

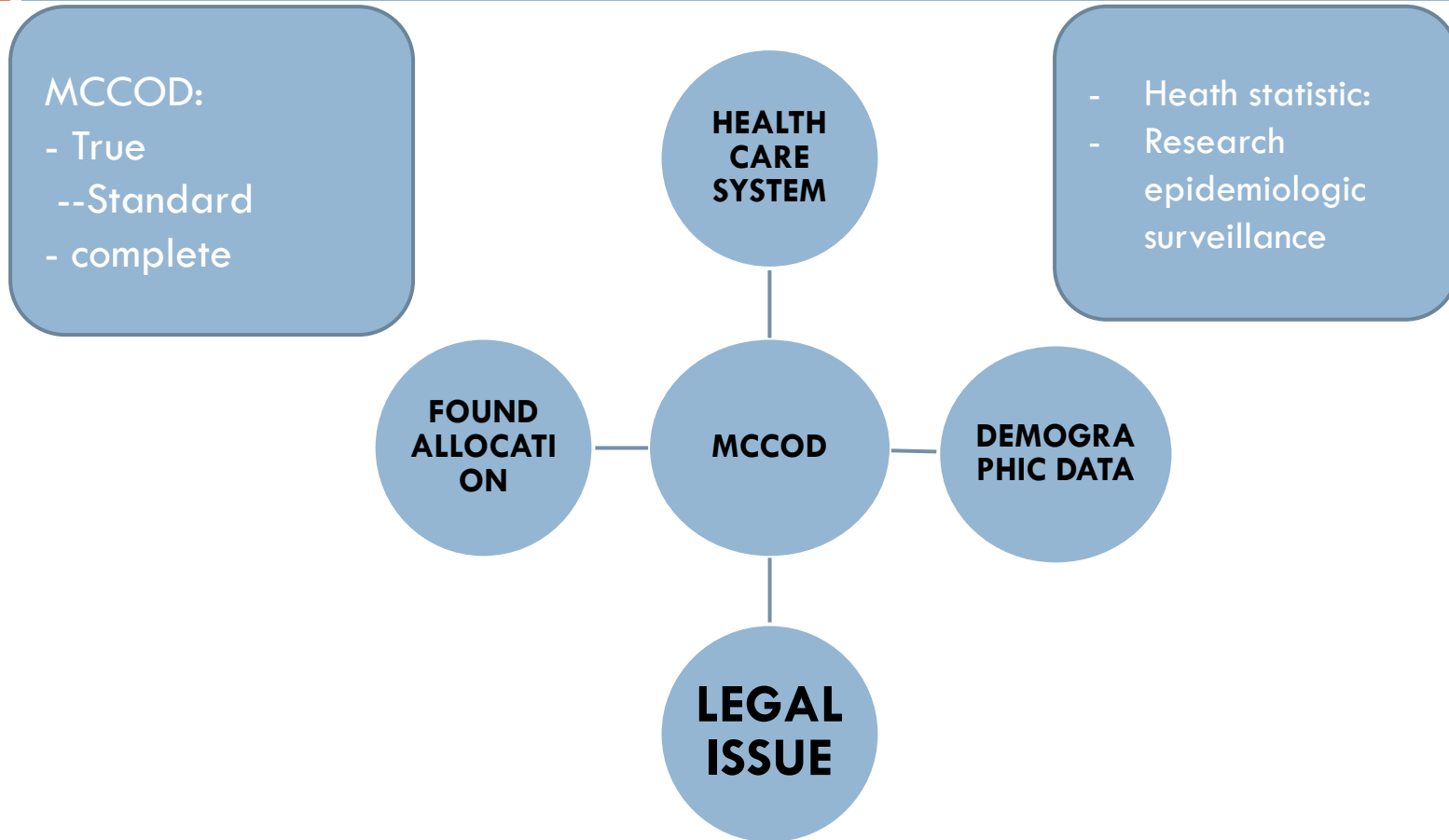
MEDICAL CERTIFICATE OF CAUSE OF DEATH MCCOD

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Disclaimer

- This is a compilation from National material for new MCCOD training

Why is it Important to certify the cause of death (*Importance of Standard form of MCCOD*)



Why do we care about cause of death information:



- Cause of death information at a population level helps public health practitioners identify health priorities for planning
 - If we know what most people are dying from, we can develop public health policies accordingly and direct resources such as funding toward these diseases
 - This information also helps us evaluate health interventions and whether they have succeeded in reducing deaths due to specific causes
 - This information helps us track our progress toward achieving Sustainable Development Goals
- Provides trend data on overall mortality patterns
 - Supports ongoing population health surveillance, including emergence of new epidemics among other things
 - Helps identify health research priorities

What required conditions to a Certifier?

