Nanotechnology Perceptions
ISSN 1660-6795
www.nano-ntp.com

Death Certificate – The Right Way to Fill it Out

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INTRODUCTION: The death certificate is a legally binding document issued by a doctor that details the time, place, and reason of a person death as well as other descriptive data about the deceased. The method and cause of death are also stated on the certificate. The ability to copy a certificate is crucial for comprehensive studies on population mortality and statistical analysis in public health.
PRUPOSE OF THE PAPER: The primary goal of this diploma thesis is to highlight the significance of accurately filling out death certificates and giving the general public with cause-of-death information. Our data illustrates the inaccuracies and potential for errors during the filling out of the death certificate by the medical staff at the second care facility in Kosovë.
WORKING METHODS: This study carried out in the Regional Hospital of Prizren, respectively in the Emergency clinic and the Surgery clinic 30 death certificates of patients were analyzed. They were collected such as: age,gender, place of residence.
RESULT: In the analysis of the certificates, it was observed that 50% of them had a high degree of error in completing them. The most frequent errors were observed in the use of terminal events, incorrect potentiation of conditions or diseases, failure to complete the time intervals of the cause etc.
CONCLUSION: This study shows the right to a death certificate. High of the errors identified that occur in filling out the certificate, academic and hospital institutions can educate all fields of medicine as professionals become entitled to a death certificate.

1. Introduction

Death is the irreversible cessation of all biological functions that sustain an organism. For organisms with a brain, death can also be defined as the irreversible cessation of all brain functions, including the brainstem. The remains of a previously living organism typically begin to decompose immediately after death. [9]

In mammals, there is a strong correlation between average lifespan (in years) and gestation duration (in days), suggesting that the same biological clock mechanisms control both of these physiological events. Lifespan is determined by a complex sequence of events that lead to the organism's aging and ultimately to death. [9]

A death certificate is a medical opinion regarding the cause of death based on the information available at the time of death. [6]

Death certificates are important because morbidity and mortality statistics often come from death certification data. These statistics are crucial for disease management and increasing lifespan. Often, it is the primary care physician responsible for completing the death certificate, explaining the cause of death to the family, and, if appropriate, referring some cases to the medical examiner. [1]

A. Death Certificate

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The death certificate serves multiple purposes, including:

1. Legal documentation that the mentioned person has died

2. Information about the deceased, such as age, race, sex, date of birth, birthplace, and other basic descriptive information

3. Information that can be used to assess the cause, manner, and circumstances of death

4. Information that may be used to settle the estate of the deceased

5. Information that may be used by the government, public health agencies, other states, federal agencies, or researchers to plan or fund programs designed to analyze, reduce, or prevent mortality. [1]

The primary care physician must have a clear understanding of how to determine the cause and manner of death and must use concise and clear language when completing the death certificate. When there is doubt or an external cause of death is possible, the medical examiner or forensic pathologist is the appropriate public health official to contact. [1]

Proper and timely completion of a death certificate is an important duty for physicians, who must understand how the death certificate is used and be able to recognize and apply the concepts of immediate, underlying, and contributory causes of death. Accurate and concise terminology should be used to provide a logical sequence of events leading to death. Avoiding errors in death certification helps reduce potential medico-legal issues and provides meaningful statistics for healthcare personnel. [5]

Accurate and timely data on the cause of death is extremely important for directing health programs and policies. Deaths certified by doctors are generally considered reliable and accurate; however, the quality of the information provided on the International Medical Certificate of Cause of Death (MCCD) often varies depending on the personnel involved in certification, the hospital's diagnostic capacity, and the hospital category. [11]

The process of medical death certification is a challenging task for most healthcare providers assigned this responsibility. In most cases in the United States, when a death certificate needs

to be completed, it is the physician's responsibility to complete it. [6]

In cases of suspected crime, the medical expert or forensic pathologist assumes the responsibility of completing the death certificate. Physicians should not be concerned if the manner of death is natural, suicide, homicide, accidental, or undetermined. The burden of determination falls on the medical examiner. [6] The death certificate should document the immediate cause of death, which may be an event, clinical condition, or disease process. For this reason, clinicians are discouraged from using terms such as:

• Cardiac arrest

• Pulmonary arrest

• Cardiopulmonary arrest

• Old age, etc. [6]

In the United States, a standard death certificate model was developed around 1910. [7]

In most U.S. states, death certificates are considered public domain documents and can be obtained for any individual, regardless of the requester's relationship with the deceased. Other jurisdictions restrict to whom death certificates are issued. [8]

In modern medical practice, the standardized WHO death certificate is used. One of the things WHO does is to develop standardized ways to collect health and death cause information so that data from many countries can be compared. [10]

1.1 Cause of Death

The medical certification of the cause of death is documented by completing a form called the death certificate. [2]

The death certificate is significant in the following areas:

1. Confirms the death.

2. Verifies the cause of death (if possible with additional evidence).

3. The form is completed by the family doctor, the polyclinic doctor, or a doctor who treated the deceased in their final moments.

