# Correct Medical Certification of
# Cause of Death
## ADVICE SHEET

## WHY complete the Medical Certificate of Cause of Death (MCCD)?

- These are the statistics that identify our disease priorities, inform our health policies and directly impact resource allocation.
- The law requires healthcare practitioners to complete death certificates honestly and fully.

## WHAT to report:

- **The cause of death sequence:** "The chain of events leading directly from the underlying cause to the immediate cause of death" [1]
- **Immediate cause:** "The proximate, most recently developed, final diagnostic entity causing the death." [2]
- **Underlying cause of death:** "The disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury." [3]
- **The Underlying Cause of Death is the condition we need to identify, to target for prevention.**

## HOW to correctly fill it in:

Section G, part 1 and part 2 need to be completed legibly, and must reflect your best medical opinion.

**Part 1:** Needs to reflect the cause of death sequence. There are 4 lines (a-d) that allow for a sequence of "steps"/conditions. The sequence progresses from the bottom (d) to the top (a). The **immediate cause** of death must be written on line a, the top line, and the **underlying cause** must be on the **lowest** used line.

**Part 2:** Document other significant conditions or risk factors that contributed to the death, but do not fit into the causal sequence. More than one condition can be entered on this line but should be listed in order of importance.

**G.1  FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH**

Instructions: **Section G.1** is to be completed for **all deaths** that occurred after one week of birth

**77. CAUSES OF DEATH**

**Part 1** — Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. **List only one cause on each line**

Approximate interval between onset and death (Days / Months / Years)

**IMMEDIATE CAUSE** (final disease or condition resulting in death)
a) Immediate Cause
Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause.
b) Intermediate Cause
Due to (or as a consequence of)

Enter **UNDERLYING CAUSE** last (Disease or injury that initiated events resulting in death)
c) Intermediate Cause
Due to (or as a consequence of)
d) Underlying Cause

**Part 2** — Other significant conditions contributing to death but not resulting in underlying cause given in **Part 1**
Contributing conditions to the death

[1] Groenewald P et al, South African National Cause-of-Death Validation Project: Agreement and corrected cause specific profiles based on data linkage. Cape Town: South African Medical Research Council, 2024. ISBN 978-1-928340-78-2. Glossary (xi)

[2] Geoffrey R Swain et al,"Death certificates: Let's Get It Right." American Family Physician. 2005;71(4):652-656

[3] WHO definition of "underlying cause of death"

## Course Information

- For more information and examples, go to our free online course:
  **www.deathcertification.org**
- Accredited: 7 General and 2 Ethics CPD points

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## WHAT NOT to record:

- **Don't use abbreviations – only** TB, PTB, HIV and AIDS are acceptable.
- **Don't list symptoms and signs** – cough, chest pain, pulmonary oedema, headache.
- **Don't list modes/mechanisms of dying** - hypoxia, dehydration, hyperkalemia.
- **Don't list "organ failure"** - renal failure, cardiac failure – as an underlying cause of death.
- **Don't document a death as "unknown cause"**, unless, after investigation, there is still no information AND the death does not meet criteria for forensic referral.
- **Don't use vague terms** – "natural causes", "old age" (see elderly deaths).
- **Don't use "neoplasm", "tumour", "mass", "growth" for cancers** (see cancer deaths).
- **Avoid "septicaemia"/"sepsis"**, rather specify site of infection and causative organism if known.

## Unnatural deaths: when to refer

For injury deaths that result from a medical condition, the injury SUPERCEDES the medical condition that caused the injury and becomes the underlying cause of death.

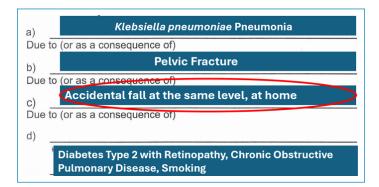There are four main groups of deaths which should be referred for postmortem investigation:

1) Deaths due to physical/chemical effects on the body – includes MVAs, gunshots, falls, lightning, poisoning
2) Deaths due to omission and commission – this includes neglect, murder.
3) Deaths related to medical procedures.
4) Unexpected deaths in previously healthy people.

These are termed "Unnatural deaths".

The external cause or event is the underlying cause of death, **not** the injury sustained.

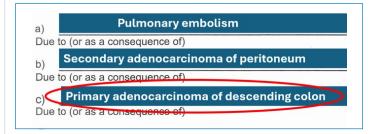If you're a doctor who completes MCCDs for unnatural deaths, remember:

- Add **as much** relevant information as you can – Include:
- The **manner** of death (accident, homicide, suicide)
- The **place** of occurrence (home, work, bridge)
- The **nature** of the injury (burn, fracture, laceration)

a)  *Klebsiella pneumoniae* Pneumonia
Due to (or as a consequence of)

b)  Pelvic Fracture
Due to (or as a consequence of)

c)  Accidental fall at the same level, at home
Due to (or as a consequence of)

d)
Diabetes Type 2 with Retinopathy, Chronic Obstructive Pulmonary Disease, Smoking

If in doubt please contact the forensic pathologist for input on the need for a forensic postmortem and document the discussion in the patient notes.
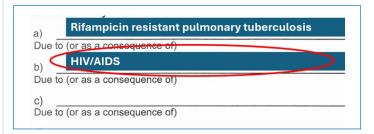
## Cancer:

- Our priority = where did the cancer start?
- Document: "Primary site" + "Cancer" as underlying cause.
- Be specific with the site – "base of the tongue". If "unknown primary", document as such.
- Include as much detail as you have - malignant/benign/in-situ/morphology/histology.
- If including metastases, write the sites where the cancer is FROM and TO- "primary breast cancer with metastases to the lung."

a)  Pulmonary embolism
Due to (or as a consequence of)

b)  Secondary adenocarcinoma of peritoneum
Due to (or as a consequence of)

c)  Primary adenocarcinoma of descending colon
Due to (or as a consequence of)

## HIV

- In HIV cases where the immediate cause of death is a condition known to be associated with HIV, or is an AIDS defining condition, HIV must be reported in part one as the underlying cause of death.
- Don't use terms like RVD/retroviral disease, immunocompromised – these will NOT be coded to HIV.

a)  Rifampicin resistant pulmonary tuberculosis
Due to (or as a consequence of)

b)  HIV/AIDS
Due to (or as a consequence of)

c)
Due to (or as a consequence of)

## Deaths in the Elderly

- Ask yourself: "What initiated the chain of events leading to death?"
- It could be that the initial event happened a long time ago. (CVA 2001/immobility/pneumonia 2024)
- Organ failure can only be the immediate COD if there is an underlying cause reported with it.
- Renal Failure **DUE TO** Type 2 Diabetes Mellitus
- Cardiac Failure **DUE TO** Hypertensive Heart Disease.
- In cases where dementia contributes, ensure that there is a recognized disease entity as the underlying cause.
- If there's clinical suspicion of a cause, but little supporting evidence, "suspected" can be documented. Ex. "Suspected Myocardial Infarction".

Part 2 is where you list co morbidities that were not part of the sequence but contributed to the death.

## Final tips

- ✅ Use black ink
- ✅ Write legibly
- ✅ Ask for assistance from colleagues if you're unsure
- ❌ DO NOT use correction fluid - if you make a mistake, draw a neat line through the error