Healthcare Improvement Scotland

Death Certification Review Service

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

- Read the published CMO Guidance and complete the on-line training about Death Certification . If you have a problem that is still not covered, contact the Death Certification Review Service (DCRS) by phone or email for help, we are open Monday to Friday 08:30-17:30. There is an on-call medical reviewer available out of hours.

- Consider whether there is any reason to report to or discuss the case with the Procurator Fiscal (Crown Office Document) e.g. trauma has been identified as a cause or contributor to death, there is a complaint about the care provided prior to death etc.

- Be clear whether you have formally reported a case to the Procurator Fiscal, if you have, tick the PF box. If the case has otherwise been reported to the Fiscal and you have agreed to produce an MCCD at their request, then you should tick the box. If you have discussed a case and agreed with the Procurator Fiscal that the case does not need to be formally reported, then do not tick the box.

- Use electronic completion of the MCCD if possible. If using an electronic MCCD the legal document continues to be the printed copy and must still be signed and physically given to the informant to register the death. It must not be watermarked DRAFT. (Copies watermarked DUPLICATE are acceptable when signed.)

- Your writing should be in CAPITALS using BLACK ink throughout when completed by hand.

- Correct spelling is important.

- The time of death is the time that to the best of your knowledge and belief you think the patient died and NOT the time that death was verified.

- Use business telephone numbers; do not include personal mobile numbers.

- It is expected that senior staff identified as responsible for the patient are aware of what is entered as cause of death on the MCCD in keeping with the CMO Guidance.

- You must not include any abbreviations except HIV or Aids which are both permissible. Do not use the word "accident", e.g. cerebro-vascular accident is not allowed as this is open to misinterpretation.

- The causes must make sense both medically and chronologically. If you use more than one line in section 1 then what is entered in 1a MUST be caused by what is in 1b which MUST be caused by what is in 1c etc. Durations likewise should be sequential.

- The causes certified should be able to convey to another doctor what caused the death of the patient.

- You must be prepared to explain cause(s) of death in a way that a bereaved relative may easily understand.

- Cancer types, sites and organisms in infections, including resistance and routes of infection are important and should be entered if known.

- Metastases are important and may occur at different times, if multiple please use duration from the time metastases were first identified.

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- A stroke will normally be ischaemic or haemorrhagic but it is possible that the aetiology is not ascertained.

- If you wish to enter a cause of death that you believe is the case but you have no confirmatory evidence, you can qualify it with "Probable" or "Presumed".

- If smoking, alcohol or obesity have significantly contributed to the death e.g. associated with cancer or cirrhosis then they should be included.

- In causation, durations must be provided for all items with the exception of "Old Age" which may be allowed in certain circumstances, most commonly unexplained deaths in Primary Care and if the patient was over 80.

- Durations should have a figure in at least one column, not ticks, and indicate the approximate interval between onset and death.

- None of the form is optional and all parts and questions on both sides should be considered and answered as appropriate.

- Hazards must be entered and should be ticked in the appropriate box, a cross or an N may cause confusion with the possibility of a double negative. Only enter a single hazard for a single implant or other issue. The hazards are important for those who may have to handle the body etc. for embalming or particularly for cremation and the possibility of contamination or explosion. Remember patients may have dangerous implants that are completely unrelated to the cause of death. Failure to complete or to do so incorrectly will require re-issue.

- In the event of a sudden death in any person under 50 which might be an index case for familial cardiomyopathy or dysrhythmia please consider arranging appropriate investigation.

- It is the statutory duty of the doctor, who has “attended” the deceased during the last illness, to issue the MCCD. There is no clear legal definition of “attended”, but it is generally accepted to mean a doctor who has cared for the patient during the illness or condition that led to death and so is familiar with the patient’s medical history, investigations and treatment. The certifying doctor should also have access to relevant medical records and the results of investigations. It is not unlawful to complete a certificate if you have not personally attended the patient but you have to be in a position to certify to the best of your knowledge and belief and willing to be personally accountable having had access to the appropriate records.

- If you cannot issue an MCCD you should contact a colleague who can, or discuss/report to the Procurator Fiscal.

- The extra information box should only be ticked if there is significant information awaited e.g. histology from a tumour that has not yet been identified or a post mortem report.

- National Records of Scotland randomly selects MCCDs for review; this does not indicate you have done anything wrong. If you complete an MCCD that is subsequently selected for review, this does not necessarily mean there is anything of concern, even if changes are requested as a result of the process, this will not necessarily result in any adverse criticism of you as DCRS has adopted an educational and supportive aproach. Reviews are mostly random. DCRS are primarily interested in accurate representation of the cause of death.

Contact us:

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