4. The accuracy and seriousness of its preparation have invaluable demographic significance in identifying causes of death. [2]

The cause of death is the disease or trauma responsible for triggering the rapid or prolonged sequence of fatal pathophysiological mechanisms in the human body. [2]

In natural deaths due to disease, the cause of death is termed as follows: myocardial infarction, cerebral aneurysm, bronchopneumonia, toxic influenza, carcinogenic disease.

In deaths resulting from violence, the causes of death should include: gunshot wounds to the head or other body regions, stab wounds to the chest or abdomen, electric shock, poisoning, neck compression asphyxia, and drowning asphyxia. [2]

In completing a death certificate, there is often confusion between the cause of death and the

mechanism of death. The cause of death is the disease or injury that produces a physiological disruption within the body, resulting in death, for example, a gunshot wound to the chest. In contrast, the mechanism of death is the physiological disruption that leads to death. An example of a mechanism of death resulting from a gunshot wound might be exsanguination (extreme blood loss). [12]

The mechanism of death is the disruption of physiological and biochemical balances incompatible with life and triggered by the cause of death. Such mechanisms include asystole, ventricular fibrillation, hemorrhagic or traumatic shock, respiratory paralysis, toxemia, and others. [2]

The first Forensic Pathology Handbook, compiled by the American College of Pathologists, defines the mechanism of death as "the process that causes the failure of one or more vital organs or systems when a fatal disease, injury, anomaly, or chemical injury occurs. It is the functional or structural change that makes independent life impossible after a life-ending event occurs." [13]

Subarachnoid hemorrhage; Cause of death: gunshot wound to the head

1.3 Manner of Death.

2. Accidental - death results from an injury, poisoning, or intoxication that was unintentional.

3. Suicide - caused by an intentional self-inflicted act.

4. Homicide - death results from the intentional act of one person against another.

5. Undetermined - there is insufficient information to determine the manner of death. Only medical examiners and forensic pathologists can use all manners of death. [14]

Thus, the manner of death refers to the type of cause of death, which implies the legal form of death and serves a juridical priority. If death is caused by old age or illness, the manner of death is natural. In cases where death is caused solely by trauma, the manner of death is violent (non-natural). [2]

1.4 Proper Completion of the Death Certificate

The standard death certificate includes demographic data such as name, surname, gender, age, date and place of birth, residence, ethnicity, marital status, and occupation. Following the demographic data, the cause of death information is provided.

The international form of death cause certification includes two parts.

In Part I (sections A to D), the certifier describes the main sequence of events leading to death.

If the certifier uses more than one line in Part I, the appearance of each condition should be fully explained by the condition entered on the line below. This means that Part I should contain a step-by-step description of the events leading to death.

In Part II (other significant conditions contributing to the case), the certifier lists conditions that may have accelerated this process but are not part of the events reported in Part I.

It is not necessary to complete all four sections. [16]

Table 1: International Form of Cause of Death Certification

Part I	A. Immediate Cause	Interval Time from
	B. Due to or as a consequence of: Intermediate Cause	
	C. Due to or as a consequence of: Intermediate Cause	
	D. Due to or as a consequence of: Underlying Cause	
Part II	Other significant conditions contributing to the case…	

1.4.1 Completion of Part I:

Immediate Cause of Death

The immediate cause of death is the final disease or condition that directly caused death. [16]

Example of Part I completion:

Table 2: Immediate Cause of Death

Part I	A. Immediate Cause: Cardiac tamponade
	B. As a consequence of…
	C. As a consequence of…
	D. As a consequence of…
Part II	Other significant conditions contributing to the case…

Intermediate Cause of Death

The intermediate cause of death is a disease or condition that occurs between the immediate and underlying cause of death. [16]

Example:

Table 3: Intermediate Cause of Death

Part I	A. Immediate Cause: Cardiac tamponade
	B. Intermediate Cause: Rupture of heart muscle
	C. Intermediate Cause: Myocardial infarction
	D. Primary Cause
Part II	Other significant conditions contributing to the case…

Underlying Cause of Death in diseases occurring due to natural causes, the underlying cause is the condition that initiated the sequence of morbid events leading to death. [16]

Table 4 Underlying Cause of Death

Part I	A. Immediate Cause: Cardiac tamponade
	B. Intermediate Cause: Rupture of heart muscle
	C. Intermediate Cause: Myocardial infarction
	D. Underlying Cause: Coronary artery atherosclerosis
Part II	Other significant conditions contributing to the case…

