

Medical Certification of Cause of Death (COD) should, at all times, be your **BEST MEDICAL OPINION**.

If your best medical opinion does not permit you to document the required detail outlined on this guide, please identify this by documenting the required detail as **UNKNOWN**.

## QUICK REFERENCE CERTIFICATION GUIDE - MALIGNANT NEOPLASMS

Clearly identify the malignancy, morphology, exact site and behaviour of all neoplasms.

- Tumor / Growth** - Identify site and as benign, malignant primary, malignant secondary or unknown behaviour.  
**Neoplasm** - Identify the morphology, malignancy, site and behaviour.  
**Metastatic** - Identify whether metastatic **TO** (Secondary) or metastatic **FROM** (Primary).  
**Secondary** - Identify primary site **or** document Primary as Unknown.

### HOW SPECIFIC SHOULD YOUR RECORDING OF NEOPLASM SITES BE ?

If the site of any primary neoplasm is unknown, "**Primary unknown**" **MUST be documented** on the Medical Certificate of Cause of Death.

The principle of site specificity, and primary unknown, applies to all malignant neoplasms, not just those listed below. The primary neoplasm sites listed below require one of the subset qualifying terms, to provide necessary detail for identification of the underlying cause of death and to avoid queries from ABS staff for more specific information at a later date.

Site of Primary Neoplasm	Please be more specific if you are able. (eg. Primary carcinoma of inner aspect lower lip)			
<b>Lip</b>	<b>Mouth</b>	<b>Pharynx</b>	<b>Oral</b>	<b>Skin</b>
lower	cheek (mucosa)	nasopharynx	tongue	vulva
upper	vestibule	hypopharynx	salivary gland	vagina
commissure	retro molar	oropharynx	palate	penis
skin of lip	overlapping	tonsil	gum	scrotum
overlapping	unknown	pyriform sinus	overlapping	melanoma (by site)
unknown		overlapping	unknown	other specified type (by site)
		unknown		unknown
<b>Liver</b>	<b>Intestine</b>	<b>Uterus</b>	<b>Endocrine Gland</b>	<b>Adrenal Gland</b>
sarcoma	large (colon)	cervix uteri	parathyroid	medulla
angiosarcoma	small	corpus uteri	pituitary	cortex
hepatoblastoma	colon with rectum	ligament	craniopharyngeal	unknown
hepatocellular	unknown	overlapping	pineal	
intrahepatic duct		unknown	aortic body	
unknown			pluriglandular	
			unknown	
<b>Respiratory</b>	<b>CNS</b>	<b>Female Genitalia</b>	<b>Urinary Organs</b>	
nasal cavity	meninges	ovary	kidney	
middle ear	brain	adnexa	ureter	
accessory sinuses	"specific" lobe	placenta	bladder	
mediastinum	"specific" ventricle	uterine ligament	urethra	
trachea	brain stem	broad ligament	paraurethral gland	
thymus	cranial nerve	round ligament	overlapping	
bronchus	spinal cord	parametrium	unknown	
larynx	cauda equina	fallopian tube		
overlapping	overlapping	overlapping		
unknown	unknown	unknown		

## QUICK REFERENCE CERTIFICATION GUIDE - ACCIDENTAL DEATH

All deaths due to violence or unnatural causes should be referred to the Coroner. Death due to a complication of surgery, a procedure or fractured neck of femur in the elderly may require referral to the Coroner. If you are in any doubt as to whether a death should be reported to the Coroner, contact the Coroner's Office in your State or Territory for further advice.

### Deaths from complications of fractured neck of femur in the elderly

Depending on differing legal requirements between the States and Territories notifications of these deaths to the coroner may be unnecessary when the injury occurs as the result of a fall at home in the following circumstances:

- \* If the fracture has occurred due to fragility of the bone caused by osteoporosis.
- \* When the fall is contributed to by the general condition of the patient, (eg. loss of agility, slow reflexes, poor balance or deteriorated vision).

The fall and consequent injury may therefore be considered as a feature of the patient's general frailty. Each case should be carefully considered and **the coroner notified or consulted in cases of doubt**.

