Office of Chief Medical Examiner

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MEMORANDUM

DATE: April 1, 2020

TO: NYC HOSPITALS; GREATER NEW YORK HOSPITAL ASSOCIATION

FROM: Jason Graham, MD
First Deputy Chief Medical Examiner

RE: DEATHS DUE TO POSSIBLE THERAPEUTIC COMPLICATION

EFFECTIVE IMMEDIATELY, deaths in healthcare facilities considered possibly due to known complications of appropriately administered medical or surgical therapy (including any procedure) for diagnosis or treatment of a patient's natural disease condition (no injuries) are **NOT** reportable to the NYC OCME. These deaths should be properly certified based upon the underlying natural disease condition for which the diagnostic or therapeutic intervention was employed. For example, if a patient dies of bile peritonitis due to a bile leak following cholecystectomy for treatment of cholelithiasis, the cause of death provided in Part I of the death certificate might state 'Complications of Cholelithiasis' or simply 'Cholelithiasis' with any significantly contributing comorbid conditions, such as hypertensive cardiovascular disease, stated in Part II of the death certificate. Reports of these deaths will no longer be accepted by the OCME; that is, they are considered nonreportable deaths.

Deaths resulting from injuries sustained as the result of a diagnostic or therapeutic procedure which fall clearly beyond the known or reasonably possible complications of such procedures should be reported to the OCME, as they may represent true accidental deaths which by law require medicolegal investigation by the medical examiner. Deaths that occur as a result of interventions to treat *intoxications or injuries* should always be reported to the OCME, as those injuries represent the proximate cause of death.

Please provide this information to your staff, and should you have any questions, please feel free to contact me with your concerns. Thank you for your cooperation.