1.4.2 Completion of Part II:

Other Contributing Conditions

In the second part of the cause of death section, other diseases or conditions that contributed to the death are described, although they were not directly responsible for or the primary cause of death. [15]

Table 5: Other Significant Contributing Conditions for the Case

Part I	A. Immediate Cause: Systemic bacterial sepsis
	B. Intermediate Cause
	C. Intermediate Cause
	D. Primary Cause
Part II	Diabetes mellitus

In this example, the immediate cause of death is systemic sepsis, and diabetes mellitus is a significant contributing condition. [16]

1.4.3 Deaths Due to External Causes like Injury or Poisoning

When death results from external causes, such as injury or poisoning (i.e., the manner of death is not natural), additional information must be included in the death certificate. Similar to the immediate, intermediate, and primary causes of death, deaths due to injury or poisoning (such as overdose or fatal drug toxicities, poisons, etc.) can often be described in the cause of death statement as:

• Fatal Disorder: as the immediate cause of death

• Bodily Trauma: as an intermediate cause of death

• Injury Event: as the primary cause of death. [17]

Table 6: Accidental Manner of Death

Part I	A. Immediate Cause: Peritonitis
	B. Intermediate Cause: Jejunal rupture
	C. Intermediate Cause: Abdominal trauma
	D. Primary Cause: Fall from height
Part II	Other significant contributing conditions for the case…
Manner of Death: Accident	

1.4.4 Description of How the Injury Occurred

When death results from external causes like injury or poisoning, information should be

provided to describe how the injury occurred. The latest version of the Death Certificate includes additional space to describe how the injury or poisoning happened. [16]

Table 7: Manner of Injury Description

Part I	A. Immediate Cause: Intra-thoracic hemorrhage
	B. Intermediate Cause: Penetrating wound to the left lung
	C. Intermediate Cause: Stab wound in the left anterior chest
	D. Primary Cause
Part II	Pneumothorax
Manner of Death: Suicide	

1.5 Location of Injury

The injury location section in the cause of death certificate indicates the type of place where the injury occurred. This information should be general and should not include specific names of businesses or establishments. Examples of injury locations include:

• In own home

• Someone else's home

• Parking lot

• Restaurant

• Interstate highway

• Four-lane road

• Car on the road

• Forested area

• Building

• River

• Lake [16]

1.6 Date and Time of Death

In most documents requiring a date, the standard format (Month/Day/Year) is acceptable.

However, to avoid confusion with other date formats, it should be written as follows: using the month name and a four-digit year, e.g., "January 22, 2005."

• Date of Death

• Date Pronounced Dead

• Date of Signing the Death Certificate [2]

1.7 Time Interval Between Critical Events

Next to each line in Part I of the cause of death statement, there is a space to indicate the interval between the onset of each condition and death. It is acceptable to use terms like "approximately" or "unknown." General terms such as seconds, minutes, hours, days, weeks,

months, years, or decades are useful as information. [18]

Table 8: Time Interval

Part I	A. Immediate Cause: Pulmonary embolism	Time Interval: Minutes
	B. Intermediate Cause: Deep vein thrombosis	Time Interval: Several days
	C. Intermediate Cause: Fracture of left femoral neck	Time Interval: 5 days
	D. Primary Cause: Osteoporosis	
Part II	Other significant contributing conditions for the case…	

1.8 Other Examples of Correct Completion of the Certificate

Table 9: Examples of Certificate Completion

Part I	A. Immediate Cause: Lung carcinoma with brain metastasis	Time Interval: 1 year
	Intermediate Cause	
	Intermediate Cause	
	Primary Cause	
Part II	Other significant contributing conditions for the case…	

In some cases, the cause of death statement can be completed in just one line due to limited information. For instance, if a patient suffered from lung cancer for years and died suddenly without an autopsy, and the physician is confident that lung cancer with brain metastasis caused the death, filling out only the immediate cause is sufficient. [16]

Table 10: Additional Examples of Certificate Completion

Part I	A. Immediate Cause: Intra-abdominal haemorrhage	Time Interval: 1 hour
	B. Intermediate Cause: Liver rupture	Time Interval: 1 hour
	C. Intermediate Cause: Abdominal trauma from external force	Time Interval: 1 hour
	D. Primary Cause: Fall from height	Time Interval: 1 hour
Part II	Other significant contributing conditions for the case…	

In some cases, trauma resulting from an injury event may not imply a specific type of injury event. For example, blunt force trauma can result from a fall from a height, being struck by a vehicle, a punch, or other causes.

