



# Certifying Death at Home

## Completing the Circle of Life

BY STUART FOXMAN

Last year, the College hosted a forum of experts in the end-of-life care field. We asked them what needed to change to meaningfully improve the last months, weeks and days of patients' lives.

The experts describe a current environment where assumptions and misunderstandings – between physician and patient, among specialists and within families – replace informed discussion.

Given that lack of communication appears to be one of the biggest barriers to optimal end-of-life care, we have launched a conversation. What is optimal care and what can be done to achieve it?

This is the fourth of a five part series that brings you the views of experts in palliative and end-of-life care, as well as lessons learned from patients' experiences.

We have also taken the conversation online. Please visit us at [www.cpso.on.ca/endoflife](http://www.cpso.on.ca/endoflife) and share your thoughts and experiences.



In 2003, Joy Jolie's mother, Claudette, and her sister, Lynne, were diagnosed with breast cancer in the same month. The next year, Claudette, who had suffered from other illnesses for about a decade, was clearly at a crossroads. "She was in great pain, and decided to allow the cancer to progress," says Ms. Jolie.

Claudette preferred to spend her final days at home, in Milton. Her family doctor, who was also Lynne's doctor, made several visits to the home. The doctor made it clear that when Claudette passed away, Joy and Lynne were to call her.

"My sister and I were changing her bed clothes," says Ms. Jolie. "It was 8 or 9 at night. Then she took her last breath. We called the doctor, and she was there within a half hour. She had travelled this journey with us since day one, and with my sister being sick as well she knew how difficult this was for our family. She was so comforting, and said all the right things."

The time of death and the moments after are "a sacred process of transition," says Ms. Jolie. Having her mother's family doctor be part of that, she said, is something that she will never forget.

For patients facing an illness that's likely to take their life and who wish to die at home, physicians



play an essential role. This includes talking to patients and their family members about the progress of the condition, palliative care measures, and the logistics when someone dies at home, including who should be notified.

But physicians may also be responsible for certifying death when it occurs at home. Their role in the certification of death at home is the ►►

## Join the conversation

We want to hear from you about your opinions, your experiences.

- Do you believe that your presence, in your patients' home at time of death, provides comfort to bereaved family members?
- How do you feel about your role in certification of death at home? Is it an obligation? An honour? Or both?

Join the conversation and let us know what you think:

[www.cpso.on.ca/endoflife](http://www.cpso.on.ca/endoflife)



focus of this fourth in a five-part *Dialogue* series on end-of-life care.

### Comfort for family members

Like Joy Jolie, Philip Edwards says that the presence of the family doctor was comforting when his partner, Ron, died of AIDS in 1995. The death was expected, as Ron had been in rapidly declining health, and required home nursing for the last several weeks. When Ron passed, the family doctor arrived quickly. "He was very supportive. It was a friendly face, someone who knew us," says Mr. Edwards.

If the doctor had been busy and unavailable, Mr. Edwards says he would have understood. But he recognizes why family members might feel disappointment if a physician doesn't at least send a colleague, who has access to the medical record, in their place.

That's how Diane Arthur felt after her longtime partner died at their home. He had COPD, and Ms. Arthur was doing a lot of the palliative care, with the help of a personal support worker and nurse.

In the final months of the illness, the doctor had no contact with the couple. Still, the nurse did call the doctor right after the death. The doctor provided some direction by phone, but didn't come to the home herself. "I thought it was a pretty poor show," says Ms. Arthur. Ms. Arthur understands that some family doctors might find attending a death at home to be hard or uncomfortable. Yet, she hopes these physicians come to recognize what their presence can mean for moral support.

Dr. Stephen Wetmore, a former President of the Ontario College of Family Physicians, concurs: "It provides comfort to family members to see a physician they know and trust to complete this service for their loved one."

Dr. Preston Zuliani, a family physician from St. Catharines and a College Council member, says "Family physicians have certain privileges and certain obligations. Comforting a family at a home death is both."

