

The North Carolina Medical Board (Board) continues to receive regular calls from funeral directors, families and others who report refusals to complete death certificates by physicians and physician assistants. When physicians and physician assistants refuse to perform this final essential service for a patient, the result is needless delays and complications with funeral arrangements, estate proceedings and other legal and personal matters that are of paramount importance to the decedent's loved ones.

It is the Board's view that, if requested to certify a death, physicians and/or physician assistants have an obligation to complete the death certificate for their patient to the best of their ability and in a timely manner. This article updates guidance from former Associate Medical Director Scott G. Kirby, MD, which was originally published in the Fall 2013 and Fall 2017 issues of the *Forum*, and it includes changes that have been made in the law in [2019](#) and [2022](#). In addition to the FAQs below, please see the Board's position statement [6.1.4: Clinician obligation to complete death certificates](#).

Q: Who is responsible for completing death certificates?

Except when the death falls within the jurisdiction of the medical examiner, the death certificate **shall** be completed by the physician, physician assistant or nurse practitioner (clinician) in charge of the patient's care for the illness or condition which resulted in death.

In the absence of a treating clinician at the time of death, the death certificate **may** be completed by (1) Chief Medical Officer of the hospital or facility in which death occurred or (2) Any physician who performed an autopsy, who has access to the decedent's medical history, has viewed the decedent at or after death and the death is due to natural causes.

If none of the above are available, then the death certificate **may** be completed by any other clinician who undertakes reasonable efforts to ascertain the events surrounding the patient's death.

"Reasonable" includes any minimal good faith effort, which may include reviewing the immediate past medical records, reviewing any reports from a nurse or first responders, or talking to family members.

Any clinician that completes a death certificate in good faith, without fraud and malice, is immune from any civil liability or professional discipline from the NCMB. See NCGS § 130A-115(f).

Q: What types of medical professionals may lawfully complete death certificates?

A: In North Carolina, death certificates must be completed by a licensed physician or, alternatively, a licensed physician assistant (PA) or a licensed nurse practitioner (NP) with specific authorization from their supervising physician to certify deaths.

Q: What steps must a supervising physician take to delegate completion of death certificates to a PA or NP?

A: The law requires the supervising physician to explicitly authorize PAs and NPs to complete death certificates in the written supervisory arrangement or collaborative practice agreement. As with any other delegated tasks, the supervising physician is responsible for ensuring that death certificates are properly filled out and filed. See NCGS § 90-18.1 and 90-18.2.

Q: Who determines which medical professional should complete the death certificate for an unattended death?

A: 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 deceased patient's medical records to determine the clinician in charge of the patient's care for the illness or condition that resulted in death. This will include any primary care provider or other clinician with whom the patient had an established relationship. If a clinician is identified, the hospital will generally ask the patient's clinician to certify the death. It is the Board's view that this is a reasonable practice, as clinicians who have examined and treated a patient in the past are arguably in the best position to make an educated guess about the probable cause of death, even if the patient had not been seen recently.

Q: What if I do not believe that I was "in charge of the patient's care for the illness or condition which resulted in death?"

A: The NCMB recognizes that clinicians may disagree that they were "in charge of the patient's care for the illness or condition which resulted in death," often because the death occurred weeks or months after last contact with the patient. Nevertheless, the NCMB encourages clinicians to undertake completion of death certificates for patients (current, recent, or remote) under these circumstances as a professional, ethical, civic, and public health responsibility. Failure or refusal to complete a death certificate, when the licensee clearly has a responsibility to do so, could lead the NCMB to consider disciplinary action.

Q: Why can't the decedent be referred to a state Medical Examiner if a clinician is uncertain of the cause of death?

A: The function of the North Carolina Medical Examiner system is to investigate deaths due to injury or violence, as well as natural deaths that are suspicious or unusual. Understand that, before a physician or other clinician is contacted about signing the death certificate, an assessment of the circumstances has almost always been made by EMS, law enforcement, or a medical examiner. If a death falls within the Medical Examiners' jurisdiction, it will be referred accordingly.