Although the section “describe how an injury occurred” is used to clarify the circumstances (e.g., pedestrian struck by a vehicle), mentioning the injury event in the cause of death statement may be helpful to clarify the type of injury event that occurred. [8]

1.9 Errors in Completing the Death Certificate

The most common errors in completing the death certificate are:

• Switching the place of the immediate, intermediate, and primary causes of death.

• Describing terminal events or mechanisms of death that are terminal events, such as “cardiac

arrest," "respiratory arrest," "cardiopulmonary arrest," "ventricular fibrillation," "asystole," which are highly nonspecific and should not be included as causes of death.

Errors in the cause of death statements can be avoided by adhering to these procedures:

• Specifying the primary site and benign or malignant nature of a neoplasm (or specifying that the primary cause is unknown)

• Identifying the type and grade of neoplasm cells (or specifying that the cell type is unknown)

• Specifying the primary cause and etiology of "sepsis" or "septic shock" (or specifying that the primary cause and etiology are unknown)

• Specifying the part or lobe of an organ involved by a neoplasm or another process Specifying the primary cause of nonspecific processes, such as:

• Congestive heart failure

• Seizures

• Coma

• Syncope

• Renal failure

• Tetraplegia/paraplegia

• Other nonspecific processes, which are numerous. [20]

It should be understood that deaths from complications of hip fractures caused by falls involve external conditions (injury), and the manner of death may differ from natural causes. [20]

1.10 Electronic Death Registration

The non-medical portion of the death certification can be completed by the funeral director after the declaration of death. In the United States, most states file the non-medical portion through an electronic death registration system.

The electronic system has several advantages in medical certification:

• Accuracy

• Timeliness

• Improved Mortality Surveillance

• Efficiency

In the electronic death file, the funeral director fills out demographic information, statistics, and details regarding the decedent's body disposition. A suitable medical certifier is then selected. In most states, online training or other formal training is required before a healthcare provider can be a registered death certifier. [2]

1.11 The Physician and Their Role in Completing the Certificate

Issuing the death certificate is one of the challenging tasks of the general practitioner, which

may have medicolegal implications. The general practitioner should verify all relevant facts before issuing a death certificate and should not issue it under any pressure. [20]

A physician should make every effort to determine the cause or probable cause of death. The death certificate and cause of death should only be issued when the physician is fully satisfied with the clinical diagnosis and confirmatory diagnostic tests, such as an electrocardiogram for acute myocardial infarction or cerebrospinal fluid analysis in meningitis cases. [17]

A physician can certify the death, but the cause of death should be provided only after verification and completing all facts leading to and resulting in death. If there is any doubt about death due to unnatural causes, the physician may certify the death only and notify the police for further investigation. [19]

Before issuing the death certificate, the physician should verify and confirm the name, age, gender, religion, and address of the deceased. Any subsequent correction in these details can cause significant issues for relatives, delaying the completion of death-related requests, hospital bill reimbursements, insurance claims, verification certificates, inheritance claims, and property settlement. [18]

The death certificate should be issued free of charge and should not be withheld pending payment from relatives and friends of the deceased. Only a single copy of the death certificate should be issued, and the physician should always retain a copy of the issued death certificate.

The certificate must be issued by a licensed physician. [16]

2. PURPOSE OF PAPER

The purpose of this paper is to demonstrate the correct way to complete the death certificate, which is of great importance as it gathers data on local, state, national, and international mortality. These data are useful for physicians to identify disease etiologies and assess diagnostic or therapeutic approaches.

Another goal is to examine the completion of death certificates and the procedures involved within secondary healthcare institutions in Kosovo.

3. MATERIAL AND METHODS

This retrospective study was conducted at the Regional Hospital of Prizren, specifically in the

Emergency Clinic and Surgery Clinic. A total of 30 death certificates of patients who died within the hospital premises were reviewed. The focus was on completing the first part (cause of death) and the second part (other contributing conditions).

The materials are presented in tabular and graphical formats.

4. RESULT

In total, 30 death certificates completed by medical professionals at the Regional Hospital of Prizren, specifically in the Emergency and Surgery Clinics, were studied. Of these, 17 certificates were for male patients (57%) and 13 for female patients (43%).

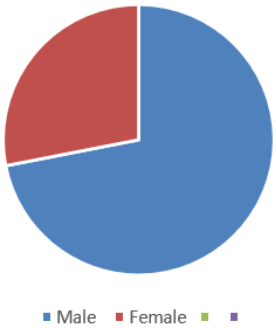


Chart 1: Deaths by Gender

Table 11: Deaths by Gender and Age

Age Group(Years)	10-30	30-50	50-70	70+	Total
Male	1	2	6	8	17
Female	0	0	4	9	13
Total	1	2	10	17	30
% Male	3%	8%	20%	26%	57%
% Female	0%	0%	15%	28%	43%

Regarding age, 1 case (3%) was in the 10-30 age group, 2 cases (6%) in the 30-50 age group, 10 cases in the 50-70 age group, and 17 cases in the 70+ age group.

