NHS Education for Scotland

Transcript of 'How to complete a paper-based Medical Certificate of Cause of Death form in Scotland' animation

This video will take you through the process for completing a Medical Certificate of Cause of Death, or MCCD. Before we begin, it's important to remember that there's a person behind every form. An inaccurate MCCD can lead to further upset for people who are bereaved so taking the time to complete the form in the right way can have a major impact. Also, by completing the MCCD accurately, certifying doctors are helping to provide better quality information about causes of death.

Before you start, make sure you've read the relevant guidance from the Scottish Government and the Death Certification Review Service, or DCRS. It's recommended that junior doctors discuss the proposed content of all MCCDs with a senior colleague before completion. This should include whether the MCCD should be reported or discussed with the Procurator Fiscal, or PF. Additional support and guidance for all certifying doctors is available from the telephone advice line run by the DCRS.

Entries are 'to the best of your knowledge and belief.' This means that what you record on the MCCD is your best clinical judgement of the cause of death. Certainty is not required. The MCCD is a two-sided form. Make sure you complete all parts from A to E. Write in capitals, using black ink. Correct spelling is important.

In Part A of the MCCD, enter details of the deceased and the place and time of death. Use the 24-hour clock to record the time. This is the time you think the patient died – and not the time that death was later confirmed. The place of death will be the ward name or number and the name of the hospital. In out-of- hospital deaths, the address or location where the death occurred should be recorded. Enter the Health Board area where the patient died. This might be different to the one they lived in. Most patients living in Scotland will have a Community Health Index, or CHI number. If no CHI number is available, just leave this part blank. Enter the date of birth.

In Part B of the MCCD, enter your details as the certifying doctor. Record the address and phone number of your place of work, rather than any personal contact details. If the patient died in hospital, include the name of the consultant in charge of their care.

Part C of the MCCD is in two parts and is essentially the area where you tell the story of how a patient died.

Part I is where you write the disease or condition directly leading to death, and Part II is where you list other significant conditions which contributed to or accelerated the death but did not directly cause it. The causes must make sense both medically and chronologically. If you use more than one line in part 1, what you enter on a lower line must have led to the condition in the line above. Where the patient had more than one disease or condition that you feel has equally contributed to the primary cause of death then write these on the same line followed by "joint causes of death" in brackets.

In the columns on the right of Part C, enter a figure in at least one column to indicate the approximate interval between onset of the disease or condition and death. Don't use ticks. If the death was due to a sudden event, give the interval as one day. When writing a joint cause of death, state the interval of the first condition identified. In causation, intervals must be provided for all items with the exception of "Old Age" which may be allowed in certain circumstances, most commonly in an unexplained gradual decline leading to death in a patient over 80. Congenital conditions also don't need an interval but add "since birth" to the term. 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'.

In relation to COVID-19 related deaths, "COVID-19 disease" is the preferred term. If the disease is suspected but not confirmed, you can write: "Presumed COVID-19 disease". "Post-COVID-19 syndrome" is the correct term for disease causing symptoms past 12 weeks.

If smoking, alcohol or obesity have significantly contributed to the death for example, they are associated with cancer or cirrhosis, they should be included.

Cancer histology, sites and organisms in infections, including resistance and routes of infection are important and should be entered if known. Metastases are also important and may occur at different times. If they are multiple use the interval from the time metastases were first identified. Don't use the word 'accident'. For example, cerebrovascular accident isn't allowed. Use 'stroke' or a more specific description instead. A stroke should also be recorded as ischaemic or haemorrhagic, with the anatomical area and side affected added if known. You also shouldn't use the term 'natural causes' alone with no specification of any disease as it is not sufficient to allow a death to be registered. Likewise, the term 'organ failure' or 'multi-organ failure' shouldn't be used alone without specifying the disease or condition that led to the organ failure. Don't include any abbreviations except for HIV, AIDS, COVID-19 or SARS-CoV-2, which are permissible.

In Part D of the MCCD, you need to confirm the presence or absence of any potential hazards. Patients may have dangerous implants or infections that are completely unrelated to the cause of death. Information about hazards is important for those who may have to handle the body for embalming or cremation, with the possibility of contamination or explosion.

Part E of the form is divided into five sections. Post mortem examination, Attendance on deceased, Procurator Fiscal, Extra information and Maternal deaths.

Box PM1, PM2, or PM3 should be ticked to indicate the status of any post mortem examination carried out. Issuing the MCCD should not be delayed because PM2 is ticked. This indicates that post mortem information may be available later. The MCCD would not normally be changed based on this. It is the statutory duty of the doctor, who has "attended" the deceased during the last illness, to issue the MCCD. There's 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 or failing that a doctor who can access the patient's medical records and results of investigations.

You should be aware of all of the types of death that must be reported to the PF. Don't tick the 'Procurator Fiscal PF' box if the Procurator Fiscal has been consulted for advice only and, after discussions, it has been agreed that the circumstances of the death in question are not reportable. Such discussion should be recorded in the deceased patient's clinical records. The extra information box should only be ticked if there is significant information awaited, for example, a laboratory result, histology from a tumour that has not yet been identified or a post mortem report.

If there is any information to suggest that the deceased has been pregnant within the year before death, the M1 or M2 box should be ticked as appropriate, regardless of the cause of death. This ensures there is complete recording of maternal deaths nationally, and that pregnancy is always considered as a possible cause of death. Doctors should be aware of the MCCD review processes in Scotland and consider mentioning this to families.

The Registrar for Births, Deaths, and Marriages can't accept an illegible or wrongly completed form. This can lead to the registration of a death being postponed, or even a funeral being delayed.

Certifying doctors must also be equipped to sensitively explain the cause or causes of death to the person receiving the MCCD in a way that is easily understandable.

Accurate completion of an MCCD in a careful and timely manner, and good communication can make a real difference to the experience of those who are bereaved.

This short animated film was produced in May 2022 and can be found at https://www.sad.scot.nhs.uk/atafter-death/death-certification/ or https://vimeo.com/707891717

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk