Published in final edited form as:

JAMA Intern Med. 2014 March ; 174(3): 322. doi:10.1001/jamainternmed.2013.13663.

Heart Disease as the Number One Cause of Death Among the Elderly

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“Is this Dr Goodwin?”

“Yes.”

“DrGoodwin,mynameisJohnFenton.Iworkatthe coroner’s office.”

“Hi.”

“Hello, were you aware that your patient, Mr Black, passed away yesterday?”

“My patient Mr Black?”

“Marvin Black, an 89-year-old man who lived on Elliot Street? His daughter said you were his physician.”

“I think I remember. Hold on just a second and I can get the electronic record.” Two minutes pass. “Here it is. I saw him about every 6 months; last time was about a year ago. Not a lot of medical problems. He was on drugs for blood pressure and nocturia. He had increasing trouble getting around. Very frail. How did he die?”

“He died at home. His daughter calls him every morning, and when he didn’t answer the phone on Wednesday, she went over to his house and found him dead in bed. He apparently died some time during the night.Iwaswonderingifyouwouldbewillingtosignthe death certificate and state the cause of death.”

“I don’t know the cause of death. I haven’t seen him for a year. He died at home. The cause of death is unknown.”

“If you say unknown causes, that makes it a medical examiner’s case and requires an autopsy. The family would like to avoid that. If you give a cause of death and

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Conflict of Interest Disclosures: None reported.

Disclaimer: This account is fictional and is based on similar interactions that the author has had.

sign the death certificate, we can release the body to the funeral home. Just the acute and underlying causes of death, plus any contributing factors.”

“I don’t know. He was very old. He was going down-hill.”

“I’m afraid we’ll need a specific cause of death.”

“I suppose it was natural causes.”

“Natural causes or senility or old age are not acceptable. The CDC [Centers for Disease Control and Prevention] guidelines say there should be a clear and distinct etiologic sequence in cause of death, even in the elderly.¹ If a physician cannot determine that sequence, then it becomes a medical examiner case.”

“When I worked in Minnesota, I could use natural causes on the death certificate.”

“The guidelines are the same everywhere in the country, but different places interpret them differently. Some allow the physician to list natural causes. Others don’t object to unknown causes. But we follow the CDC guidelines¹ strictly and require a specific underlying cause of death.”

“Wow. OK, let’s see ... let me think ... he had some mild hypertension. When he was discovered, did he have a pulse?”

“No, he had been dead for several hours.”

“All right, no pulse ... so his heart stopped. That sounds like cardiac arrest for the immediate cause of death, right?”

“Sorry to be such a pest, but a description of the actual event, like cardiac arrest, is not allowed.”

“Really? Back to the drawing board, I guess. If he had a cardiac arrest, then I guess it must have been from an MI [myocardial infarction].”

“Myocardial infarction is fine, Dr Goodwin, for the immediate cause of death. What is the underlying cause of death?”

“Well, if his heart stopped, that sounds like heart disease, so that must be the underlying cause of death.”

“Thanks, Dr Goodwin. Heart disease it is.”

References

1. Centers for Disease Control and Prevention. National Vital Statistics System. Writing cause-of-death statements. http://www.cdc.gov/nchs/nvss/writing_cod_statements.htm