



STATE MEDICAL BOARD OF OHIO – POLICY STATEMENT
Regarding the Signing of Death Certificates by the Attending Physician

June 10, 2020

This statement should not be construed as new policy; rather it is an attempt to clarify existing law. Such clarification is intended for the benefit of practitioners and the public as a way to promote better understanding of the laws governing the practice of medicine and regulating the signing of death certificates.

The State Medical Board of Ohio has received numerous inquiries concerning the signing of death certificates by attending physicians. This document clarifies the meaning of “attending physician” for purposes of determining who must sign a death certificate for a person who died under natural circumstances.¹

Pursuant to Section 3705.16(C), Ohio Revised Code (see <http://codes.ohio.gov/orc/3705.16v1>), when an individual dies under natural causes the attending physician is to sign the death certificate within forty-eight hours after the death. The language of Section 3705.16(C), Ohio Revised Code, is as follows:

The funeral director or other person in charge of the final disposition of the remains shall present the death or fetal death certificate to the attending physician of the decedent, the coroner, or the medical examiner, as appropriate for certification of the cause of death. A physician other than the coroner in the county in which a death or fetal death occurs, or a deputy coroner, medical examiner, or deputy medical examiner serving in an equivalent capacity, may certify only those deaths that occur under natural circumstances.

The medical certificate of death shall be completed and signed by the physician who attended the decedent or by the coroner or medical examiner, as appropriate, within forty-eight hours after the death or fetal death. ...

(Emphasis added to facilitate understanding)

Both “physician” and “attending physician” are defined in Section 3705.01, Ohio Revised Code (see <http://codes.ohio.gov/orc/3705.01v1>) as follows:

(D) “Physician” means a person licensed pursuant to Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(E) “Attending physician” means the physician in charge of the patient’s care for the illness or condition that resulted in death.

By signing a death certificate, the physician is giving a medical opinion as to the cause of death, which is the final act of caring for the patient.² While the attending physician is the physician who was in charge of the patient's care for the illness or condition that resulted in death, there is no requirement that the attending physician be present at the death. The attending physician is expected to use medical training, knowledge of medicine, available medical history, symptoms, diagnostic tests, and/or autopsy results to render an opinion on the cause of death.³ "Physicians' Handbook on Medical Certification of Death," U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, is available at https://www.cdc.gov/nchs/data/misc/hb_cod.pdf

FREQUENTLY ASKED QUESTIONS

1. May a physician in a graduate medical education program sign a death certificate?

- a. No, if the physician holds a training certificate.
- b. Yes, if the physician is a fully licensed Ohio physician.

The physician who holds a training certificate is only authorized to render care under the supervision of an attending physician as part of a training program.⁴ In contrast, the attending physician is a fully licensed physician. Although the training certificate holder renders medical care directly to a patient, the attending physician is responsible for the patient and in charge of the patient's care. In name and practice, the physician supervising the training certificate holder is the attending physician. Accordingly, upon the death of the patient, the training certificate holder is not the physician in charge of the patient's care for the illness or condition that resulted in death and is not the appropriate physician to sign the death certificate.

2. Who is the attending physician for a patient in a long-term care facility?

The attending physician for a patient in a long-term care facility may vary according to arrangements. The physician who provided medical care to the patient before admission to the facility may continue as the patient's physician of record. In contrast, the patient's care may have been transferred to the facility's medical director. Whatever the wishes of the patient or guardian and physician, the records maintained by the facility should clearly indicate the name and contact information of the patient's attending physician.

A physician who has been serving as the attending physician for a patient in a long-term care facility who wishes to terminate the physician/patient relationship must comply with Rule 4731-27-01(A), Ohio Administrative Code. The requirements include written notice sent by certified mail to the patient or guardian stating that the relationship is terminated, although emergency treatment and access to services will be provided for up to 30 days. The facility should also be notified of the termination of the physician/patient relationship so that accurate information will be on file.

3. What happens in the event the attending physician has not recently seen the decedent?

By signing a death certificate, the physician is giving a medical opinion as to the cause of death, which is the final act of caring for the patient. An attending physician who has not seen the patient for a period of time should apply medical training, knowledge of medicine, available medical history, symptoms, diagnostic tests and/or autopsy results to render a medical opinion on the cause of death; qualify the etiology by use of words such as "probable" or "presumed" or,

as a last resort, state the cause of death as “unknown,” “undetermined,” or “unspecified.”⁵ Information on completing the cause of death portion of the death certificate for Covid19 may be obtained from the Centers for Disease Control and Prevention at:

<https://www.cdc.gov/nchs/covid19/coding-and-reporting.htm>

Endnotes:

¹ The county coroner must be called when any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, when any person, including a child under two years of age, dies suddenly when in apparent good health, or when any mentally retarded person or developmentally disabled person dies regardless of the circumstances. See Section 313.12, Ohio Revised Code.

² “Physicians’ Handbook on Medical Certification of Death”, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, pages 4-5.

³ Ibid, page 7.

⁴ Section 4731.291(C), ORC, provides: The holder of a valid training certificate shall be entitled to perform such acts as may be prescribed by or incidental to the holder's internship, residency, or clinical fellowship program, but the holder shall not be entitled otherwise to engage in the practice of medicine and surgery or osteopathic medicine and surgery in this state. The holder shall limit activities under the certificate to the programs of the hospitals or facilities for which the training certificate is issued. The holder shall train only under the supervision of the physicians responsible for supervision as part of the internship, residency, or clinical fellowship program. A training certificate may be revoked by the board upon proof, satisfactory to the board, that the holder thereof has engaged in practice in this state outside the scope of the internship, residency, or clinical fellowship program for which the training certificate has been issued, or upon proof, satisfactory to the board, that the holder thereof has engaged in unethical conduct or that there are grounds for action against the holder under section 4731.22 of the Revised Code...

⁵ “Physicians’ Handbook on Medical Certification of Death”, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2003 Revision, page 33.

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