



MIAMI-DADE COUNTY  
MEDICAL EXAMINER DEPARTMENT  
Number One on Bob Hope Road  
(1851 N.W. 10th Avenue)  
Miami, FL 33136  
Phone (305) 545-2400



## Attention: Hospital Administrators

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Chapter 406.11 of the Florida Statutes (see website: [www.flsenate.gov/statutes](http://www.flsenate.gov/statutes)) requires certain deaths to be brought to the attention of the Medical Examiner. For the most part, these include violent deaths, trauma cases, burns and deaths occurring suddenly while the patient is in apparent good health. In a hospital setting, however, there is sometimes confusion regarding certain deaths. We have found some categories particularly troublesome and offer the following guidelines for both the administrative and medical staff.

### **PHYSICIAN'S RESPONSIBILITY IN DEATH CERTIFICATION**

Attending physicians may certify only non-Medical Examiner natural death cases. Medical attendance is defined as death occurring less than 30 days after last treatment or death that was medically expected by the physician if seen longer than 30 days previous.

The attending physician shall list the cause of death in the following manner:

**Mechanism of Death:** This is the physiologic disturbance that is incompatible with life which was the result of the underlying disease. Examples are "bronchopneumonia," "hemorrhage," "embolism," "myocardial infarction," etc. It must be due to the underlying cause.

**Underlying Cause:** This is the disease or injury which initiates the lethal train of events, however brief or prolonged. In law this is the "proximate cause". For vital statistics ICDA coding purposes, the underlying cause is what should be coded. The mechanism of death must be considered only as a fatal complication of the underlying disease. For example, "coronary atherosclerosis" is an underlying disease. Only when it causes a significant physiologic disturbance such as myocardial infarction, ventricular fibrillation (a fatal heart rhythm disturbance) or congestive failure does death occur.

If the attending physician has properly completed the certificate and the cause of death is not of the type to be reported to the Medical Examiner, the certificate may be accepted by the funeral director of the family's choice. Otherwise, the Medical Examiner **must** be notified. Additional death certification information can be found on the National Center for Health Statistics ([www.cdc.gov/nchs](http://www.cdc.gov/nchs)).

### **PHYSICIAN RESPONSIBILITY FOR DEATH REPORTING**

Deaths falling within the categories outlined in Florida Statute 406.11 must be reported to the Medical Examiner at (305) 545-2400. This number is answered 24 hours a day, seven days a week, including holidays. After normal business hours (5:30 p.m.), the number is answered by Miami-Dade

police dispatchers who will assist you in contacting our Forensic Evidence Recovery Technicians (FERT). Our FERT can put you in contact with the on-call medical examiner if necessary.

In deciding whether or not a case falls within the categories outlined in Florida Statute 406.11, one must also consider the background of the deceased, the age of the deceased, words to be used in the cause of death, the length of treatment by the doctor, the potential indication of trauma or injury when completing the death certificate and finally what will happen to the remains of the deceased after the funeral. In each of these considerations there may be a reason that requires you to report the death.

**Background:**

The background of the deceased is important. A notorious person or one whose death might engender financial, political or social gain to another should be looked at quite closely. The least question or suspicion on your part should cause you to report the case.

**Age:**

A young person's death is unusual. It is often from a cause which requires reporting to the Medical Examiner. These cases should be considered with care.

**Words:**

The following is a list of words used by doctors which should signal that the death might come under the jurisdiction of the Medical Examiner. Some terms commonly overlooked have been capitalized and made bold for emphasis.

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| 1. Asbestosis                                   | 17. <b>SEPTICEMIA or SEPSIS,</b><br>not specified |
| 2. <b>ASPIRATION</b>                            | 18. <b>SHOCK,</b> not specified                   |
| 3. <b>CARDIOPULMONARY ARREST,</b> not specified | 19. Silicosis                                     |
| 4. Cervical or Head <b>TRAUMA</b>               | 20. <b>SUBDURAL</b>                               |
| 5. <b>COMA,</b> not specified                   | 21. Sunstroke                                     |
| 6. Encephalitis                                 | 22. Tetanus                                       |
| 7. <b>EPIDURAL</b>                              | 23. Subarachnoid Hemorrhage                       |
| 8. <b>GANGRENE</b>                              | 24. Fracture                                      |
| 9. Hemothorax                                   | 25. Intracranial Hemorrhage                       |
| 10. Intoxication or Overdose                    | 26. <b>BRONCHOPNEUMONIA,</b><br>not specified     |
| 11. Injury, chemical or physical                | 27. Hepatic or Renal Failure,<br>not specified    |
| 12. Mesothelioma                                |   |
| 13. <b>PARAPLEGIA/QUADRIPLEGIA</b>              |   |
| 14. Peritonitis                                 |   |
| 15. <b>PULMONARY EMBOLUS</b>                    |   |
| 16. <b>SEIZURE</b>                              |   |

Other terms which could raise a suspicion of trauma, accident, exposure to noxious chemicals or fumes, or disease resulting from occupational exposure require that the death be reported to the Medical Examiner.