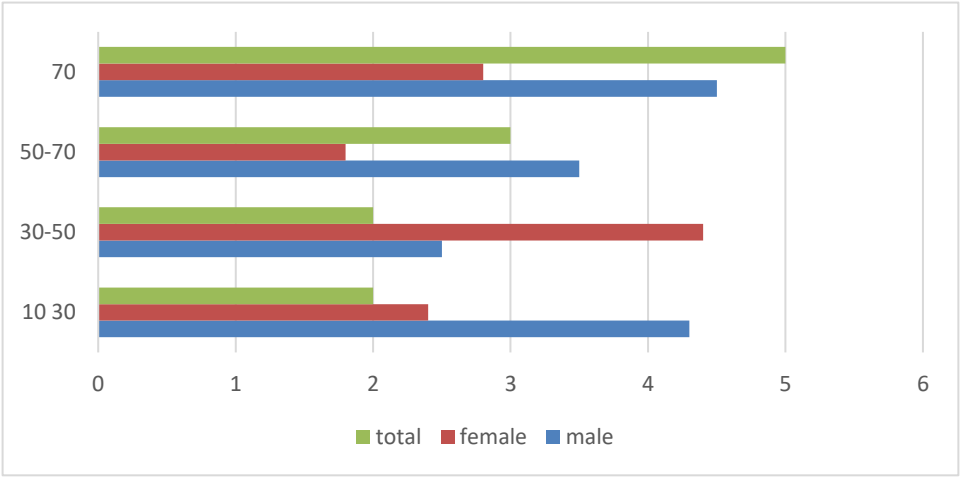


Chart 2: Deaths by Age/Gender Ratio

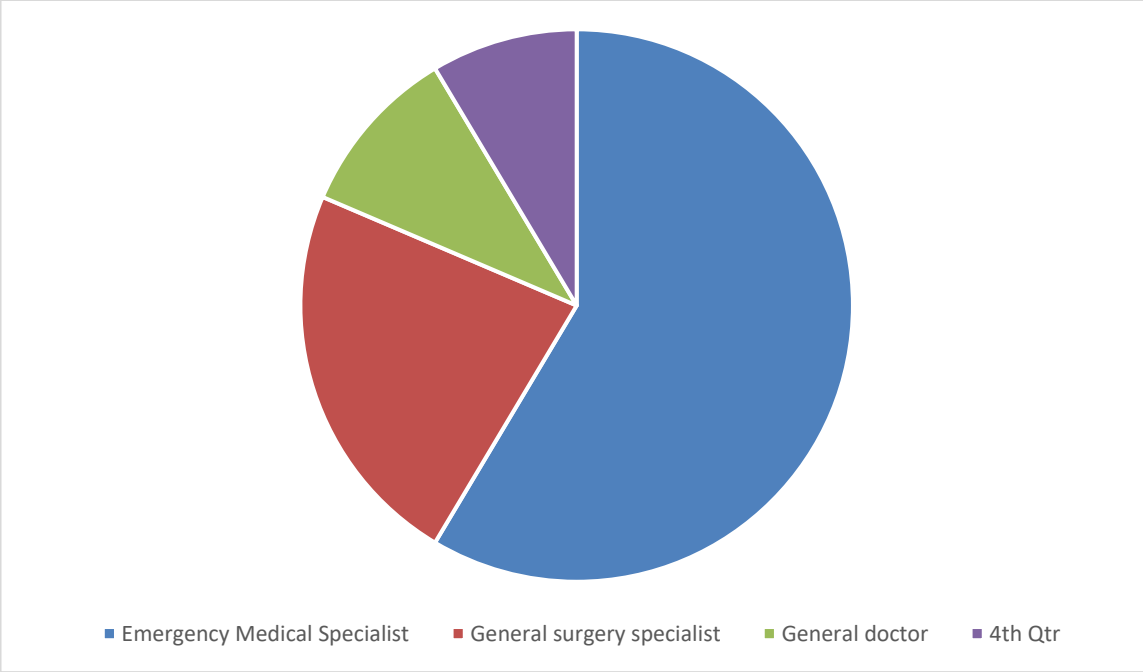


Chart 3: Professional Completing Cause of Death Data

Out of these certificates:

• 15 (50%) were completed by emergency medicine specialists,

• 7 (25%) by general surgery specialists,

• 5 (20%) by general practitioners, and

• 3 (5%) by doctors of other specialties.

Of the 30 analyzed certificates, 15 (50%) contained at least one error in the completion of the cause of death. The most frequent errors included:

• the use of terminal events

• incomplete filling of the death cause rows

• failure to record time intervals between critical events.

