the decedent's physician to certify the death. It is the Board's view that this is a reasonable practice, as physicians or other professionals who have examined and treated a patient in the past are arguably in the best position to make an educated guess about the likely cause of death, even if the patient had not been seen recently.

**Can a clinician decline to sign a death certificate?**

Clinicians may not decline to sign a certificate because they are uncertain of the exact cause of death. Clinicians are merely expected to exercise their best clinical judgment under the circumstances, just as they would in diagnosing treatment for a patient. Deaths should not be referred to the medical examiner's office because a clinician involved in a patient's care is not comfortable attributing a cause of death or believes it is another person's responsibility to complete the death certificate. Before the attending physician is contacted about signing the death certificate, an assessment of the circumstances has almost always been made by EMS, law enforcement, or the medical examiner. If the death falls within the medical examiner's jurisdiction, it will be referred accordingly. Natural deaths are referred to the medical examiner only in extremely limited circumstances.

Refusing to sign a death certificate and forcing the case to be accepted by the medical examiner does NOT mean an autopsy will be done (it probably will not); and will initiate a chain of events requiring additional time, unnecessary expense and hassle for the family and costs the county about \$300.

**What if I'm not sure on the cause of death?**

It's important to understand a death certificate is a legal and not a scientific document. As such, physicians are not required to establish a specific anatomical reason causing the death. If that were the case, postmortem studies (autopsies) would be necessary in all deaths. Obviously, performing autopsies on a routine basis would be unmanageable and beyond the resources of both the medical examiner and hospital-based pathologists.

The requirement for death certification is a statement of the condition most likely responsible for death. Clinicians may be uncertain about the exact cause of death, even if they have been treating the patient for one or more stable chronic conditions. The physician, PA or NP may feel the death is unexplained and believe the decedent should be referred to the medical examiner to determine a specific anatomical diagnosis. This is NOT the case. The patient's medical history should provide adequate information to state a reasonable cause of death that meets legal requirements.

It is acceptable to use "probable" to identify a suspected final cause of death. If a specific anatomic cause of death is desired a clinician may request permission for a private autopsy from the family after clearing the death with the medical examiner. Remember, the cause of death is a medical opinion and is based on the preponderance of medical evidence, which includes the cumulative effects of multiple risk factors for particular disease processes. Cause of death is the disease process that sets in motion the chain of events that lead to death. For detailed guidance on completing death certificates, refer to the U.S. Centers for Disease Control and Prevention booklet, "The Physician's Handbook of Medical Certification of Death."

Licensees should know the NCMB is not interested in pursuing disciplinary action against individuals who complete death certificates in good faith and to the best of their abilities. The chance of facing 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 physician from performing this duty.

**How quickly must death certificates be completed?**

State law (NCGS §130A 115) specifies death certificates must be completed within three days of receipt of the request. Based on the calls and complaints the Board receives, this does not always happen. The Board has received reports of families waiting for several weeks to have a loved one's body released due to a physician's unwillingness to certify the death.

The reporting of vital events is an integral part of patient care. The Board requests that licensees (physicians, physician assistants and nurse practitioners) accept the professional responsibility to complete death certificates for patients (current, recent and remote) who die of natural causes (manner), regardless of whether the death occurs in or out of the hospital.

Licensees can, and should, perform this final aspect of patient care promptly and with consideration for the decedent and his or her loved ones.