**The 24-Hour Rule:** No such rule in the State of Florida exists. A person who dies from known heart disease within 24-hours of their hospital admission is generally not a Medical Examiner case. Conversely, if a trauma patient survives more than 24 hours in a hospital, it is a Medical Examiner

case and **must be reported**. Usually, a death occurring after prolonged hospitalization will continue to be a Medical Examiner case if the initial admission was due to injury, criminal action, accident, drug overdose, or drowning or other unnatural processes.

**Fracture Cases:** Falls resulting in ultimately fatal hip fractures **must** be reported to the Medical Examiner. Since the vast majority of these cases have underlying disease processes which precipitate a fracture of an osteoporotic hip, Medical Examiner involvement is generally one of recording the appropriate data. Fractures at other sites which may have contributed to the death of an individual often require more direct investigation by the Medical Examiner Department in order to assess civil or criminal culpability.

**Occupation Related Deaths:** Besides injuries, deaths resulting from industrial hazards must be reported. These would include such things as benzene or radiation-induced leukemia, pneumoconiosis (**asbestosis**) and solvent-induced hepatic failure.

**Public Health Interest:** Any death in which there may be a threat to public health comes under Medical Examiner jurisdiction. This is generally restricted to deaths where an infectious disease of a highly contagious nature is suspected but not yet confirmed. In general, if the Miami-Dade County Health Department is concerned about the case, so is the Medical Examiner Department. An A.I.D.S. case may or may not be accepted by the Medical Examiner depending upon the level of documentation of the disease and circumstances of the death.

**Child Abuse or Abuse of the Elderly:** Both the State Attorney and the Department of Children and Families are concerned, as is the Medical Examiner. Such deaths must be reported.

**Inmate Deaths:** **All** inmate deaths **must** be reported to the Medical Examiner by State Statute. All inmates will be autopsied upon their death regardless of the circumstance of death and their medical history.

**DOA and Emergency Room Deaths:** If the patient has a medically treated, well documented disease process, and the death appears to be the consequence of that disease, there is no need to notify the Medical Examiner or the police. The attending private physician may sign the death certificate and the body may be stored at the hospital morgue until arrangements for final disposition are made by the next of kin. If the next of kin cannot be located or the deceased has no family, final disposition can be made through the Miami-Dade County Public Interment Program at (305) 545-2422, Ms. Sandra Witty-Fortunato, Supervisor. If there is no documented history of disease, or a reasonable diagnosis cannot be established **and documented**, the police should be notified. The police in turn will notify the Medical Examiner.

**O.R. and Anesthesia Deaths:** The determinant of this circumstance is whether the death was sudden and unexpected, coupled with the degree of risk of the procedure. Thus, a woman who dies during the course of a D&C should be reported. Death occurring during non-elective high risk open heart surgery would probably not have to be reported if death were due to the reasonable and foreseeable consequence of the disease. When in doubt, consult with the Medical Examiner.

**Therapeutic Misadventures:** In general, questions of alternative therapy do not come under Medical Examiner jurisdiction. However, a case of wrong transfusion, surgery upon the wrong patient, and so forth, is not reasonable and foreseeable and should be reported.

**Autopsy Permission: DO NOT** request permission of the next-of-kin for an autopsy when a case is to be referred to the Medical Examiner. Also, do not assume that a case referred to the Medical Examiner will necessarily be autopsied. This decision is left to the discretion of the Medical Examiner and is based upon the circumstances of a particular case. If the attending physician has an interest in a specific autopsy result, that interest should be communicated to the Medical Examiner without delay prior to the autopsy. If the death occurs in the evening, the autopsy will usually be performed the following morning. The Medical Examiner Department routinely sends a copy of the autopsy protocol to the medical records office of the referring institution.

**WHEN IN DOUBT:** When in doubt, please call the Medical Examiner Department (305) 545-2400. All inquiries should first be referred to the Investigation Section or the FERT and they, in turn, will contact the on-call Medical Examiner. The office is staffed from 7:00 A.M. to 5:30 P.M., seven days a week, including holidays.

**SPECIAL OR UNUSUAL EVENTS:** If there is serious concern that the on-call Medical Examiner or police response to an inquiry is inappropriate, please notify:

Dr. Bruce A. Hyma, Chief Medical Examiner:	(305) 545-2425 or (Cell) (786)-229-8990
Dr. Emma O. Lew, Deputy Chief Medical Examiner:	(305) 545-2485 or (Cell) (786)-229-8929
Larry J. Cameron, Director of Operations:	(305) 545-2487 or (Cell) (305) 804-2660
Sharmaine Tyler-Luke, Investigations Supervisor:	(305) 545-2404

**YOUR LEGAL DUTY:** Florida Statutes mandate that medical personnel must not willingly violate the law. It is a misdemeanor of the first degree to knowingly fail or refuse to report such a death and circumstances or to refuse to make available prior medical or other information pertinent to the death investigation. In addition, bodies that have been erroneously released to families/funeral homes may have to be disinterred if the cause of death comes under Medical Examiner jurisdiction. In such cases, **the legal and other related expenses may be passed on to the hospital, nursing home, or physician for payment.** A very careful review of the medical record and the proposed death certificate is the first step to avoid such problems.

Physicians must also be aware that violations of Chapter 406 of the Florida Statutes may result in disciplinary action by the Board of Medicine of the Department of Business and Professional Regulation.

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