5. DISCUSSION

This study found that 50% of completed death certificates contained at least one error. The most common issue in completing death certificates was confusion between the cause of death and the mechanism of death.

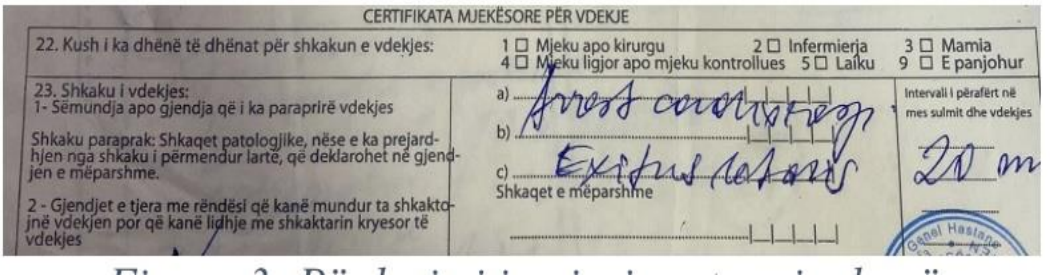
Another frequent error observed was the use of terminal events to describe the cause of death.

Terminal events are generally not useful in cause-of-death statements or mortality studies due

to their nonspecific nature and their occurrence in nearly all deaths.

Conditions such as cardiac arrest, cardiorespiratory arrest, and "exitus letalis" were used to describe the actual cause of death. However, these terms do not represent the cause or the mechanism of death. The physiological processes of respiratory or cardiac failure do not explain the event or condition that precipitated death. Cardiovascular diseases, cerebrovascular diseases, digestive diseases, respiratory diseases, and external causes had a higher risk of errors than cancer.

A critical issue is that some fatal disorders may seem specific but are not etiologically detailed, failing to provide a specific cause of death statement.


CERTIFIKATA MJEKËSORE PËR VDEKJE

22. Kush i ka dhënë të dhënat për shkakun e vdekjes: 1 ☐ Mjeku apo kirurgu 2 ☐ Infermierja 3 ☐ Mamia 4 ☐ Mjeku ligjor apo mjeku kontrollues 5 ☐ Laiku 9 ☐ E panjohur

23. Shkaku i vdekjes:
1- Sëmundja apo gjendja që i ka paraprirë vdekjes

Shkaku paraprak: Shkaqet patologjike, nëse e ka prejardhjen nga shkaku i përmendur lartë, që deklarohet në gjendjen e mëparshme.

2 - Gjendjet e tjera me rëndësi që kanë mundur ta shkaktojnë vdekjen por që kanë lidhje me shkaktarin kryesor të vdekjes

a) Arrest cardiorespiratory

b)

c) Exitus letalis

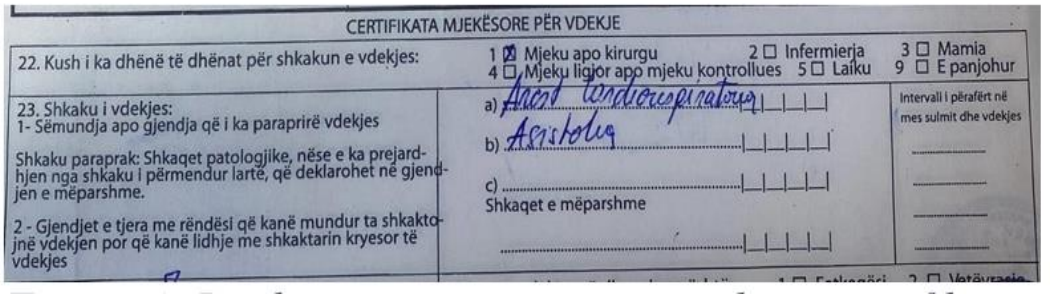
Shkaqet e mëparshme

Intervali i përafërt në mes sulmit dhe vdekjes

20 m

Figure 3: Use of Terminal Events on the Death Certificate

The above certificate is incorrectly completed because terminal events like cardiac arrest are used as the cause of death, which is nonspecific and has little value in mortality statistics.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a) Arrest cardiorespiratory

b) Asistolia

c)

