

Commentary on: Gill JR, Goldfeder LB, Hirsch CS. Use of Therapeutic Complication as a Manner of Death. *J Forensic Sci* 2006;51(5):1127–33.

Sir:

As contributors to some existing publications on cause and manner of death, we read with interest the article by Gill, Goldfeder, and Hirsch regarding “Therapeutic Complication as a Manner of Death” (1–3). The article is insightful and presents a compelling argument, and we have just a few comments.

- Generalized use of “Therapeutic complication” (TC) as a manner of death would probably require acceptance by the National Center for Health Statistics (NCHS), which, in turn, would probably require approval from the World Health Organization (WHO), whose rules NCHS follows. Obtaining such approval could take considerable time, and NCHS would have to conduct training to inform various local and state death Registrars that the practice is acceptable.
- Even when using TC as a manner of death, the certifier must still use professional judgment to assign certain cases to an accidental manner of death, as the authors state, so a major problem faced by certifiers is not necessarily resolved.
- The manner of death on the death certificate is not specifically coded when ICD codes are applied (although the text may be captured). Thus, other methods may be needed to ensure that therapy-caused deaths are consistently coded for statistical purposes.
- If a death due to therapy is certified as an accident, the certifier needs to be sure that the complication of therapy is reported in the cause-of-death statement and/or in the “Describe how injury occurred” box on the death certificate, because the manner of death would not indicate that a complication of therapy occurred.
- The system proposed by the authors would require, for those carrying out research, to search the cause of death, manner of death, and “describe how injury occurred” item to detect all therapy-involved deaths that could be certified as either “TC” or “accident.”
- An alternative might be to maintain the current system of deciding between “accident” or “natural,” and even in a natural death, use the “describe how injury occurred” item to indicate the therapy-involved nature of the death, such as “Therapeutic complication: perforation of aorta during cardiac catheterization” or “Therapeutic complication: rupture of implanted dia-

lysis shunt.” The principle is that all therapy-related deaths, whether considered natural or accident, would include the words “Therapeutic complication” in the “describe how injury occurred” item, which would facilitate detection of such cases for statistical and research purposes.

The idea of TC as a manner of death has merit, and this idea as well as others deserve further consideration. It should be noted that to some extent, manner of death other than natural has to do with intent of injury (external causes) and TC does not connote intent. Thus, its use as a manner of death could be questioned.

We thank the authors for their thought-provoking article, and we hope that the discussion of the issue will continue and evolve toward a better and consistent system for identifying deaths due to complications of therapy.

References

1. Hanzlick R, editor. Cause of death and the death certificate: important information for physicians, coroners, medical examiners, and the public. Northfield, IL: College of American Pathologists, 2006:1–218.
2. Hanzlick R, Hunsaker J, Davis G. A guide for manner of death classification. National Association of Medical Examiners. Re-published In: Hanzlick R, editor. Cause of death and the death certificate: important information for physicians, coroners, medical examiners, and the public. Northfield, IL: College of American Pathologists, 2006:195–210.
3. Gill JR, Goldfeder LB, Hirsch CS. Use of therapeutic complication as a manner of death. *J Forensic Sci* 2006;51(5):1127–33.

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