Healthcare Improvement Scotland | DCRS

Tips for Certifying Doctors when completing a Medical Certificate of Cause of Death (MCCD)

GENERAL COMMENTS

- National Records of Scotland randomly select MCCDs for review. DCRS may request changes following the review process to improve the quality and accuracy of certification.
- Write in **CAPITALS** and **BLACK** ink.
- Check your spelling.
- Ensure the form is fully completed and signed.

PART A – DETAILS OF DECEASED

- The time of death is the time that to the best of your knowledge and belief you think the patient died and NOT the time that death was later confirmed.
- Give a SINGLE time of death. AVOID 'time between' or 'time found' which are intended for use by forensic pathologists.
- Include ward details/department if patient died in hospital.
- Don't tick the found dead box in hospital settings.

PART B – DETAILS OF CERTIFYING DOCTOR

- Use business/ward telephone numbers not personal numbers.
- Senior staff responsible for the patient should be aware of cause of death on the MCCD in keeping with the CMO Guidance.

PART C – CAUSE OF DEATH

- You must be prepared to explain cause(s) of death in a way that a bereaved relative may easily understand.
- The causes must make sense medically and chronologically. Entries in section 1 must be sequential. Entries on lower lines must have led to the condition on the line above. Intervals should be entered.
- Permitted abbreviations are HIV, AIDS, COVID-19 and SARS-CoV-2, CREST, CADASIL and CARASIL, SCID, IgG, IgA and IgM.
- You can use 'probable' or 'presumed' where information is limited.
- Intervals should be entered for all items apart from "Old Age". Congenital conditions do not need an interval if you add "since birth" to the term.
- Time Intervals should be entered, not ticks indicating the approximate interval between onset and death. If the interval was part of a day, enter the interval as 1 day.
- In relation to COVID-19 related deaths "COVID-19 disease" is the preferred term. If the disease is suspected but not confirmed, you may write: "Presumed COVID-19 disease". "Post-COVID-19 syndrome" is the correct term for disease causing symptoms past 12 weeks.

<u>Deaths from cancer</u>

- Where site of any tumour is known be as specific as possible.
- If the primary site is not known, then state unknown primary.
- If metastases are only in one or two sites, then these may be given especially if they specifically contribute to the death. Lists of sites are not needed.
- Metastases may occur at different times; if multiple please use interval from the time metastases were first identified.
- Where histology of any tumour is known be as specific as possible.
- Unknown histology does not need to be stated explicitly, or an explanation given.
- Prognostic and staging information and receptor status should not be included.

<u>Diabetes sub-type</u>

- Should be included inc. Type 1 diabetes mellitus - classical, idiopathic, Latent Autoimmune Diabetes of Adults, Type 2 diabetes mellitus, Gestational Diabetes Mellitus or other e.g. monogenic diabetes syndromes, diseases of the exocrine pancreas, drug/chemical induced (as per CMO guidance).

<u>Dementia sub-type</u>

- Should be identified, e.g. Alcohol related/ Alzheimer's/ Vascular/ Mixed/ Unspecified/Lewy body etc.

<u>Pneumonia sub-type</u>

- Include pneumonia site and type e.g. community or hospital acquired, hypostatic, aspiration, adding relevant organisms.

<u>Stroke Subtype</u>

- Specify stroke type e.g. Haemorrhagic, infarction, embolism. Specify if traumatic. Add exact site and side if known. Do not use the term cerebrovascular accident.

Source of sepsis

- Specify source organ or system. If source not established, identify as unknown.

Microbiology

- Name organism in full, if known and document any resistance.

Lifestyle factors

- Include smoking, obesity, alcohol, drug use as appropriate
- If factors have contributed to the death for example, associated with cancer or cirrhosis then they should be included. Use "previous smoker" rather than "ex-smoker" for clarity.

PART D - HAZARDS

- Tick the hazard box as appropriate. This is important for people who handle the body and for embalming or cremation, reducing the risk of contamination or explosion. Remember dangerous implants or infections may be completely unrelated to the cause of death.
- Failure to complete the hazards box correctly results in a requirement to re-issue the certificate
- Tick the DH1 hazard box if the body may present an infectious hazard.
- Errors commonly relate to missing a recent COVID-19 infection, an active blood borne virus or an implanted device containing batteries (Pacemakers, ICDs, CRTs, Loop Recorders, some programmable VP shunts). Remember also radioactive hazards-most commonly brachytherapy seeds in treatment of some prostate cancers. A full list of hazards is on the SAD website.

PART E – ADDITIONAL INFORMATION

- It is the statutory duty of the doctor, who has “attended” the deceased during the last illness, to issue the MCCD. Attended is generally accepted to mean a doctor who has cared for the patient during the illness or condition that led to death. The certifying doctor should have access to relevant medical records and the results of investigations. You can complete a certificate if you have not personally attended the patient, but you must be able to certify to the best of your knowledge and belief and willing to be personally accountable.
- Doctors in general practice are generally considered to be in attendance on all patients registered with the practice. A3 - “No doctor was in attendance upon the deceased” is rarely appropriate in GP or hospitals. You do not have to have been present at the time of death.
- If you cannot issue an MCCD, contact a colleague to discuss or report to the Procurator Fiscal (PF).
- In all cases, consider any reason to report to or discuss the case with the PF. Common example are: any trauma identified as a cause or contributor to death no matter how long ago, any industrial disease including asbestosis or a complaint about the care provided prior to death. Pleural plaques don’t need reporting to the PF if the certifying doctor is clear they are unrelated to the cause of death.
- If you have formally reported a case to the PF, tick the PF box. If the case has been reported to the PF and you have agreed an MCCD with the PF, tick the box. If you have discussed a case and agreed with the PF that the case does not need to be formally reported, then do not tick the box.
- Only tick the extra information box **IF** significant information is pending for example: a laboratory result or histology from a tumour.
- PM2 box should be ticked if information is awaited following a postmortem examination.

Death Certification Review Service

Email: his.dcrs@nhs.scot

Telephone: 0300 123 1898

- Advice provided during office hours (08.30-17.30)
- On-call medical reviewer available for urgent advice outside office hours

Further guidance on MCCD completion / death certification can be found at the following links:

CMO guidance - Medical certificates of cause of death: guidance on completion - gov.scot

COPFS Guidance - Reporting deaths | COPFS

www.sad.scot.nhs.uk/atafter-death/