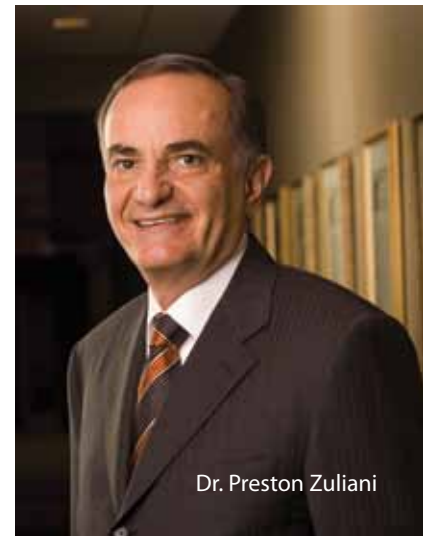
### Expected and unexpected deaths

How can you meet that obligation? When planning to care for a patient who wishes to die at home, physicians should address this question: Are you prepared to undertake to certify death in the home, and to arrange for another qualified person to do so when you're unavailable?

When death of the patient at home is the expected outcome, the persons responsible for signing the medical certificate of death should be designated in advance. Not only will this provide clarity amongst the health-care professionals and home

care staff, but it will be reassuring for the family as well.

Additionally, caregivers of dying patients need to know what to do when the patient is facing imminent death, or has just died. Physicians should educate and prepare families for what to expect. The families should know whom to call and when. In particular, explain that emergency services, once called, could use resuscitative measures and transfer the patient to the hospital, regardless of the patient's wishes.



Dr. Preston Zuliani

"It is important to instruct the family not to call 911, but to call their family doctor," said Dr. Zuliani. "I always leave my home number, my cell number and a number for them to reach a colleague who is doing back up for me, if necessary."

If a plan is not made or the death occurs more suddenly outside of a palliative setting, then, typically family members call 911. Ambulance, police or fire respond, and then, frequently, the coroner is called, although at times the family

doctor will be directly contacted by first responders. If the coroner is called, he or she will listen to the details. While many deaths outside of health-care facilities are perceived as sudden and unexpected by family members or first responders, careful scrutiny by the coroner will often result in the determination that the death does not meet the criteria for investigation outlined in the *Coroners Act*. For instance, if the death appears to have flowed logically from a natural disease process, such as a witnessed collapse in a person with known coronary artery disease, then the coroner has no reason to become involved. The coroner will leave it to a family doctor to handle the death certificate.

### Who certifies death?

The *Vital Statistics Act* states that “Any legally qualified medical practitioner who has been in attendance during the last illness of a deceased person, or who has sufficient knowledge of the last illness, shall ... complete and sign a medical certificate of death.” Moreover, the *Act* outlines the circumstances in which a nurse practitioner can also certify death at home (see sidebar, next page).

While most family physicians do sign the medical certificates of death in Ontario, some may feel uncomfortable with this task, uncertain of their responsibilities, or misunderstand the role of the coroner. This seems to be especially so when deaths occur at home.

Coroners are responsible for investigating deaths that appear to be from non-natural causes, i.e., including but not limited to possible homi-

cides, suicides, accidents. They also investigate some natural deaths, such as those that happen suddenly and unexpectedly.

If the death was an expected death, but there was no primary care practitioner involved or their practice is not within reasonable proximity, the Investigating coroner will also accept the case.

However, Dr. Wetmore says coroners are not an appropriate default for death certification and should not be relied upon to certify natural deaths.

In 2011, coroners intervened in 2,000 home deaths that didn't meet the legal test for investigation. Why? Because the patients' physicians were unreachable or refused to attend.

As a coroner in London, Dr. Wetmore has experienced this for himself. Often he has called a family doctor to share news that one of their patients has died at home, of natural causes.

“I'll explain the details, and ask them to certify the death,” says Dr. Wetmore, Chair, Department of Family Medicine, Schulich School of Medicine and Dentistry. But, he says, many physicians resist, perceiving it as the sole domain of the coroner.

### More education

Dr. Wetmore suggests that some of the misunderstanding family physicians have about their responsibility to certify death stems from the fact that the topic receives scant attention in medical school, family medicine training or continuing medical education.

