This project began as an investigation into the legal requirements governing the death certification process in long-term care settings for the elderly in Florida. The goal was to evaluate the existing laws and their practical impact on physicians and long-term care facilities to determine whether to recommend changes to the laws.

We suspected that Florida laws might impose an administrative burden on physicians caring for the elderly in long-term care facilities.

The first step of the project was to conduct an in-depth legal analysis on what the Florida law requires when a person expires in a long-term care facility. This research was undertaken with specific attention to the requirements on physicians. Meanwhile, we reviewed medical literature on death certification.

The second step of the research was to interview physicians, long-term care facility administrators, and funeral directors.

"Florida's potentially skewed cause of death information is processed and rendered into national and international statistics and research. Annual research, in turn, is used for long-term studies which may span many decades. Each cause of death report, therefore, is of immediate and echoing importance in understanding not only health in Florida, but also in the United States and the world." (p. 15)

"The statistical distortion for one death will be minuscule, but it is not negligible." (p. 16)

"Since there is no legal mechanism for detecting or correcting mistakes, and no legal penalty for listing an invalid cause of death, a death certificate containing an error will pass undetected from the hands of the certifying physician, to the funeral director, to the Department of Vital Statistics and ultimately into national vital statistics." (p. 15)

Our study, though preliminary in nature, indicates that the long term care setting is one where physicians determine cause of death without certainty at a greater rate than in other fields of medicine. Given our reliance on mortality statistics to conduct research, monitor public health, and allocate funding for future medical research, uncertainty must minimized, acknowledged and accounted for.

An increasing portion of our geriatric population is dying in nursing homes; inaccuracies in cause of death have the potential to skew our understanding of aging and dying in America with greater impact in the future.

Death certificate inaccuracies and subsequent gaps in medical knowledge could stand as barriers to improving health and prolonging life.

We submit the best solution to this problem is to better educate physicians about how to complete death certificates with the most specific, accurate information possible. This education would best be accomplished in medical school but could also be affected by continuing medical education or even local governmental Medical Examiner/Coroner offices.

Analysis of the actual dollar effect of one year’s worth of skewed Florida death certificate information on funding allocation for a national specific health condition (such as colon cancer).

Controlled study of the decrease in inaccuracies on death certificates after a physician has undergone the death certificate training suggested by this paper.

Detailed analysis of death certificate inaccuracies in other developed countries with different health care interfaces, such as Canada.

Development of an instrument to test physicians’ comprehension rate of the requirements of the sections of a Florida death certificate.

Development of proposed changes to the format of the Florida death certificate to increase clarity.