



Vital Statistics
Agency

Medical Certification of Death and Stillbirth

A Handbook for Physicians, Nurse Practitioners and Coroners

2017 Revision

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Foreword

This handbook has been prepared by the British Columbia Vital Statistics Agency, Ministry of Health. It is a reference for British Columbia's many physicians, nurse practitioners and coroners, and includes explanations regarding the information required by the Vital Statistics Agency.

Vital Statistics depends on the accuracy and completeness of the data received via certification of death and stillbirth.

All conditions, diseases and events noted on the certificates are coded and tabulated according to the latest revision of the International Classification of Diseases, which was adopted by the World Health Assembly in 1975. A complex set of rules is utilized in the selection of the underlying cause of death. By providing complete and accurate medical cause of death information, the certifier contributes to robust medical data analysis.

Thank you for your contribution to the ongoing task of recording and analyzing the vital events of British Columbians. If you have any questions, please contact the Medical Coding Unit of the British Columbia Vital Statistics Agency (see [Appendix C](#)).

1. Introduction

This handbook is a guide for physicians, nurse practitioners and coroners regarding completion and submission of “Medical Certification of Death” and “Medical Certificate of Stillbirth” forms.

Importance of death and stillbirth certification

Death registrations and medical certifications are a permanent, legal record of the death of an individual. Aside from its importance in the issuance of disposition permits and settlement of estates, this information is used to update everything from voter lists to a variety of agencies such as Canada Pension, Workers’ Compensation, and the BC Cancer Agency. The circumstances and cause of death provides valuable information for medical and health research purposes.

Information from certifications of death and stillbirth provides the basis for provincial and national mortality statistics and is used to:

- Produce accurate and timely annual reports and other publications;
- Assess the general health of the population;
- Evaluate the success of medical treatment or the impact of specific health care programs;
- Examine medical problems that may be more prevalent among certain population groups or geographic areas;
- Identify those areas in which medical research can have the greatest impact for promoting health and preventing disease;
- Monitor trends and follow up, where appropriate, on health status issues such as infant deaths, maternal deaths, infectious diseases, accidents, cancer mortality, suicides;
- Measure health at the provincial and local level by examining the epidemiology of the leading and lifestyle-related causes of death, and calculating various standardized mortality measures such as potential years of life lost (PYLL), standardized mortality ratio (SMR), and age standardized mortality rate (ASMR); and,
- Aid investigations examining genetic, environmental, and perinatal concerns.

British Columbia standard registration

There are federal standards for vital statistics certificates and reports that have been adopted by the provinces. The use of nationally uniform vital registration and statistics standards allows for cross-jurisdictional comparison of national and provincial data. In addition to national standards, each province is encouraged to incorporate additions or modifications that address particular needs for information at the provincial level. Thus, the recently revised “Medical Certification of Death” form contains sections particular to health status in British Columbia. The “Medical Certificate of Stillbirth” also conforms to national standards but additional statistical information is obtained in BC from notices of birth or stillbirth.

Confidentiality of vital records

Provincial laws protect the information on vital records from unwarranted or indiscriminate disclosure. All data used for research purposes are stripped of personal identifiers in order to ensure strict confidentiality and privacy. Physicians, nurse practitioners and coroners can be assured that extensive legal and administrative measures are used to protect against unauthorized disclosure of personal information.

2. Responsibility of Physicians, Nurse Practitioners and Coroners (Certifiers)

This province's certifiers are legally responsible for completing all medical certifications of death (MCOs), which form part of the complete death registration.

Contact the Vital Statistics Medical Coding Unit with any questions or concerns. See [Appendix C](#) for contact information.

If the certifier is not familiar with the deceased, attempts to obtain the medical history must be undertaken in order to provide the most probable circumstances of death.

Completion of the certificate can be delegated to a physician or nurse practitioner more familiar with the deceased's medical history. A certificate clearly marked as "Interim" can be provided with the name of the physician or nurse practitioner recorded, who has been delegated to complete a replacement certificate.

The certifier is expected to:

- Be familiar with provincial legislation regarding medical certification for deaths without medical attendance or involving external causes.
- Use only an original form designated by Vital Statistics;
- Complete the medical certificate within 48 hours of death and provide the funeral director with the original or faxed copy;
- Print legibly, in black or blue ink;
- Enter the decedent's full name, age, sex and personal health number;
- Enter the date of death, date of birth (month [by name], day, year), approximate time of death and age in hours and minutes if under one day;
- Identify and describe the place of death;
- Complete the entire "Medical Cause of Death" section avoiding the use of abbreviations; (See [Section 4](#) for specific details)
- Submit a **replacement certification** when changes are needed or when autopsy findings or further investigation reveal different or additional medical cause of death information. Photocopies of originals will be accepted if all changes have been initialled and the form has been re-signed and dated. Clearly marked "replacement" certifications should be sent to the Victoria Vital Statistics Agency office – attention Medical Coding Unit.

3. Personal and Demographic Information

Name of deceased

Enter the decedent's full legal name, sex and Personal Health Number. The legal surname goes on the upper line with all given names listed below. If the name of the individual is unknown, then indicate "unknown" on the upper line. If at some time in the future, the identity of the individual is confirmed, an amendment must be submitted.

Actual date of death/date of birth

Date of death and birth are entered in order as (month (by name), day, year. Time of death is to be based upon the 24-hour clock. When an infant dies less than 24 hours after birth, it is necessary to provide this statistic in hours and minutes. The year of birth should always include the century, e.g. 1896 or 1996.

If the exact date of death is unknown, as is the case in some coroner investigations, the date will be the one determined through the investigation. Vital Statistics cannot accept a range of approximate dates or a date of birth or death as "unknown." In this situation, a date of birth may have to be stated as Jan. 01 of a year commensurate with the approximate age of the individual. For historical accuracy, the fact that a date is an approximation may be noted on the record. If, at some time in the future, a more exact date is found to be different than the one reported, an amendment may be made to the record.

Place of death

If the place of death does not have an address, then the exact location should be described using the postal code of the nearest community. In addition, identify the type of place, e.g. hospital, nursing home, industrial site, farm, residence, jail, highway, etc. "DOA at hospital" does not describe where the death actually occurred.

Released to

Enter the name and telephone number of the funeral home.

4. Medical Cause of Death (MCO) - Physicians and Nurse Practitioners

NOTE: A coroner must certify a death if the immediate or underlying cause of death follows an accident, poisoning, overdose, suicide, violence, or sudden and unexpected death when in apparent good health and not while under medical care.

The cause of death information should be your best medical opinion. A condition can be listed as “probable” even if not confirmed diagnostically.

Part I of the MCO is for reporting the chronological chain of events leading directly to death, with the **immediate cause** on line a) and the **underlying cause** (the disease that initiated the chain of events) on the lowest used line. **Part II** is for reporting all other significant diseases or conditions that contributed to death but which did not result in the underlying cause of death (UCOD) reported in Part I.

As well, this handbook’s [Supplementary Information section](#) offers more in-depth explanations on the best way to record deaths from specific causes such as cancer, for which there is “preferred” statistical information.

- Part I:**
- Only one cause should be entered on each line.
 - The UCOD should be entered on the lowest line used in Part I, and may be the only entry in this section.
 - Additional lines should be added when necessary by recording e) f) etc.
 - **Do not use ill-defined conditions (old age, sudden cardiac death) and/or terminal events (cardiac/respiratory arrest).** These events must always be accompanied by more specific conditions or cause(s).
 - **Organ or system failure:** Attempts to determine the etiology from health records or other sources is important to determine the underlying cause of death. If unknown or not determined, report this on the line beneath.
 - **Durations and intervals:** Report the interval between the onset of the condition and death. “Unknown” or “Approximate” may be used. The information must be in chronological order.
 - **Complications of surgery:** Report the specific complication, the type of procedure, and the reason the procedure was performed. See [Complications of Surgery](#) for additional information.
 - **Dementia:** Report the specific type of dementia (vascular, frontal lobe, etc.) With Alzheimer’s disease, include whether the disease is early onset (<age 65) or late onset (>age 65).
 - **Smoking/Alcohol/Other substances:** Report this information in the appropriate area when it is considered to be a contributing factor(s).
 - **Adverse effect of a medication in therapeutic use:** Report the name of the medication and the reason for the medication. (e.g. Pulmonary fibrosis due to adverse effects of methotrexate, prescribed for rheumatoid arthritis.)
 - **Infectious diseases:** Report with the causative organism and source if known (e.g. pneumonia, urinary tract infection, abscess, etc.) If unknown record “NYD” or “Source unknown”.