## QUICK REFERENCE GUIDE - COMPLETING THE MEDICAL CERTIFICATE OF CAUSE OF DEATH (COD)

### Part One of the Certificate:

Direct cause of death Line **1a** The direct cause of death  
 Antecedent causes Line **1b** The cause of Line 1a  
 Line **1c** The cause of Line 1b  
 Line **1d** The cause of Line 1c

### Example of Completed Medical Certificate of COD

<b>Part 1a</b>	<b>Klebsiella pneumonia</b>	<b>1 week</b>
<b>1b</b>	<b>Inactivity</b>	<b>2 months</b>
<b>1c</b>	<b>Cerebral Infarction</b>	<b>2 months</b>
<b>1d</b>	<b>Arteriosclerosis</b>	<b>years</b>

### Part Two of the Certificate:

Other significant conditions contributing to death but not related to the disease or condition causing it.

<b>Part II</b>	<b>Ischaemic Heart Disease</b>	<b>10 years</b>
	<b>Alcoholism and Smoking</b>	<b>20 years</b>

Where two independent diseases have contributed equally to the fatal sequence they may be entered on the same line.

**Duration between onset and death:** Enter the duration of time, between onset of each condition and the date of death.

Note: The shortest duration should be on Line 1a and increase sequentially to the last entry in part one. See the example above.

**If you have any questions regarding Cause of Death Certification Freecall the ABS on 1800 620 963**

## QUICK REFERENCE CERTIFICATION GUIDE - GENERAL CONDITIONS AND DISEASES

**Please provide the required detail for the conditions and diseases listed below.**

Where your best medical opinion does not permit you to state the required detail, please document this detail as **UNKNOWN**.

**Note: This principle applies to ALL conditions and diseases that are documented on the Medical Certificate of Cause of Death, not only those listed below and overleaf. For information on the required detail for other conditions, not listed on this guide, refer to the booklet "Cause of Death Certification Australia" pages 18 - 23.**

<b>Pneumonia</b>	Primary, hypostatic or aspiration. Cause of any underlying condition. Causative organism. <b>If due to inactivity/debility</b> - condition leading to inactivity/debility	<b>Infarction</b>	Arteriosclerotic or thrombotic <b>If thrombotic</b> - see Thrombosis below.
<b>Infection</b>	Primary or secondary Causative organism <b>If primary</b> - bacterial or viral <b>If secondary</b> - details of primary infection	<b>Thrombosis</b>	<b>If arterial</b> - specific artery <b>If intra cranial sinus</b> - pyogenic, non-pyogenic, late effect, post-abortive, puerperal, venous (specific vein). <b>If post-op or due to immobility</b> - condition necessitating surgery or immobility. <b>If venous</b> - specific vein.
<b>UTI</b>	Site within urinary tract Causative organism Underlying cause <b>If due to inactivity/debility</b> - condition leading to inactivity.	<b>Pulmonary Embolism</b>	<b>If under 75 years of age</b> - underlying cause <b>If postoperative</b> - condition requiring surgery
<b>Renal Failure</b>	Acute, chronic or end stage, Underlying cause. eg hypertension, arteriosclerosis, pregnancy or heart disease. <b>If due to immobility</b> - condition leading to inactivity/debility.	<b>Cardiac Arrest</b>	Underlying cause
<b>Hepatitis</b>	Acute or chronic Due to alcohol Of new born Of pregnancy, childbirth, puerperium <b>If viral</b> - type (A,B,C,D OR E)	<b>Septicaemia</b>	Site of original infection Underlying cause and organism.
<b>Pregnancy</b>	<b>If pregnant at time of death or within 42 days of delivery</b> - document pregnancy on certificate even if unrelated to COD.	<b>Leukaemia</b>	Acute, sub acute or chronic Type - lymphatic, myeloid or monocytic.
		<b>Alcohol/Drugs</b>	Harmful use or addiction.
		<b>Complication Of Surgery</b>	Condition requiring surgery.
		<b>Dementia</b>	Cause (senile, Alzheimer's, multi-infarct etc)
		<b>Accidental Death</b>	Circumstances surrounding the death. Accidental, suicidal, homicidal or undetermined intent. Place of occurrence & Activity at time of death

**If ANY of the detail requested above is UNKNOWN, please, document this on the certificate.**