In order to deliver a useful and meaningful death certificate, a death certifier may:

- ❑ Be a physician with medical background or a trained medical professional.
- ❑ Have knowledge of medical science: **A good Clinician** (anatomy, physiology...)
- ❑ Have knowledge of specific fields or aspects of certification of causes of death (good clinicians in his specific field)
- ❑ Have knowledge in legal medicine
- ❑ Have knowledge in ethical issues regarding on death circumstances
- ❑ Keep in mind the use of International Codification of Disease (ICD) E.g . ICD-10_ Vol 1,2 ,3

Procedures for selection of cause of death and Underlying cause of death

□ Definitions:

- ✓ Cause of death: **cause or condition leading directly to death**
- ✓ It is not the mode of dying, is not a symptom but a disease. (**ONLY ONE CAUSE**)
- ✓ **Underlying condition:** is starting condition or disease or circumstance which **significantly contribute** to the leading condition of death. This underlying condition is causally related to the cause of death

Procedures for selection of cause of death and Underlying cause of death

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death *</i>	(a) due to (or as a consequence of)
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	{ (b) due to (or as a consequence of)
		(c)
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	{
	
<p>* This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		



RWANDA MEDICAL CERTIFICATE OF CAUSE OF DEATH

Health Facility:.....Name of the deceased.....

NIN:.....Nationality:.....Residence: District.....Sector.....

Cell.....Village.....Marital status:.....Date of Birth:.....Sex.....

Place of Death:.....Date of Death:.....Time of Death.....p.m/a.m

Frame A: Medical data: Part 1 and 2

1		Cause of death	Time interval from onset to death
Report disease or condition directly leading to death on line a	a		
Report chain of events 'due to' (b to d) in order (if applicable)	b	Due to:	
	c	Due to:	
State the underlying cause on the lowest used line	d	Due to:	
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)			

Frame B: Other medical data

Was surgery performed within the last 4 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes please specify date of surgery	D	D	M M Y Y Y Y
If yes please specify reason for surgery (disease or condition)			
Was an autopsy requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes were the findings used in the certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Manner of death:

N°.....

INYANDIKO MPINE Y'UWAPFUYE/ DEATH CERTIFICATE/ ATTESTATION DE DECES

N°.....

Itariki y'urupfu/ Date of death / Date de décès :/...../.....

Jyewe/ I / Moi : Umuganga wemewe na leta

ku bitaro / Medical doctor of /Médecin du Gouvernement à l' Hôpital

de...../.....Ndemeza urupfu rwa / Certify the death of/ Atteste le
décès de:.....

Igitsina/ Sex /Sexe :

Itariki yavukiyeho/ Date of birth/ Date de naissance :/...../.....

Irangamimerere ye/ Marital status/ Status matrimonial:

Nomero y'ibyamuranga/ Identity Card, Passport number/ Numéro de la Carte d'identité, du Passeport:

Ubwenegihugu / Nationality/ Nationalité

Icyateye urupfu/ Cause of death /Cause de décès:.....

Aho yari atuye/ Place of domicile / Domicile : Akarere, Umurenge, Akagari, Umudugudu/ District, Sector, Cell,
Village /District, Secteur, Cellule, Village:/.....

Umenyekanishije/ Declarant/ Déclarant:

Nomero y'ibimuranga/ Identity Card, Passport number/ Numéro de la Carte d'identité, du Passeport:

Isano bafitanye/ Relationship/ Lien de parenté:

.....

Umukono na kashe by'Umuganga/
Signature and stamp of the Medical doctor/ Signature et cachet du Médecin



EXERCISE



Case I

- 50F,
- Two years ago: nodule in left breast
- Med exam: increased size of breast, nipple retraction. Axillary nodes ++
- Surgery in one month: malignant neoplasm of breast with metastases
- Four months after: nodal liver, jaundice, ascites
- Died in unconsciousness of two days

Case II

- 19F,
- 20 weeks of gestation
- Fever : 39-40 Degrees, unconsciousness, admitted at hospital
- Anuria
- Family history found anorexia, headache and vomiting from one week back putted on pregnancy side effect
- She died as soon as she reached the emergency ward
- => Cause of death certificate

Case III

- ❑ 72M,
- ❑ Ten months ago the patient was operated on for cancer in the upper part of the stomach (verified histopathologically)
- ❑ He subsequently presented pulmonary metastases and his clinical condition deteriorated progressively
- ❑ One week before death he presented bronchopneumonia
- ❑ The patient was hypertensive for many years and 3 months before death had a stroke, remaining hemiplegic