- **C-difficile related deaths with a suspected antibiotic source:** Include the name of the antibiotic and the reason it was prescribed (if several antibiotics were prescribed, include all names if possible).
- **Cancer deaths:** Include the site of primary and all known secondary sites. (See Section 6 for more detailed cancer-related death information).
- **Tumours/lesions:** Report as malignant, probable malignant, benign or unknown.
- **HIV positive:** Report if the disease has not progressed to AIDS. If the disease has progressed, report AIDS along with any known AIDS-defining illness. If a blood transfusion was the source of infection, provide the year and reason for transfusion, if known. If intravenous drug use was the suspected etiology report this as “due to” on the certificate.
- **Viral hepatitis:** Report the specific type, and suspected or known etiology (e.g. Intravenous drug abuse, blood transfusion). If a transfusion was confirmed, the reason for the transfusion, if known.

Examples Part I:

| | | Approximate Interval Between → Onset and Death → | |
|---|---|--|--------|
| PART I Immediate cause of death. | (a) <u>Cardiac arrest</u> <i>due to, or as a consequence of</i> | | min. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Cerebellar hemorrhage</u> <i>due to, or as a consequence of</i> | | 2 days |
| | (c) <u>Hypertension</u> <i>due to, or as a consequence of</i> | | 4 yrs. |
| | (d) _____ <i>due to, or as a consequence of</i> | | |

| | | Approximate Interval Between → Onset and Death → | |
|---|--|--|---------|
| PART I Immediate cause of death. | (a) <u>Renal failure</u> <i>due to, or as a consequence of</i> | | 2 yrs. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Type II diabetes</u> <i>due to, or as a consequence of</i> | | 10 yrs. |
| | (c) _____ <i>due to, or as a consequence of</i> | | |
| | (d) _____ <i>due to, or as a consequence of</i> | | |

| | | Approximate Interval Between → Onset and Death → | |
|---|---|--|---------|
| PART I Immediate cause of death. | (a) <u>Septicemia</u> <i>due to, or as a consequence of</i> | | 24 hrs. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>E. coli</u> <i>due to, or as a consequence of</i> | | 1 wk. |
| | (c) <u>Urinary tract infection</u> <i>due to, or as a consequence of</i> | | |
| | (d) _____ <i>due to, or as a consequence of</i> | | |

| | | Approximate Interval Between → Onset and Death → | |
|---|--|--|--------|
| PART I Immediate cause of death. | (a) <u>Metastatic cancer to brain</u> <i>due to, or as a consequence of</i> | | 6 mos. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Melanoma - Primary site face</u> <i>due to, or as a consequence of</i> | | 2 yrs. |
| | (c) _____ <i>due to, or as a consequence of</i> | | |
| | (d) _____ <i>due to, or as a consequence of</i> | | |

Part II:

All other important diseases or conditions present at the time of death which may have contributed to the death but did not directly lead to the UCOD, should be recorded on these lines. In this section, more than one condition can be reported per line. This information assists researchers to study various diseases or conditions, such as Alzheimer’s or diabetes that may not be the UCOD but often contribute to death.

When there are two or more possible sequences resulting in death (for example, multiple conditions among the elderly), the certifier must choose and report in Part I the most probable sequence. Other condition(s) should be reported in Part II. For example, in the case of a diabetic with end stage kidney disease and chronic ischemic heart disease who dies from pneumonia, the cause of death depends upon the location the conditions are reported.

Examples Part II:

Example A - The underlying cause of death in Example A is diabetes complicated by kidney disease.

| | | | | | |
|---|---|---|--------------------|-----|---------|
| PART I | | Approximate Interval Between → Onset and Death → | | | |
| Immediate cause of death. | (a) <u>Pneumonia.</u> <i>due to, or as a consequence of</i> | | | | 1 wk. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>End-stage kidney disease.</u> <i>due to, or as a consequence of</i> | | | | 2 yrs. |
| | (c) <u>Diabetes.</u> | | | | 20 yrs. |
| | (d) _____ | | | | |
| PART II | | | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. | | <u>Chronic ischemic heart disease.</u> | | | |
| Recent injury: (Not directly leading to death) | | Date of Injury | Month (By Name) | Day | Year |
| Mechanism of injury | | Place of Injury: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | | | |

Example B - The underlying cause of death in Example B is ischemic heart disease.

| | | | | | |
|---|---|---|--------------------|-----|---------|
| PART I | | Approximate Interval Between → Onset and Death → | | | |
| Immediate cause of death. | (a) <u>Pneumonia.</u> <i>due to, or as a consequence of</i> | | | | 1 wk. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Chronic ischemic heart disease.</u> <i>due to, or as a consequence of</i> | | | | 10 yrs. |
| | (c) _____ | | | | |
| | (d) _____ | | | | |
| PART II | | | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. | | <u>Diabetes, end-stage kidney disease.</u> | | | |
| Recent injury: (Not directly leading to death) | | Date of Injury | Month (By Name) | Day | Year |
| Mechanism of injury | | Place of Injury: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | | | |

These two examples demonstrate the importance of careful review and selection of the sequence of events leading to death. Because they show the same conditions with a different UCOD, it is important for the certifier to decide which sequence is most probable.

Natural death with a contributing injury

When a natural death occurs but there has been a recent injury that may have contributed to the death, report the injury, the mechanism of injury and location of the incident in Part II.

Example A

| | | | |
|---|---|--|---|
| PART I | | Approximate Interval Between Onset and Death → | |
| Immediate cause of death. | (a) <u>Pneumonia</u> <i>due to, or as a consequence of</i> | 1 wk. | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>End-stage COPD</u> <i>due to, or as a consequence of</i> | 5 yrs. | |
| | (c) _____ | | |
| | (d) _____ | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. _____ | | | |
| Recent injury: (Not directly leading to death) <u>Fractured hip</u> | | Date of Injury | Month (By Name) Day Year <u>A P R 1 9 2 0 1 7</u> |
| Mechanism of injury <u>Tripped on carpet and fell.</u> | | Place of Injury: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date <u>M A Y 3 1 0 2 0 1 7</u> | Coronary bypass? <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart valve replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Surgery & Findings # <u>hip</u> <u>hip pinning</u> | Organ transplant (specify) _____ Reason _____ <input type="checkbox"/> No | Environmental-occupational-lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol, etc.) <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown SHADED AREA - OFFICE USE ONLY |
| Autopsy Particulars | Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Manner of Death | State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____ | | The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. |

Example B

| | | | |
|---|---|--|---|
| PART I | | Approximate Interval Between Onset and Death → | |
| Immediate cause of death. | (a) <u>Renal failure.</u> <i>due to, or as a consequence of</i> | 1 wk. | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>Failure to eat.</u> <i>due to, or as a consequence of</i> | 1 mo. | |
| | (c) <u>Alzheimer's dementia.</u> | 10 yrs. | |
| | (d) _____ | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. <u>Palliative pain control.</u> | | | |
| Recent injury: (Not directly leading to death) <u>Fractured hip.</u> | | Date of Injury | Month (By Name) Day Year <u>M A Y 2 6 2 0 1 7</u> |
| Mechanism of injury <u>Fell out of bed.</u> | | Place of Injury: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date <u>M A Y 2 7 2 0 1 7</u> | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Surgery & Findings <u>Hip arthroplasty</u> | Organ transplant (specify) _____ Reason _____ <input checked="" type="checkbox"/> No | Environmental-occupational-lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol, etc.) <input checked="" type="checkbox"/> Yes (specify) <u>Tobacco/alcohol</u> <input type="checkbox"/> No <input type="checkbox"/> Unknown SHADED AREA - OFFICE USE ONLY |
| Autopsy Particulars | Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Manner of Death | State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____ | | The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. |

In these examples, the individuals suffered from significant natural diseases. Although each admission to the hospital followed a recent fall and fractured hip, the pre-existing disease was significant and is considered to be the UCOD. The hip fracture was a contributing factor and was correctly reported in Part II.