Q: What types of patient deaths/cases are most likely to result in licensee refusals to complete a death certificate?

A: Most instances NCMB has heard about arise from unattended deaths from natural causes. Typically, these decedents had an established relationship with the clinician, but for a variety of reasons, the identified clinician is reluctant to certify the death. The decedent may not have been seen for several months, or the individual may have been under treatment for stable conditions that posed no apparent immediate threat to his or her life (hypertension, diabetes, etc.). Often, when asked, the clinician indicates that he or she feels that they have no idea why the patient died.

Q: How accurate must the clinician's conclusion about cause of death be when certifying a death?

A: A death certificate is a legal and not a scientific document. As such, clinicians are **not** required to establish a specific anatomical reason that caused the death. The requirement for death certification is a statement of the condition most likely responsible for death. The patient's medical history should

provide adequate information to state a reasonable cause of death that meets legal requirements. Clinicians are expected to exercise their best clinical judgment under the circumstances, just as they would in diagnosing treatment for a living patient. It is acceptable to use terms such as “probable” or “presumed” to identify a suspected final cause of death.

In addition, any clinician who completes a death certificate in good faith, without fraud or malice, is immune from civil liability and professional discipline by the Board. See NCGS § 130A-115(f).

Q: Could a clinician be disciplined by the Medical Board for inaccurately identifying a patient’s cause of death?

A: No, as long as the clinician acts in good faith. If the clinician completes the death certificate in good faith, without fraud or malice, then the Board is prohibited by law from taking any disciplinary action against the clinician. See NCGS § 130A-115(f). This law grants clinicians immunity from any civil liability as well.

Q: How quickly must death certificates be completed?

A: Three days. In North Carolina, the law *requires* clinicians to complete death certificates within **three days** of receipt of the request. Any refusal or delay may result in a complaint being filed with the Board. In addition, the refusal or delay imposes unnecessary burdens on surviving family members and loved ones, complicates funeral arrangements, estate proceedings, and other legal and personal matters.

However, if the clinician completes the death certificate in good faith within three days, the clinician is immune from any professional discipline by the Board as well as from any civil liability. NCGS § 130A-115(f).

Q: What if I am away from the office when I receive a request to sign a death certificate?

A: The law does not make any exception to completing the death certificate within three days of a request. Therefore, clinicians should make a plan for handling these requests during periods of unavailability greater than three days, just as they would for any patient who may need care during a period of unavailability. When the clinician is absent, the law does allow clinicians to approve the completion of a death certificate by an associate physician or a physician assistant or nurse practitioner acting within their approved scope of practice. These clinicians can take reasonable efforts to complete the death certificate, including reviewing the patient’s medical records, reviewing any reports from a nurse or first responders, or talking to family members. Any clinician who completes the death certificate in good faith will not be subject to civil liability or professional discipline. NCGS § 130A-115(f).

Q: How do clinicians file death certificates?

A: As of September 1, 2022, all death certificates *must be filed electronically* with the Office of Vital Records via the North Carolina Database Application for Vital Events (NCDAVE) system. NCDAVE is a statewide online system used to electronically register death certificates and eliminates the need for physical transfer of paper certificates. Individuals responsible for completing death certificate who refuse to certify the death certificate via NCDAVE may be assessed administrative fines of \$250 for the

first violation, \$500 for the second violation, and \$1,000 for the third and each subsequent violation. NCGS § 130A-115(g).

To access NCDAVE, please visit: <https://davenc.vitalchek.com/Web/Logon.aspx>. Please direct any questions about NCDAVE to the [NC Vital Records](#) Field Services at (919) 792-5996.

Q: How can clinicians educate themselves about certifying deaths?

A: The U.S. Centers for Disease Control and Prevention booklet, The Physician's Handbook of Medical Certification of Death, is an excellent resource that provides detailed guidance to clinicians. This can be accessed at www.ncmedboard.org/DeathCertificates.