

2002 Revision of the U.S. Standard Certificate of Death

Alvin T. Onaka, PhD, Chair
State Registrar and Chief
Office of Health Status Monitoring
Hawaii Department of Health

Donna L. Hoyert, PhD, Staff
Mortality Statistics Branch
National Center for Health Statistics

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The Death Subgroup of the Panel to Evaluate the U.S. Standard Certificates and Report was assigned to review the U.S. Standard Certificate of Death, last revised in 1989, and make recommendations to be brought before the Parent Group for consideration. The Death Subgroup members represented the following organizations:

National Association of Medical Examiners	Hawaii Department of Health
College of American Pathologists	Health and Human Services (New Hampshire)
American Hospital Association	Department of Human Resources (Georgia)
National Funeral Directors Association	North Carolina Vital Records
American Medical Association	City of New York Department of Health
University of Utah (Researcher)	

Six staff members from the Division of Vital Statistics, National Center for Health Statistics also attended part of or all Subgroup meetings and provided staff support between meetings.

The Death Subgroup met in conjunction with each of the six meetings of the Panel to Evaluate U.S. Standard Certificates and Report, beginning in January 1998. The subgroup had the following objectives:

1. Review and evaluate the current certificate for usefulness and quality.
2. Identify unmet data needs that are appropriate for the standard certificate, and will still be useful in the future (within the next 5 to 20 years).
3. Review recommendations for content and format.

The subgroup evaluated current and proposed items for the death certificate against the following criteria:

1. Is the item needed for legal purposes?
2. Is the item needed for national, state, or local public health programs or for scientific studies?
3. Can the data be collected with reasonable accuracy and completeness?
4. Is vital statistics the best data source?
5. Is the item needed to respond to ICD-10 requirements?
6. Would the change from paper to electronic death registration raise any issues?

If the data item can be collected from another source with higher quality data, it is preferable to use the alternative data source.

In the course of the six meetings, the subgroup reviewed current death certificate items and more than a hundred suggestions submitted in a survey soliciting comments on the standard certificates or submitted in separate letters. After deciding upon the content of the death certificate, the subgroup also considered recommendations on research, funding, and processing issues.

The Subgroup to evaluate the U.S. Standard Certificate of Death reached a decision about needing multiple pages for the death certificate package (Figure 1), made several semantic

changes to the standard death certificate and reorganized portions of the certificate, as appropriate, to ease the use of this document. Many of the Subgroup's recommendations included changes to section names and/or the addition of checkboxes to existing certificate items to elicit more specific data.

Document Comprised of Three Pages:

1. Medical certifier instructions
2. Death certificate
3. Funeral director instructions

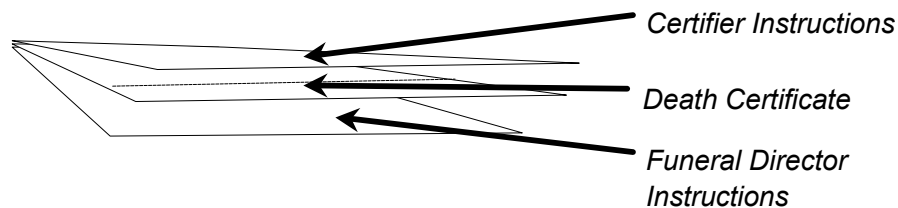


Figure 1

In addition, the Death Subgroup added items to the certificate to address public health concerns and issues associated with ICD-9 and ICD-10 coding. The Subgroup added questions to collect information on tobacco use, on the pregnancy status of female decedents, and on traffic status.

The new questions are shown below with a short description of the rationale for adding these items:

DID TOBACCO USE CONTRIBUTE TO THE DEATH?

- Yes
- Probably
- No
- Unknown

The Subgroup recommended adding this question to the standard because tobacco use is a major public health issue and improved measures of this public health outcome are needed for public health program assessment. Although the death certificate is the best source of population-based data for collecting this information, tobacco use is not well reported as a contributing cause of death. This question is a prompt to help eliminate underreporting, and will be treated as if tobacco use was an entry in Part II of the cause-of-death section.

The question format uses existing questions from the Utah and Oregon death certificates as a model. The panel felt that analyses of existing questions on death certificates indicated that physicians are willing to respond to direct questions about tobacco use contributing to death, and that a separate question elicits substantial response over and above the information usually collected on cause of death.

IF FEMALE:

- Not pregnant within past year
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant 43 days to 1 year before death
- Pregnant at time of death
- Unknown if pregnant within the past year

The Subgroup recommended the addition of this item because this is an important public health issue, and there is a need to standardize the way this item is collected. Studies indicate that when this item is asked separately, the collection of data is improved. The American College of Obstetrics and Gynecology (ACOG) and the Division of Reproductive Health, CDC, strongly support this item. The World Health Organization suggested that this item be considered as part of ICD-10. This information is used to identify the cause of death and will help identify maternal deaths. It is useful for linkage/genealogical purposes, registration/certification processing, and research. The death certificate is the best source of population-based data for collecting this information.

IF TRANSPORTATION ACCIDENT, SPECIFY:

- 9** Driver/Operator
- 9** Passenger
- 9** Pedestrian
- 9** Other (Specify)_____

The Subgroup recommended the addition of this item to facilitate ICD-10 cause-of-death coding, which places much greater emphasis on traffic status than does ICD-9. The death certificate is the best source to collect this information.

The subgroup discussed the value of having a separate pronouncer section on the death certificate at length. The pronouncer section is intended to accommodate a specific situation in which the death occurs in a hospital or other institution and the attending physician is not available to

complete the cause of death section and the institution will not release the body without a signature. Although many states have not used this item, the subgroup decided to retain a separate pronouncer section because States with the item have found that it can improve cause-of-death data.

Other major decisions included the addition of a statistical section to the certificate that includes the occupation, business/industry, Hispanic origin, race, and education items. This section is located at the bottom of the certificate and may be detached before issuing certified copies. The rationale is that this information will be more accurate if the respondent knows that it will not be on the certified copy.

Finally, the additional pages shown in Figure 1 contain instructions. The first page in the death certificate package has instructions for the certifying physician, medical examiner, or coroner including:

- more detailed instructions to improve cause-of-death data
- provide detail required in ICD-10 coding and injury classification

The last page in the package has instructions for the funeral director including more detailed instructions and definitions on:

- residence of decedent
- race, Hispanic origin, and education
- occupation and industry

On an electronic death certificate, these instructions for funeral directors and physicians can be included in help screens, pick lists, drop down menus, and hidden screens.