Medical Assistance in Dying (MAiD)

If a death is medically assisted, certifiers are required to report this and the underlying illness or disease causing the grievous and irremediable medical condition on the Medical Certification of Death as follows:

- Report medical assistance in dying in Part I (a);
- Report the underlying illness/disease causing the grievous and irremediable medical condition in Part 1 (b); and
- Report manner of death as "natural".

Example - MAiD

| PART I | | Approximate Interval Between → Onset and Death → |
|---|---|--|
| Immediate cause of death. | (a) <u>Medical Assistance in Dying (MAiD)</u> <i>due to, or as a consequence of</i> | min. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>Amyotrophic lateral sclerosis (ALS)</u> <i>due to, or as a consequence of</i> | 3 yrs. |
| | (c) ----- | |
| | (d) ----- | |

| | | |
|------------------------|--|---|
| Manner of Death | State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes | The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. |
| | N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____ | |

When reporting the underlying illness/disease causing the grievous condition, consider the points listed on page 7 and the [Supplementary Information](#) section.

Forms related to medical assistance in dying can be found at:

<http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms>

Contacts for Information about Medical Assistance in Dying Policy and Processes

Health-care providers working within health authorities should contact their health authority’s designated coordinator for medical assistance in dying, or their supervisor for more information on policy and processes. Health authorities play a central role in coordination of medical assistance in dying services and are prepared to support patients and care providers who need assistance in navigating the service.

- [Fraser Health](#)
- [Interior Health](#)
- [Island Health](#)
- [Northern Health](#)
- [Provincial Health Services Authority](#)
- [Vancouver Coastal Health](#)

Health-care providers not affiliated with a health authority should contact their provincial regulatory college for information on medical assistance in dying processes.

Completing the second half of the form

Other Medical Particulars

Recent surgery: If surgery was performed within 28 days prior to death, the type of surgery, reason for the procedure and findings are required. (See [Complications of surgery](#) for additional details.)

| | | | |
|----------------------------------|---|-----------------|-----------------------|
| Other Medical Particulars | Recent surgery (28 days or less prior to death) | | |
| | <input checked="" type="checkbox"/> Yes | Month (By Name) | Day Year |
| | <input type="checkbox"/> No | M A Y | 1 4 2 0 1 7 |
| | Surgery & Findings: Colon resection for colon cancer. | | |

Coronary bypass/heart valve/transplant: In some cases, a "yes" response requires a brief explanation (see example below).

| | |
|---|--|
| Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Organ transplant (specify) _____ Kidney Reason Polycystic disease | Organ transplant (specify) _____ Reason Mitral stenosis |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

Environmental or lifestyle factor(s): If there is information that might not manifest in pathology that is related to causes and conditions mentioned in Part I and Part II, record this information here. For example, "asbestos exposure" without mention of asbestosis or "maternal alcohol use" in a neonatal death (see example below).

| | |
|---|------------------|
| Environmental-occupational-lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol, etc.) | |
| <input checked="" type="checkbox"/> Yes (specify) | Smoking/asbestos |
| <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| SHADED AREA - OFFICE USE ONLY | |
| Place | |

Autopsy particulars: If an autopsy or other diagnostics investigations were done but results were not known at the time of certification, a letter will be sent from Vital Statistics several months later to request the findings.

Note: Vital Statistics does not have access to hospital records or the ability to obtain information from anyone other than the certifier.

| | | | |
|----------------------------|---|--|--|
| Autopsy Particulars | Autopsy being held? | Does cause of death stated above take account of autopsy findings? | May further information relating to cause of death be available later? |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Manner of Death: Physicians and nurse practitioners must only certify "natural" or "pending finalized details of natural causes". If an adverse reaction or injury occurred and the injury contributed to but did not cause the cascade of events leading to death, report the details of the event in Part II. If you are unsure, contact a coroner.

| | | |
|------------------------|---|---|
| Manner of Death | State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes | The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. |
| | N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. | |
| | Case discussed with Coroner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Coroner's Name: _____ | |

Pregnant mother: This section is to be completed if the deceased was pregnant at the time of death or within the postpartum parameters identified in this section.

| | | | |
|------------------------|---|---|---|
| Pregnant Mother | Death occurred during pregnancy? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes → | Death occurred within 42 days postpartum? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → | Death occurred within 43 days and 1 year postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | |

Certification: This section must be completed by a physician or nurse practitioner. The name, address, physician/nurse practitioner’s MSP billing number, and phone number should be clearly printed along with a signature. If a physician or nurse practitioner is signing on behalf of another, this should be noted on the certificate.

Note: Only licensed physicians and licensed nurse practitioners are permitted to certify death.

| | | | | | | | | | | |
|--|--|--|---|--|---|--|--------------------------------------|---------------------------|---------------|------|
| Certification by Licensed Physician/ Nurse Practitioner | * MSP Billing Number (MANDATORY) | | I viewed the body after death | | I attended the deceased for the final illness on: | | Month <i>(By Name)</i> | Day | Year | |
| | 123456 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | J U N | 1 6 | 2 0 1 4 | |
| | Name of Certifying Physician/ Nurse Practitioner (MANDATORY) | | | | | | | | | |
| | JOHN SMITH | | | | | | | | | |
| | I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein. | | | | | | | | | |
| Signature X <i>J. Smith</i> | | | | | | | Date Signed: | Month <i>(By Name)</i> | Day | Year |
| Mailing Address | | | | | | | J U N | 1 8 | 2 0 1 4 | |
| 111 - 1000 1 st STREET | | | | | | | SUMMERSIDE, ZZ | | Postal Code | |
| | | | | | | | V 0 V 0 V 0 | | | |
| | | | | | | | Phone Number <i>(with area code)</i> | | | |
| | | | | | | | (4 4 4) 5 5 5 - 3 3 3 3 | | | |

5. Coroner's Medical Certification of Death

Coroner's medical certificates are completed according to the *Coroner's Act* and the *Vital Statistics Act*. (See [Appendix B - Legislation](#))

Coroner's medical certificates might include natural deaths and should be completed as per Sections 2 and 3 of the instructions for physicians and nurse practitioners.

- Coroner's certificates should be completed within 48 hours of death and provided to the funeral director.
- Interim certificates clearly marked with "Pending" with a pending manner of death selected should be provided when further investigation is necessary to determine the circumstances of death.
- Final certificates should be provided to the Vital Statistics Medical Coding Unit once all investigations and reviews are complete. The certificate should be clearly marked as "Final" with the current date.
- Amended certificates should be clearly marked as "Amendment" or "Replacement" and any additions/changes must be initialed and dated.
- If the place of death does not have an address, then the exact location should be described using the postal code of the nearest community and the type of place (home, hospital, street, farm, etc.) if appropriate. **GPS coordinates are NOT accepted.**

Coroners are also responsible for certifying unnatural deaths including:

- Suicide - self-inflicted injury *with intent* to cause death.
- Homicide - a death due to injury *intentionally* inflicted by the action of another person.
- Accident - a death due to unintentional or unexpected injury including complications reasonably attributed to the accident.
- Undetermined - a death in which the cause and manner are, and will remain, unknown; OR a death from an injury or poisoning in which the pathology/type of event is known and described in Parts I and II but the circumstances (manner) could not be determined.

Part I:

Information in Part I must clearly be chronological and support the manner of death. It is important to ensure that the information on each line can actually be due to the condition below (see examples).