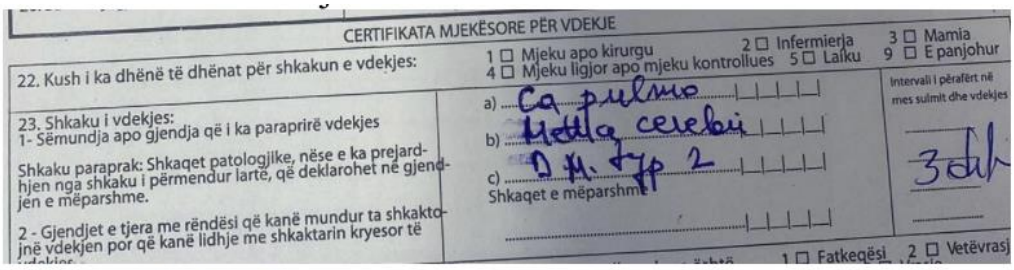
Shkaqet e mëparshme

Intervali i përafërt në mes sulmit dhe vdekjes

Figure 4: Use of Terminal Events on the Death Certificate

In this example, terminal events such as cardiac arrest and asystole are again used to describe the actual cause of death. Additionally, contributing conditions to death are often not filled in, likely due to the physician's lack of prior knowledge of the patient's medical history.

Another common error is the incorrect attribution of causes of death.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2 - Gjendjet e tjera me rëndësi që kanë mundur ta shkaktojnë vdekjen por që kanë lidhje me shkaktarin kryesor të vdekjes

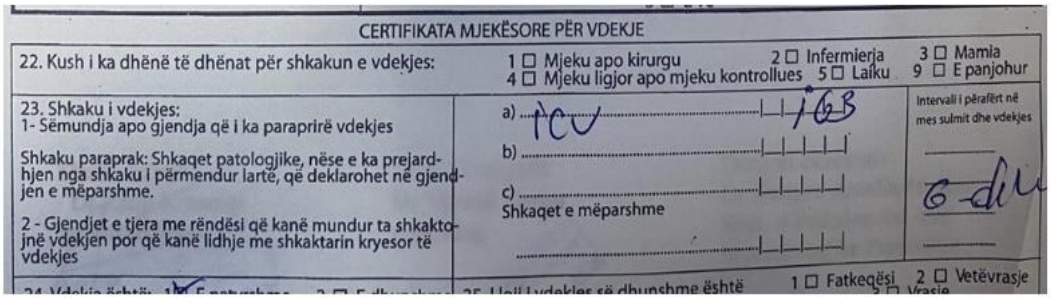
a) Ca pulmo
b) Metta cerebri
c) D M. typ 2
Shkaqet e mëparshme

Intervali i përafërt në mes sulmit dhe vdekjes: 3 dit

1 ☐ Fatkeqësi 2 ☐ Vetëvrasje

Figure 5: Use of Terminal Events on the Death Certificate

This example contains two types of errors. Here, terminal conditions were written following carcinoma, suggesting as if cerebral metastasis and type 2 diabetes caused pulmonary carcinoma.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a) ICV I63
b)
c)
Shkaqet e mëparshme

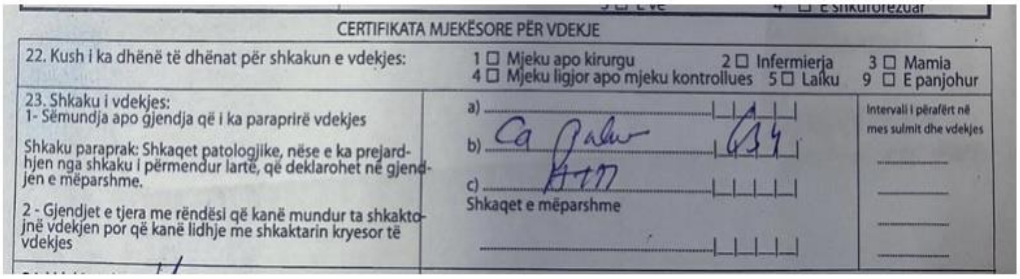
Intervali i përafërt në mes sulmit dhe vdekjes: 6 dit

1 ☐ Fatkeqësi 2 ☐ Vetëvrasje

Figure 6: Incorrect Completion of the Death Certificate

This certificate presents a case where the actual cause is described as ICU (Ischemic

Cerebrovascular Accident) without specifying the preceding condition. ICU suggests an apoplexy, without clarifying whether it was a cerebral hemorrhage or an arterial blockage, which could have been confirmed via CT, brain resonance, or postmortem autopsy.


CERTIFIKATA MJEKËSORE PËR VDEKJE

22. Kush i ka dhënë të dhënat për shkakun e vdekjes: 1 ☐ Mjeku apo kirurgu 2 ☐ Infermierja 3 ☐ Mamia 4 ☐ Mjeku ligjor apo mjeku kontrollues 5 ☐ Laiku 9 ☐ E panjohur

23. Shkaku i vdekjes:
1- Sëmundja apo gjendja që i ka paraprirë vdekjes

Shkaku paraprak: Shkaqet patologjike, nëse e ka prejardhjen nga shkaku i përmendur lartë, që deklarohet në gjendjen e mëparshme.