Dr. Frank Martino, current presi- ►►

## COMPLETING THE CERTIFICATE

- If a coroner has already reviewed the case and determined that it's not a reportable death under the *Coroners Act*, the family doctor can attend the death of a patient at home and complete the death certificate.
- Keep blank death certificates in your car and your office to ensure that you are prepared. For copies of death certificates, contact the Office of the Registrar General: 1-800-461-2156.
- If you are unsure about your skills in certification of death, contact the regional supervising coroner for your area to possibly arrange an educational session for a group of practitioners.
- Fill out and sign a medical certificate of death in the prescribed form, stating the cause of death according to the classification of diseases adopted by reference in the regulations. Ensure that the certificate is forwarded to the funeral home. Alternatively, you can complete the certificate at the funeral home.
- If you have genuine concerns about the cause of death, and feel that a coroner's investigation may be required, discuss the matter with the on-call coroner, and if necessary the Regional Supervising Coroner 1-855-299-4100, 416-314-4100.

**When can nurse practitioners certify death?**

The provincial *Vital Statistics Act* gives NPs the authority to complete a Medical Certificate of Death in specific circumstances. NPs can complete a Medical Certificate of Death of the deceased when during the last illness of the deceased:

- the NP had primary responsibility for the deceased’s care,
- the death was expected,
- a documented medical diagnosis of a terminal disease had been made by a medical practitioner,
- there was a predictable pattern of decline, and
- no unexpected events or complications arose.

dent of the Ontario College of Family Physicians, acknowledges that training in this area is insufficient. He says that overall family doctors don’t get enough background in palliative care. That should be mandatory, not an elective. For that reason, the College of Family Physicians is partnering with Cancer Care Ontario to develop an EOL care program.

For family doctors, EOL care and attention is simply part of “sustaining the relationship,” said Dr. Martino. “Now we need to do a better job of transitions, and providing family doctors with those skills,” he said.

Recent efforts have been made to

make the certification of death easier and more convenient for families, their physicians and the first responders. The requirement of a signed death certificate to transfer the deceased to a funeral home has, in the past, created chaos and disruption. Emergency medical service personnel or police, unable to reach a family physician in a timely manner to complete the medical certificate of death, were forced to wait at the scene until the doctor showed up. Prolonged scene attendance not only tied up the availability of EMS personnel and police to respond to other calls, but it caused additional anxiety to the family, as the transfer of the deceased from the death scene was also delayed.


“We wanted to make things right, to make things less disruptive, for everybody, the families, the paramedics, the police and the family doctors,” said Dr. Dirk Huyer, Interim Chief Coroner for Ontario.

Since January 2011, an agreement between the Coroner’s Office and the Ontario Funeral Home Association allows the coroner to direct transfer of the deceased to a funeral home of the family’s choice prior to certification. The Coroner’s expectation, then, is that the family doctor will attend at the funeral home within 24 hours to sign the medical certificate of death.

**Lost opportunity**

When family physicians do not certify death, there is a missed opportunity for physicians to provide comfort to families, something they very much value and appreciate. Because coroners are forensic investigators, not treating physicians, they are not in the best position to provide the kind of support that family members might need.

As Dr. Zuliani points out, the system and families benefit from this role. But so does the doctor, with the chance to be with the family and provide a sense of closure in that relationship.

“On any occasion that I certify a home death, it will always be the most important thing I have done that day and also the most rewarding,” said Dr. Zuliani. “It is a privilege and honour that we should all take very seriously.” 

RESOURCES

“Improving the accuracy of death certification”, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1229326/>.

“A duty to certify death - Helping family doctors meet their responsibilities”, *Can Fam Physician*. 2007 June; 53(6): 977-978, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1949191/>.

“Handbook on Medical Certification of Death”, <http://www.publications.serviceontario.ca/ecom-links/016600.pdf>.

Participate in our online conversation about certification of death at home

[www.cpsso.on.ca/endoflife](http://www.cpsso.on.ca/endoflife)