Incorrect cause of death information. In the example below, arteriosclerotic heart disease cannot be due to cocaine use, and therefore this does not support an accidental manner of death. In order for a death to be classified as accidental, the information in Part I must only contain conditions that can be caused by an accidental or external cause. As well, cocaine use does not support an accidental mechanism of death.

| PART I | | Approximate Interval Between →Onset and Death | |
|---|---|--|---|
| Immediate cause of death. | (a) <u>Arteriosclerotic heart disease</u> <i>due to, or as a consequence of</i> | 8 yrs. | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Cocaine use</u> X <i>due to, or as a consequence of</i> | 1 hr. | |
| | (c) _____ | | |
| | (d) _____ | | |
| Cocaine use does not support an accidental manner of death. | | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date _____ | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organ transplant recipient? <input type="checkbox"/> Yes (specify) _____ <input checked="" type="checkbox"/> No | Environmental/occupational/lifestyle <input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Other _____ |
| | Surgery & Findings _____ | SHADED AREA - OFFICE USE ONLY | |
| Autopsy Particulars | Autopsy being held? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Manner of Death | | |
| State if death was | | * Requires completion of the Accident/Suicide/Homicide section | |
| <input type="checkbox"/> Natural | | <input type="checkbox"/> Suicide * | <input type="checkbox"/> Homicide * |
| <input checked="" type="checkbox"/> Accident * | | <input type="checkbox"/> Undetermined | <input type="checkbox"/> Pending investigation |

Statements that correctly indicate accidental poisoning by drugs

All of the statements below indicate poisoning by drug, and therefore an accidental death, whether or not the drug was given in treatment:

- Drug taken inadvertently
- Lethal amount, lethal dose, or lethal quantity of a drug
- Overdose of a drug
- Poisoning by a drug
- Toxic effects of a drug
- Toxic reaction to a drug
- Toxicity (of a site) by a drug
- Wrong dose taken accidentally
- Wrong drug given in error

Correct cause of death information. This example supports an accidental cause with a sudden cardiac event due to a cocaine overdose. Arteriosclerotic heart disease reported in Part II is correctly reported as a contributing factor.

| | | | |
|---|--|--|---|
| PART I | | Approximate Interval Between → Onset and Death | |
| Immediate cause of death. | (a) <u>Sudden cardiac event</u> <i>due to, or as a consequence of</i> | Immed. | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Cocaine overdose</u> ✓ <i>due to, or as a consequence of</i> | 10 min. | |
| | (c) _____ | | |
| | (d) _____ | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. | | <u>Arteriosclerotic heart disease</u> ✓ | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date: _____ | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organ transplant recipient? <input type="checkbox"/> Yes (specify) _____ <input checked="" type="checkbox"/> No | Environmental/occupational/lifestyle <input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Other _____ |
| | Surgery & Findings _____ | SHADED AREA - OFFICE USE ONLY | |
| Autopsy Particulars | Autopsy being held? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Manner of Death | State if death was <input checked="" type="checkbox"/> Accident * | <input type="checkbox"/> Natural <input type="checkbox"/> Suicide * <input type="checkbox"/> Undetermined | <input type="checkbox"/> Homicide * <input type="checkbox"/> Pending investigation * Requires completion of the Accident/Suicide/Homicide section |

Part I and II - Specific circumstances of death

Intoxication/poisoning/toxicity/adverse effect of drugs and/or alcohol

- Names of drugs or toxic substances implicated in the death should be identified if possible in either Part I or in the "Accident/Homicide/Suicide" details section.
- Clearly indicate whether an overdose or lethal level of a drug was identified.
- Clearly indicate whether alcohol intoxication is either a lethal amount or indicating a state of inebriation.

Example A

| | | | |
|---|--|--|--|
| PART I | | Approximate Interval Between → Onset and Death → | |
| Immediate cause of death. | (a) Heroin overdose <i>due to, or as a consequence of</i> | | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) _____ <i>due to, or as a consequence of</i> | | |
| | (c) _____ | | |
| | (d) _____ | | |
| Manner of Death | State if death was | <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident * | <input type="checkbox"/> Suicide * <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide * <input type="checkbox"/> Pending investigation |
| * Requires completion of the Accident/Suicide/Homicide section | | | |

Example B

| | | | |
|--|---|--|---|
| PART I | | Approximate Interval Between → Onset and Death | |
| Immediate cause of death. | (a) Multi-drug overdose <i>due to, or as a consequence of</i> | | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) _____ <i>due to, or as a consequence of</i> | | |
| | (c) _____ | | |
| | (d) _____ | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. <u>Alcohol intoxication</u> | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date _____ Surgery & Findings _____ | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organ transplant recipient? <input type="checkbox"/> Yes (specify) _____ <input checked="" type="checkbox"/> No | Environmental/occupational/lifestyle <input checked="" type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Other _____ |
| | SHADED AREA - OFFICE USE ONLY | | |
| Autopsy Particulars | Autopsy being held? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Manner of Death | State if death was | <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident * | <input type="checkbox"/> Suicide * <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide * <input type="checkbox"/> Pending investigation |
| * Requires completion of the Accident/Suicide/Homicide section | | | |
| Pregnant Mother | Death occurred during pregnancy? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes → | Death occurred within 42 days postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No → | Death occurred within 43 days and 1 year postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Accident/Homicide/Suicide Details: | Place of injury (exact location and type of place) | | Date of Injury Month (By Name) Day Year |
| MVI: <input type="checkbox"/> driver <input type="checkbox"/> passenger <input type="checkbox"/> unknown <input type="checkbox"/> pedestrian <input type="checkbox"/> cyclist <input type="checkbox"/> other _____ | | | |
| Transport mode (e.g. car, truck, motorcycle, bus, etc.): Vehicle 1 _____ Vehicle 2 _____ | | | |
| Details: <input type="checkbox"/> collision <input type="checkbox"/> struck fixed object <input type="checkbox"/> rollover <input type="checkbox"/> struck animal <input type="checkbox"/> other _____ | | | |
| Safety factors: <input type="checkbox"/> no seatbelt <input type="checkbox"/> speed <input type="checkbox"/> no helmet <input type="checkbox"/> other _____ | | | |
| 3rd Party factors: (not the deceased) <input type="checkbox"/> alcohol <input type="checkbox"/> drugs (specify) _____ | | | |
| Overdose: (Include names of all substances) <u>codeine, Valium, citalopram</u> | | | |
| Other accident or violence details: _____ | | | |

Suicide with associated conditions

If the decedent was suffering from a terminal or debilitating illness or mental disorder, report this information in Part II.

| | | | |
|--|--|--|--|
| PART I | | Approximate Interval Between → Onset and Death | |
| Immediate cause of death. | (a) <u>Overdose of codeine, Valium and citalopram</u> <i>due to, or as a consequence of</i> | Immed. | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) _____ <i>due to, or as a consequence of</i> | | |
| | (c) _____ | | |
| | (d) _____ | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. <u>Severe chronic pain from spinal stenosis.</u> | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date: Month Day Year | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organ transplant recipient? <input type="checkbox"/> Yes (specify) _____ <input checked="" type="checkbox"/> No | Environmental/occupational/lifestyle <input checked="" type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Other _____ |
| | Surgery & Findings _____ | SHADED AREA - OFFICE USE ONLY | |
| Autopsy Particulars | Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Manner of Death | State if death was <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Suicide * <input type="checkbox"/> Homicide * <input type="checkbox"/> Accident * <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending investigation | |
| * Requires completion of the Accident/Suicide/Homicide section | | | |

Motor vehicle traffic and non-traffic incidents

- Report whether the accident occurred on a public roadway or elsewhere (e.g. farm, mountain).
- Report the position of the deceased, if known (driver, passenger, pedestrian, cyclist, etc.)
- Provide the **type** (not make) of vehicle (car, pickup truck, van, motorcycle, bicycle, etc.)
- Describe the nature of the incident (driver of a car struck a van; passenger in a pickup truck that overturned, etc.)
- Report any known safety issues (speed, no seat belt, no helmet, etc.)
- When a third party causes the incident (driver of a car and the passenger dies) and the driver was known/found to be under the influence of alcohol and /or drugs, report this in the 3rd Party section of the certificate. **Note: This section does not apply to the deceased. It is intended to capture the information and frequency of third-party related deaths.**

