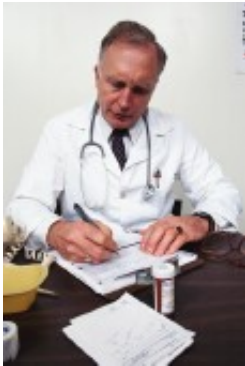


AMA reviews challenges of signing death certificates

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(HealthDay)—Signing death certificates is not always straightforward and has long-term ramifications on mortality data and funding, according to a report published by the American Medical Association (AMA).

As some states attempt to convert from paper to electronic death certificates, researchers from the AMA reviewed some of the challenges involved in signing a death certificate.

According to the report, most doctors are not taught how to fill out death certificates, with many doctors learning by having certificates rejected

by a medical examiner. Although the basic information required on a death certificate has changed little over the years, doctors must recognize the importance of the forms and try to be as accurate as possible.

Information on the [death certificates](#) is reported to the U.S. [Centers for Disease Control and Prevention](#) and is used in the national [mortality statistics](#); these statistics impact funding priorities. For patients who die at home, it can be difficult to ascertain the exact cause of death; some states allow use of "probable" to qualify the case of death. Physicians should be aware of the difference between the manner of death (in most states it would be natural, suicide, homicide, accident, or undetermined) and the cause of death, where physicians should be careful to list a disease and not a mechanism (e.g., pneumonia rather than [respiratory arrest](#)). The conversion to electronic records will introduce a system of checks and balances, but that has been reported not to be intuitive.

"It is important that the data be accurate and complete so the money is being put into the right places," Randy Hanzlick, M.D., chief medical examiner for Fulton County in Georgia, said in a statement.

More information: [More Information](#)

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