2 - Gjendjet e tjera me rëndësi që kanë mundur ta shkaktojnë vdekjen por që kanë lidhje me shkaktarin kryesor të vdekjes

a)
b) Ca [illegible] I64
c) A77
Shkaqet e mëparshme

Intervali i përafërt në mes sulmit dhe vdekjes

Figure 7: Incorrect Completion of the Death Certificate

In this case, the actual cause of death is not completed because it was only a diagnosis known by the family. In these cases, the cause of death could be asphyxiation due to airway compression by the tumor (primary) or metastasis (secondary). The tumor evolution may prevent air passage and impair O2 and CO2 exchange in the lungs.

Another observed issue in completing the death certificate was the failure to record time intervals between the immediate cause, intermediate cause, and underlying cause. This section was completed in only 9 certificates.

6. CONCLUSION

It was noted that many physicians completing the death certificate recorded "exitus letalis." Legally, this description is inaccurate, as it is a clinical diagnosis confirming death or life cessation rather than a precise medical cause. In many institutions, where deaths occur frequently, comprehensive examinations to determine the exact cause of death are often impossible due to high patient volume and limited medical staff, especially in emergency settings. Additional examinations would be needed for clarity, with the most accurate being an autopsy.

Despite the goal of minimizing errors in death certificates, there remains a lack of awareness regarding the importance of these certificates. Major errors are unavoidable due to the absence of verification systems and follow-up processes after issuing a death certificate. Previous studies suggest educational interventions are needed to reduce errors in death certification [8,9,14,16,18,20]. This study's findings highlight the necessity of training to simplify and correctly complete death certificates. Training is also essential for certifiers in emergency departments, general wards, and intensive care units.

Meetings among medical professionals (e.g.,family physicians, emergency doctors, anesthesiologists, neurologists), police officials, and other relevant personnel are essential.

Such meetings and consultations can clarify this issue. Effective training programs are recommended for doctors of all specialties, helping to reduce the chance of error and improve the quality of death certification.

References

1. https://pubmed.ncbi.nlm.nih.gov/9337765/
2. Blakaj F. Meksi S. Mjekësia Ligjore.Prishtinë:Shtëpia Botuese Printing Press;2019
3. Çipi B. Haliti N. Sinamati A. Mjekësia Ligjore.Prishtinë:KGT;2017
4. https://pubmed.ncbi.nlm.nih.gov/28969690/
5. https://pubmed.ncbi.nlm.nih.gov/2588577/
6. https://pubmed.ncbi.nlm.nih.gov/30252271/
7. https://www.nytimes.com/2013/07/02/health/making-the-right-call-even-in-death.html
8 .http://www.health.ny.gov/vital_records/death.htm
9. https://en.wikipedia.org/wiki/Death#cite_note-1
10. http://ebooks.cap.org/product/cause-death-certificate
11. https://pubmed.ncbi.nlm.nih.gov/28969690/
12. https://www.crimemuseum.org/crime-library/forensic-investigation/cause-mechanism-and-manner-of-death/
13. https://ebooks.cap.org/product/cause-death-certificate
14. https://snohomishcountywa.gov/806/Cause-Manner-of-death#:~:text=The%20classifications%20are%20natural%2C%20accident,death%20to%20the%20medical%20examiner.

15. Instructions for Completing the Cause-of-Death Section of the Death Certificate for Injury and Poisoning. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics; 200
16. Hanzlick R, Goodin J. Mind your manners part III: individual scenario results from the National Association of Medical Examiners Manner of Death Questionnaire, 1995. Am J Forensic Med Pathol. 1997;18(3):228-245.
17. Kapoor OP. "Kapoor's Guide for General Practitioners" Part-II. 4th Edition. 1996. SS Publishers, Mumbai. Pages 181-2.
18. Government of Maharashtra: "Hospital Administration Manual". June 1976. Reprinted in 1991, page 149.
19. Park K. "Park's Text Book of Preventive and Social Medicine". 16th Edition. Banarsidas Bhanot, Jabalpur. 2000, pages 46-47.
19. Bokil PV. "Death certificate". QPMPA Journal of Medical Sciences 2002;16 (3) : 84-6.
20. Subrahamanyam BV. "Modi's Text Book of Medical Jurisprudence and Toxicology". 22nd edition. 1999. Butterworths India, New Delhi. Page 15.
21. World Health Organization: "International Statistical Classification of Diseases and Related Health Problems – Tenth Revision (ICD-10)" Volume 2. Instruction Manual. World Health Organization, Geneva. 1993. Pages 30 32.
22. https://www.bhj.org.in/journal/2004_4602_april/html/role_166.htm
23. file:///C:/Users/Roni/Downloads/healthcare-10-00726.pdf
24. https://www.dictionary.com/browse/death