Example A - Medical certification of death following a motor vehicle accident

| | | | |
|---|--|--|---|
| PART I | | Approximate Interval Between →Onset and Death | |
| Immediate cause of death. | (a) <u>Pneumothorax</u> <i>due to, or as a consequence of</i> | 4 days | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <u>underlying causes last.</u> | (b) <u>Multiple fractured ribs</u> <i>due to, or as a consequence of</i> | 1 wk | |
| | (c) <u>Motor vehicle accident (passenger)</u> | | |
| | (d) _____ | | |
| PART II | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. <u>Alcohol intoxication</u> | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date _____ Surgery & Findings _____ | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organ transplant recipient? <input type="checkbox"/> Yes (specify) _____ <input checked="" type="checkbox"/> No | Environmental/occupational/lifestyle <input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Other _____ |
| | SHADED AREA - OFFICE USE ONLY | | |
| Autopsy Particulars | Autopsy being held? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Manner of Death | State if death was <input type="checkbox"/> Natural <input type="checkbox"/> Suicide * <input type="checkbox"/> Homicide * <input checked="" type="checkbox"/> Accident * <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending investigation | | |
| Pregnant Mother | Death occurred during pregnancy? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes → Death occurred within 42 days postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No → Death occurred within 43 days and 1 year postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Accident/Homicide/Suicide Details: | Place of injury (exact location and type of place) <u>Highway</u> | Date of Injury Month (By Name) Day Year A P R 2 4 2 0 1 7 | |
| MVI: <input type="checkbox"/> driver <input checked="" type="checkbox"/> passenger <input type="checkbox"/> unknown <input type="checkbox"/> pedestrian <input type="checkbox"/> cyclist <input type="checkbox"/> other _____ | | | |
| Transport mode (e.g. car, truck, motorcycle, bus, etc.): Vehicle 1 <u>Car</u> Vehicle 2 <u>Pickup truck</u> | | | |
| Details: <input checked="" type="checkbox"/> collision <input type="checkbox"/> struck fixed object <input type="checkbox"/> rollover <input type="checkbox"/> struck animal <input type="checkbox"/> other _____ | | | |
| Safety factors: <input type="checkbox"/> no seatbelt <input type="checkbox"/> speed <input type="checkbox"/> no helmet <input type="checkbox"/> other _____ | | | |
| 3rd Party factors: (not the deceased) <input type="checkbox"/> alcohol <input type="checkbox"/> drugs (specify) _____ | | | |
| Overdose: (Include names of all substances) _____ | | | |
| Other accident or violence details: _____ | | | |

Example B - Medical certification of death following motor vehicle accident with safety issue and 3rd party information.

| | | | |
|---|--|--|--|
| MVI: <input type="checkbox"/> driver <input checked="" type="checkbox"/> passenger <input type="checkbox"/> unknown <input type="checkbox"/> pedestrian <input type="checkbox"/> cyclist <input type="checkbox"/> other _____ | | | |
| Transport mode (e.g. car, truck, motorcycle, bus, etc.): Vehicle 1 <u>Car</u> Vehicle 2 <u>Pickup truck</u> | | | |
| Details: <input checked="" type="checkbox"/> collision <input type="checkbox"/> struck fixed object <input type="checkbox"/> rollover <input type="checkbox"/> struck animal <input type="checkbox"/> other _____ | | | |
| Safety factors: <input checked="" type="checkbox"/> no seatbelt <input type="checkbox"/> speed <input type="checkbox"/> no helmet <input type="checkbox"/> other _____ | | | |
| 3rd Party factors: (not the deceased) <input checked="" type="checkbox"/> alcohol <input checked="" type="checkbox"/> drugs (specify) <u>Cocaine</u> | | | |
| Overdose: (Include names of all substances) _____ | | | |
| Other accident or violence details: <u>Passenger of northbound car struck by merging pickup truck.</u> | | | |

6. Supplementary Information re: Medical Cause of Death

The following section provides further explanation about the type and detail of medical information that is required to most effectively fill out a certification of death.

Complications of surgery:

When any of the conditions listed below is reported as the only entry OR first entry on the lowest used line in Part I, with surgery (within 28 days of death) also reported, the condition is considered a COMPLICATION of surgery unless:

- The surgery was performed more than 28 days prior to death.
- The surgery was performed for the condition reported.
- The condition predates the surgery.

Complication: (*this list is not exclusive – another complication of surgery can be reported which is not listed below*)

| | |
|---|-----------------------------|
| Acute renal failure | Infection NOS |
| Aspiration | Occlusion (any site) |
| Phlebitis/phlebothrombosis (any site) | Atelectasis |
| Bacteremia | Pneumonia |
| Cardiac arrest | Pneumothorax |
| Disseminated intravascular coagulopathy (DIC) | Pulmonary insufficiency |
| Embolism (any site) | Septicemia (any) |
| Gas gangrene | Shock |
| Hemolysis, haemolytic infection | Thrombophlebitis (any site) |
| Hemorrhage not otherwise specified (NOS) | Thrombosis (any site) |
| Infarction (any site) | |

When the condition is confirmed to be a complication of surgery, the underlying cause of death (UCOD) will become the reason the surgery was performed (even if the reason is located in Part II or within the details of surgery section on the certificate). If the surgery was performed due to an injury, the mechanism of the injury will become the UCOD. e.g. Pneumonia following hip surgery for a fractured hip (from a fall). This would be reportable to a coroner.

Note: Physician certificates would not be referred to a coroner if:

A pre-existing condition or disease is reported to have caused the condition. It is stated on the certificate "Not a post-operative complication", "Not related to the surgery" or similar wording.

See next page for examples.

Complications of surgery - Medical cause of death examples

Incorrect cause of death information for a natural death. The death in this example would be considered accidental and would be forwarded to the coroner.



| | | | | | |
|---|---|---|--|--|--------|
| PART I | | Approximate Interval Between Onset and Death → | | | |
| Immediate cause of death. | (a) Pneumonia <i>due to, or as a consequence of</i> | | | | 2 wks. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) Post-operative hip arthroplasty <i>due to, or as a consequence of</i> | | | | 3 wks. |
| | (c) _____ | | | | |
| | (d) _____ | | | | |
| PART II | | | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. _____ | | | | | |
| Recent injury: (Not directly leading to death) _____ | | | | | |
| Date of Injury: _____ | | | | | |
| Mechanism of injury: <u>Fall from bed.</u> | | | | | |
| Place of Injury: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Nursing Home | | | | | |
| <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | | | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) | Coronary bypass? | Heart valve replaced? | Environmental-occupational-lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol, etc.) | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date: <u>JAN 30 2017</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes (specify) _____ | |
| | Surgery & Findings: <u>#Hip arthroplasty</u> | Organ transplant (specify) _____ | | <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| | | Reason _____ | | SHADED AREA - OFFICE USE ONLY | |
| Autopsy Particulars | | | | | |
| Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Manner of Death | | | | | |
| State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes | | | | | |
| N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. | | | | | |
| Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____ | | | | | |
| The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. | | | | | |

Correct cause of death information for a natural death. The example below clearly indicates that the hip fracture contributed to, but did not directly cause, the death.



| | | | | | |
|--|---|---|--|--|---------|
| PART I | | Approximate Interval Between Onset and Death → | | | |
| Immediate cause of death. | (a) Pneumonia <i>due to, or as a consequence of</i> | | | | 2 wks. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) COPD <i>due to, or as a consequence of</i> | | | | 10 yrs. |
| | (c) _____ | | | | |
| | (d) _____ | | | | |
| PART II | | | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. <u>Dementia, CHF</u> | | | | | |
| Recent injury: (Not directly leading to death) <u>#Hip</u> | | | | | |
| Date of Injury: _____ | | | | | |
| Mechanism of injury: <u>Fall from bed.</u> | | | | | |
| Place of Injury: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Nursing Home | | | | | |
| <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | | | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) | Coronary bypass? | Heart valve replaced? | Environmental-occupational-lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol, etc.) | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date: <u>JAN 30 2017</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes (specify) _____ | |
| | Surgery & Findings: <u>#Hip arthroplasty</u> | Organ transplant (specify) _____ | | <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| | | Reason _____ | | SHADED AREA - OFFICE USE ONLY | |
| Autopsy Particulars | | | | | |
| Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Manner of Death | | | | | |
| State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes | | | | | |
| N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. | | | | | |
| Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____ | | | | | |
| The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. | | | | | |

Cancer

Medical coding allows for considerable detail with cancer not only for identification of the primary organ involved (for example, lung) but can also note smaller areas (such as the bronchus or lower lobe). All known secondary sites should be reported. If the origin of the cancer is not known record “unknown primary” or “primary NYD”.

Some morphologies are assigned a functional activity based upon the fact that exceptions are rare. Unless otherwise specified, adenoma, meningioma or papilloma are coded as benign; sarcoma, adenocarcinoma, glioma are coded as malignant; ureteral papilloma is considered in-situ; and chorioadenoma is designated a neoplasm of uncertain behaviour. Variables to this information should be reported. If no factors were identified, “No risk factors” should be reported.

Undetermined cause of infant death

All infant deaths are reviewed by the BC Coroners Service. Known risk factors (sleeping position, smoking exposure, bed-sharing, type of bed/bedding) should be reported.

A coroner will record the cause of death as “undetermined” when investigation yields no apparent cause. If an infant death is confirmed as “natural”, a physician or nurse practitioner can certify the death.

Alcohol-related diseases

Even though conditions such as cirrhosis, Laennec’s, or Korsakoff’s syndrome are almost always due to alcoholism, if alcohol is not reported, non-alcoholic medical codes are applied. Indicating the presence or absence of alcohol strongly enhances the statistical value of this information.

Drug toxicity

When a specific drug toxicity is reported and it was a medication administration error or an accidental/intentional overdose, the coroner must be notified.

When there is an adverse effect of a medication in therapeutic use, report the name of the medication and the reason it was prescribed.

Example A

| PART I | | Approximate Interval Between → Onset and Death → |
|---|--|--|
| Immediate cause of death. | (a) <u>Intracerebral hemorrhage</u> <i>due to, or as a consequence of</i> | 6 hrs. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>Thrombolytic therapy</u> <i>due to, or as a consequence of</i> | 2 days |
| | (c) <u>CVA</u> | 2 days |
| | (d) _____ | |

Example B

| PART I | | Approximate Interval Between → Onset and Death → |
|---|--|--|
| Immediate cause of death. | (a) <u>Pulmonary fibrosis</u> <i>due to, or as a consequence of</i> | 3 yrs. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>Amiodarone</u> <i>due to, or as a consequence of</i> | 2 days |
| | (c) <u>Chronic atrial fibrillation</u> | 2 days |
| | (d) _____ | |

AIDS

It is important to obtain the most accurate and complete data possible as a contribution to AIDS information and research.

- The terms "HIV disease", "HIV infection", and "HIV positive" are not synonymous with AIDS.
- In order for AIDS to be considered the underlying cause of death, it is important to use terminology to confirm that the HIV has progressed to AIDS and the information is reported in Part I.
- Whenever possible, report opportunistic and associated diseases. It is preferable to note "candidiasis" rather than "fungal infection", "pneumocystosis" rather than "nonspecific pneumonia", "lymphoma of" rather than "cancer of".
- If possible, identify "lifestyle" or other contributive factors such as hemophilia, contaminated blood transfusion, drug abuse, etc. in PART II.

Sequelae/Complication of Disease

When a sequelae or complication of a disease is reported, it is important to obtain and provide additional details relating to the manifestation of the disease. e.g. "Sequelae of alcoholism" or "Complications of diabetes".

Example A

| PART I | | Approximate Interval Between Onset and Death |
|---|---|--|
| Immediate cause of death. | (a) <u>Sepsis</u> <i>due to, or as a consequence of</i> | 3 yrs. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>Gangrene right foot</u> <i>due to, or as a consequence of</i> | 1 wk. |
| | (c) <u>Peripheral vascular disease</u> | 5 yrs. |
| | (d) <u>Insulin-dependent diabetes mellitus</u> | 20 yrs. |

Example B

| PART I | | Approximate Interval Between Onset and Death |
|---|---|--|
| Immediate cause of death. | (a) <u>Cirrhosis (liver)</u> <i>due to, or as a consequence of</i> | 5 yrs. |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. | (b) <u>Alcoholism</u> <i>due to, or as a consequence of</i> | 15 yrs. |
| | (c) ----- | |
| | (d) ----- | |

Use of qualifying or differentiating terminology

Whenever possible report the following:

- spontaneous vs. traumatic
Use to clarify conditions like fractures, subdural hematoma, subarachnoid hemorrhage, etc.
- congenital vs. acquired
Without duration, such conditions as hydrocephalus, scoliosis cannot be differentiated.
- myelodysplasia vs. myelodysplastic syndrome
These two terms are not interchangeable.
- starvation vs. refusal to eat vs. malnutrition
Starvation implies an absence of food, refusal to eat is a psychological condition, and malnutrition refers to a metabolic condition without regard of cause.

7. Completing the Medical Certificate of Stillbirth

Definition of a stillbirth

The complete expulsion or extraction from its mother after at least 20 weeks of pregnancy or after attaining a weight of at least 500 grams, of a product of conception in which, after expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

Vital Statistics forms used to record stillbirths

A stillbirth is simultaneously a birth and a death event. Information for stillbirths is derived from the "Notice of a Live Birth or Stillbirth" (NOB) and from the "Registration of Stillbirth" completed by a parent or other adult with knowledge of the stillbirth. Medical cause(s) of the stillbirth is provided by the certifier on the "Medical Certificate of Stillbirth", which is on the back of the "Registration of Stillbirth" (see Appendix A).

Some examples are included on the bottom of the "Medical Certificate of Stillbirth".

The first question under "Delivery and Labour" is a two-part question. If the delivery did not require instrumental or operative assistance (ticked "no"), then the following question can remain blank.

As with other medical certifications, all information should be clearly printed and abbreviations avoided.

If there is knowledge of "lifestyle" maternal conditions that are considered to have had an adverse effect on the fetus, such as alcohol, tobacco, drug use, or certain prescribed medications, note these in Part II.

Updating stillbirth certificates

If the initial cause of stillbirth is unknown or ambiguous, a letter and photocopy of the original certificate with a self-addressed postage paid envelope is sent to the certifier from the Medical Coding Unit. Return these with any new information reported or an indication of "no additional information confirmed".

8. Appendices

Appendix A

Medical Certification of Death - example



Vital Statistics Agency

MEDICAL CERTIFICATION OF DEATH

DOCUMENT CONTROL NUMBER (Office Use Only)

20171846

REGISTRATION NUMBER

*NOTE: If a traumatic injury (even remote) caused the cascade of events leading to death, NOTIFY A CORONER.

| | | | | | | | | | | | |
|---|--|--|--|---|---|--|---|-------------------------------|---------------------|---------------------|--|
| Name and Age of Deceased | Surname Smith | Age 77 | If under 1 day: Hours Min. | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U/K | | | | | | | |
| | First Name John | Additional Given Names James | Personal Health Number 9 9 4 3 2 4 7 9 1 9 | | | | | | | | |
| Actual Date of Death | Month (By Name) DEC | Day 10 | Year 2016 | Approx. Time of Death 0340 | 24-hour clock | 0340 | Date of Birth | Month (By Name) FEB | Day 19 | Year 1939 | |
| Place of Death | Name of Hospital or Institution (Otherwise give exact or nearest address) Not GPS coordinates Vancouver General Hospital | | | | | | Type of place: <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living <input type="checkbox"/> Palliative Unit <input type="checkbox"/> Street <input checked="" type="checkbox"/> Other Acute care hospital | | | | |
| | City, town or other place (By Name) Vancouver | | | | | | Postal Code V5P 5S2 | | | | |
| Released to | Name of Funeral Home Vancouver Funeral Services | | | | | | Phone Number (604) 555-1111 | | | | |
| PART I | | | | | | | | | | | |
| Immediate cause of death. (a) Congestive heart failure | | | | | | | | | | 4 days | |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. (b) Acute myocardial infarction | | | | | | | | | | 7 days | |
| (c) Ischemic heart disease | | | | | | | | | | 10 yrs. | |
| (d) _____ | | | | | | | | | | | |
| PART II | | | | | | | | | | | |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. Diabetes | | | | | | | | | | | |
| Hypertension | | | | | | | | | | | |
| Recent injury: (Not directly leading to death) _____ | | | | | | | | | | | |
| Mechanism of injury _____ | | | | | | | | | | | |
| Place of Injury: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted living <input type="checkbox"/> Street <input type="checkbox"/> Other _____ | | | | | | | | | | | |
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date NOV 28 2016 | | Coronary bypass? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Environmental-occupational-lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol, etc.) <input checked="" type="checkbox"/> Yes (specify) tobacco <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | |
| | Surgery & Findings angioplasty | | Organ transplant (specify) _____ Reason _____ <input checked="" type="checkbox"/> No | | SHADED AREA - OFFICE USE ONLY Place _____ | | | | | | |
| Autopsy Particulars | Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Does cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| Manner of Death | State if death was <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending finalized details of natural causes N.B. The Coroner MUST be notified of any unnatural death including: accidents, misadventure, suicide, etc. Case discussed with Coroner: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Coroner's Name: _____ The Handbook for Physicians, Nurse Practitioners and Coroners is available on-line. See back of form for details. | | | | | | | | | | |
| Pregnant Mother | Death occurred during pregnancy? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes → Death occurred within 42 days postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No → Death occurred within 43 days and 1 year postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| Certification by Licensed Physician/ Nurse Practitioner | * MSP Billing Number (MANDATORY) 12345 | | I viewed the body after death <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | I attended the deceased for the final illness on: | | Month (By Name) DEC | Day 09 | Year 2016 | | |
| | Name of Certifying Physician/ Nurse Practitioner (MANDATORY) Dr. John Kildare | | | | | | | | | | |
| | I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein. | | | | | | | | | | |
| | Signature X John Kildare | | | | | | Date Signed: | Month (By Name) DEC | Day 10 | Year 2016 | |
| Mailing Address 1234 W. Broadway | | | | | | Postal Code V2R 1P5 | | | | | |
| Vancouver, BC | | | | | | Phone Number (with area code) (604) 755-4692 | | | | | |

MEDICAL CAUSE OF DEATH

IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the original information.

VSA 406A 2017/03/27

Coroner's Medical Cause of Death - example



Vital Statistics Agency

CORONER'S MEDICAL CERTIFICATE OF DEATH

DOCUMENT CONTROL NUMBER (Vital Statistics Use Only)

30050012

REGISTRATION NUMBER

| | | | | | |
|---------------------------------|--|-----------------|------------------------|--|-------------------------------|
| Name and Age of Deceased | Surname Johnson | | Age 45 | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U/K | |
| | First Name Additional Given Names Terrence Robert | | | Personal Health Number 9,943 247 919 | |
| Actual Date of Death | Month (By Name) NOV | Day 01 | Year 2016 | Approx. Time of Death 0115 | 24-hour clock |
| | Date of Birth SEP | Month (By Name) | Day 13 | Year 1971 | If under 1 day: Hours Min. |
| Place of Death | Name of Hospital or Institution (Otherwise give exact or nearest address) <i>Not</i> GPS coordinates Intersection of Haliburton and Pat Bay Highway | | | Type of place: <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Workplace <input type="checkbox"/> Palliative Unit <input checked="" type="checkbox"/> Street <input type="checkbox"/> Other | |
| | City, town or other place (By Name) Victoria | | Postal Code V5P 5S2 | | |
| Released to | Name of Funeral Home Local Funeral Services | | | Phone Number (604) 555-1111 | |

MEDICAL CAUSE OF DEATH

PART I Approximate Interval Between → Onset and Death

Immediate cause of death. (a) Fractured skull
due to, or as a consequence of

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the **underlying causes last.**

(b) Intracerebral hemorrhage
due to, or as a consequence of

(c) Motor vehicle accident

(d) _____

PART II

Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I.

Hemothorax, fractured pelvis

Alcohol intoxication

| | | | |
|----------------------------------|--|--|---|
| Other Medical Particulars | Recent surgery (28 days or less prior to death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date _____ | Coronary bypass? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Heart valve replaced? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organ transplant recipient? <input type="checkbox"/> Yes (specify) _____ <input checked="" type="checkbox"/> No | Environmental/occupational/lifestyle <input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Asbestos <input type="checkbox"/> Pesticides <input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Other _____ |
| | Surgery & Findings _____ | | |

| | | | |
|----------------------------|--|---|---|
| Autopsy Particulars | Autopsy being held? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Does cause of death stated above take account of autopsy findings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | May further information relating to cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------|--|---|---|

| | | |
|------------------------|--|--|
| Manner of Death | State if death was <input type="checkbox"/> Natural <input type="checkbox"/> Suicide * <input type="checkbox"/> Homicide * <input checked="" type="checkbox"/> Accident * <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending investigation | * Requires completion of the Accident/Suicide/Homicide section |
|------------------------|--|--|

| | | | |
|------------------------|--|---|--|
| Pregnant Mother | Death occurred during pregnancy? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes → | Death occurred within 42 days postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No → | Death occurred within 43 days and 1 year postpartum? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------|--|---|--|

| | | |
|---|---|---|
| Accident/Homicide/Suicide Details: | Place of injury (exact location and type of place) Highway | Date of Injury Month (By Name) Day Year NOV 01 2016 |
|---|---|---|

MVI: driver passenger unknown pedestrian cyclist other _____

Transport mode (e.g. car, truck, motorcycle, bus, etc.): Vehicle 1 car Vehicle 2 truck

Details: collision struck fixed object rollover struck animal other _____

Safety factors: no seatbelt speed no helmet other _____

3rd Party factors: (not the deceased) alcohol drugs (specify) _____

Overdose: (Include names of all substances) _____

Other accident or violence details: Driver of northbound car struck merging pick-up truck.

| | | | |
|-----------------------------|--|--------------------------|---|
| BCCS Case # 56789 | I viewed the body after death <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Date Signed: DEC 10 2016 | Coroner's Stamp Signature X <u>John Smith</u> |
|-----------------------------|--|--------------------------|---|

IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the original information. VSA 406B 2015/08/17

Medical Certificate of Stillbirth - example

SURNAME

REGISTRATION NUMBER
(Office Use Only)

MEDICAL CERTIFICATE OF STILLBIRTH

| | | | | |
|--|--|--|---|--|
| UCOD | | MEDICAL CODE <small>(Office Use)</small> | | Check whether Fetal (F) or Maternal (M) |
| CAUSE OF STILLBIRTH | Part I | | (a) Anoxia <small>due to (or as a consequence of)</small> | F M |
| | | | (b) Intra-uterine growth retardation <small>due to (or as a consequence of)</small> | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | | | (c) Partial abruptio placenta | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | Part II | | (d) Smoking & alcohol consumption | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | Other significant conditions <small>of fetus or mother which may have contributed to the stillbirth but were not causally related to the immediate cause (a) above</small> | | | <input type="checkbox"/> <input type="checkbox"/> |
| AUTOPSY PARTICULARS | Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does the cause of stillbirth stated above take account of autopsy finding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | May further information relating to the cause of stillbirth be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| DELIVERY AND LABOUR | Manipulative, instrumental or other operative procedure for delivery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, was the fetus dead before such procedure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Nature of procedure (low, middle or high forceps, version and extraction, caesarian section, craniotomy, etc.) Low forceps | | | |
| | Did death occur before labour? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | During labour? <input type="checkbox"/> Yes <input type="checkbox"/> No | Labour induced? (If yes, specify method(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Rupture membranes & oxytocin | |
| CERTIFICATION BY LICENSED: | * MSP Billing Number (MANDATORY) 1 2 2 3 3 | | Name of Certifying Physician/ Nurse Practitioner/ Coroner (MANDATORY) <i>Jeffrey P. Marshal</i> | |
| PHYSICIAN <input checked="" type="checkbox"/> | I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein. | | | Date <small>(By Name)</small> Signed: NOV 01 2013 |
| NURSE PRACTITIONER <input type="checkbox"/> | Signature X | | | Postal Code V2V 2V2 |
| CORONER <input type="checkbox"/> | Dr. Jeffrey P. Marshal | | Phone Number (with area code) (250) 555 -1111 | |
| | Mailing Address 256 Maine Street, Kelowna BC | | | |

NOTES FOR THE CERTIFYING PHYSICIAN, NURSE PRACTITIONER OR CORONER

Vital Statistics Act (RSBC 1996, c 479 s 11)

(3) Every medical practitioner in attendance at a stillbirth, or, if there is no medical practitioner in attendance, a medical practitioner, a nurse practitioner or coroner, must (a) complete the medical certificate.

Definition of a Stillbirth:

"Stillbirth" means the complete expulsion or extraction from its mother, after at least 20 weeks' pregnancy, or after attaining a weight of at least 500 grams of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

Cause of Stillbirth Assignment:

The "cause" selected for the official cause-of-stillbirth statistics is the disease or injury that initiated the cascade of events leading to the death. This cause will be the only condition, or the condition on the last line in Part I of the Certificate. When it is necessary to record more than one condition, it is important that these be stated in etiological sequence. It is also important to indicate whether the reported condition was a "fetal" (F) or "maternal" (M) condition by checking off (✓ or X) in the appropriate box as illustrated in the examples below.

Post Mortem Findings:

When an autopsy or other investigation is being held and the results were not known at the time of certification, a supplementary enquiry to the certifying physician, nurse practitioner or coroner may be initiated.

The following examples illustrate the essential principles in completing the cause of stillbirth certificate:

| | Example 1 | Example 2 | Example 3 |
|-------------------------------------|---|--|---|
| Part I | | | |
| Immediate Cause | (a) Anencephaly..... F M <small>due to (or as a consequence of)</small> | (a) Anoxia..... F M <small>due to (or as a consequence of)</small> | (a) Exsanguinating hemorrhage..... F M <small>due to (or as a consequence of)</small> |
| | (b) <input type="checkbox"/> <input type="checkbox"/> <small>due to (or as a consequence of)</small> | (b) Premature separation of placenta..... <input type="checkbox"/> <input checked="" type="checkbox"/> <small>due to (or as a consequence of)</small> | (b) Ruptured uterus and placental vessels..... <input type="checkbox"/> <input checked="" type="checkbox"/> <small>due to (or as a consequence of)</small> |
| Antecedent Causes | (c) <input type="checkbox"/> <input type="checkbox"/> | (c) Severe pre-eclampsia..... <input type="checkbox"/> <input checked="" type="checkbox"/> | (c) Automobile accident injuring mother..... <input type="checkbox"/> <input checked="" type="checkbox"/> |
| | (d) <input type="checkbox"/> <input type="checkbox"/> | (d) <input type="checkbox"/> <input type="checkbox"/> | (d) <input type="checkbox"/> <input type="checkbox"/> |
| Part II | | | |
| Other significant conditions | Diaphragmatic hernia (massive)..... <input checked="" type="checkbox"/> <input type="checkbox"/> | Chronic nephritis..... <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Appendix B - Legislation

The sections of the *Vital Statistics Act* and *Coroner's Act* quoted in this section are current to the time of the writing of this guide. The most current versions of legislation are available at www.bclaws.ca.

Section 11 of the *Vital Statistics Act* (May 17, 2017)

Stillbirths

- 11** (1) A stillbirth in British Columbia must be registered as provided in this Act.
- (2) Within 48 hours after a stillbirth in British Columbia, a statement, in the form required by the registrar general, respecting the stillbirth must be completed and delivered to a funeral director or a vital statistics registrar by
- (a) a parent of the stillborn child, or
 - (b) an adult person, including the funeral director, having knowledge of the facts relevant to the stillbirth.
- (3) Every medical practitioner in attendance at a stillbirth, or, if there is no medical practitioner in attendance, a medical practitioner, a nurse practitioner or a coroner, must
- (a) complete the medical certificate, included in the form referred to in subsection (2), showing the cause of the stillbirth, and
 - (b) deliver the medical certificate to the funeral director or a vital statistics registrar.
- (4) On receipt of the statement, the funeral director must
- (a) complete the statement, setting out the proposed date and place of burial or other disposition of the body, and
 - (b) deliver or cause to be delivered the statement to a vital statistics registrar.
- (5) On receipt of the statement, the vital statistics registrar must register the stillbirth if satisfied as to the truth and sufficiency of the statement.
- (6) On the registration of a stillbirth, a vital statistics registrar must promptly prepare a disposition permit and deliver it to the person requiring it for the purpose of the burial or other disposition of the body of the stillborn child.
- (7) Subject to this section, sections 2, 6, 7 and 17 to 24 apply to stillbirths.

Section 18 of the *Vital Statistics Act* (May 17, 2017)

Medical certificate

- 18** (1) A medical certificate must be prepared in accordance with subsection (2) in any of the following circumstances:
- (a) if a medical practitioner or nurse practitioner
 - (i) attended the deceased during the deceased's last illness,
 - (ii) is able to certify the medical cause of death with reasonable accuracy, and
 - (iii) has no reason to believe that the deceased died under circumstances which require an inquiry or inquest under the [Coroners Act](#);
 - (b) if the death was natural and a medical practitioner or nurse practitioner
 - (i) is able to certify the medical cause of death with reasonable accuracy, and
 - (ii) has received the consent of a coroner to complete and sign the medical certificate;
 - (c) if a coroner conducts an inquiry or inquest into the death under the [Coroners Act](#).
- (2) Within 48 hours after the death, the medical practitioner, nurse practitioner or the coroner, as applicable, must
- (a) complete and sign a medical certificate in the form required by the registrar general stating in it the cause of death according to the international classification, and
 - (b) make the certificate available to the funeral director.
- (3) A funeral director, medical practitioner or nurse practitioner must promptly notify the coroner if either of the following circumstances occurs:
- (a) a death occurred without the attendance of a medical practitioner or nurse practitioner during the last illness of the deceased;
 - (b) the medical practitioner or nurse practitioner who attended the deceased is for any reason unable to complete the medical certificate within 48 hours after the death.
- (4) If a cause of death cannot be determined within 48 hours after the death and
- (a) an autopsy is performed, or
 - (b) an investigation or inquest is commenced under the [Coroners Act](#),
- and the medical practitioner who performs the autopsy or the coroner who commences an investigation or inquest under the [Coroners Act](#), as the case may be, considers that the body is no longer required for the purposes of the autopsy, investigation or inquest, the medical practitioner or the coroner, as the case may be, may, despite subsection (1), issue and must make available to the funeral director an interim medical certificate in the form required by the registrar general.
- (5) After the conclusion of the autopsy, investigation or inquest referred to in subsection (4),
- (a) the medical practitioner who performed the autopsy, or the coroner, must complete and sign the medical certificate referred to in subsection (2) and deliver it to the registrar general.
 - (b) the coroner must deliver a copy of any report prepared under section 13 (3) or 16 of the [Coroners Act](#) to the registrar general.

The *Coroner's Act*, Part 2 - Reporting Deaths (May 17, 2017)

Deaths that must be reported by anyone

- 2** (1) A person must immediately report to a coroner or peace officer the facts and circumstances relating to the death of an adult or child who the person has reason to believe has died
- (a) as a result of violence, accident, negligence, misconduct or malpractice,
 - (b) as a result of a self-inflicted illness or injury,
 - (c) suddenly and unexpectedly, when the person was apparently in good health and not under the care of a medical practitioner or nurse practitioner,
 - (d) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner or nurse practitioner,
 - (e) during pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy,
 - (f) if the chief coroner reasonably believes it is in the public interest that a class of deaths be reported and issues a notice in accordance with the regulations, in the circumstances set out in the notice, or
 - (g) in any prescribed circumstances.
- (2) If a child died in circumstances other than those described in subsection (1), a person who, by regulation, must report child deaths, must immediately report to the chief coroner, in the form required by the chief coroner,
- (a) the facts and circumstances relating to the child's death, and
 - (b) any other information required by the chief coroner.

Deaths that must be reported by peace officers

- 3** (1) If a peace officer receives a report of a death under section 2 [deaths that must be reported by anyone], the peace officer must immediately report to a coroner the facts and circumstances relating to the death.
- (2) A peace officer must immediately report to a coroner the facts and circumstances relating to the death of a person who dies
- (a) while detained by or in the custody, or in a custodial facility, of a peace officer, or
 - (b) as a result, directly or indirectly, of an act of a peace officer performed in the course of his or her duty.

Deaths that must be reported by institutional administrators

- 4** The person in charge of an institution referred to in this section must immediately report to a coroner the facts and circumstances relating to the death of a person who dies
- (a) while a patient of a designated facility or private mental hospital within the meaning of the *Mental Health Act*, whether or not on the premises or in actual detention,
 - (b) while the person is committed to a correctional centre, youth custody centre or penitentiary or a police prison or lockup, whether or not on the premises or in custody, or
 - (c) while a patient of a hospital within the meaning of the *Hospital Act*, if the patient was transferred to the hospital from a place referred to in paragraph (a) or (b).

Appendix C

Contact Us

Vital Statistics Agency
Medical Coding Unit
PO Box 9657 Stn Prov Govt
Victoria BC V8W 9P3

Phone: 250 952-9048 or 250 952-9131
Fax: 250 952-9071

Stock Requests

Mail: Vital Statistics Agency
Stockroom
PO Box 9657 Stn Prov Govt
Victoria BC V8W 9P3

Phone: 250 952-9091
Fax: 250 952-9094
Email: HLTH.VSStock@gov.bc.ca



British Columbia Vital Statistics Agency
Health Sector Information Management/Information Technology Division
Ministry of Health
PO BOX 9657 STN PROV GOVT
VICTORIA BC V8W 9P3