

Piecing Together the Past

Avital Y. O'Glasser, MD, FACP

Dr. O'Glasser (@aoglasser) is a teaching hospitalist with the inpatient medicine teaching service and outpatient pre-operative medicine clinic at Oregon Health & Science University (OHSU).

I am a medical nerd by nature and a genealogy buff by training. Wait... reverse that. I am a genealogy buff by nature and a medical nerd by training.

My penchant for genealogy research preceded my interest in a career in medicine by more than 10 years. A third-grade project sparked a joint effort with my maternal grandfather that lasted right up until his death during my third year of residency. He was a fount of information, dipping back to memories that had preceded his own birth by decades. With the help of the Internet and the explosion of digitized records, the "aha" moments would come in spurts and waves.

I tell people that I love the scavenger hunt in internal medicine—the challenge of following an obscure patient complaint or history element to a treasure trove of clinically relevant information. It can be a giant puzzle, the solution dependent on recognition of subtle clues. I hone my ability to see day-to-day trends during an admission or week-to-month trends in outpatient follow-up and respect the need to interchange macro lenses and micro lenses. I treasure the knowledge that each patient is a person with his/her own story. I love genealogy for all the same reasons. As I read between the lines of old vital records, I am piecing together a story from the fragments—sewing together the individual narratives from discrete historical facts. I see my own origins in their beginnings.

The latest wave of "aha" moments came last year when the New York City Department of Records made old vital records, such as death certificates, readily available online. Until then, I only knew a fraction of

the confluence of medical history and genealogy in my family. I knew that my paternal grandfather had died suddenly of a massive myocardial infarction in the 1960s. I knew that both of my grandmothers had died with advanced Alzheimer's disease. I knew my grandmother's youngest sister had died in 1945 from childhood cancer. Yet the narrative was often fuzzy. I knew my great-great uncle with Down syndrome had lived to be 12 years old before dying in 1925—and that he had been lovingly cared for at home rather than being sent to an institution. Nevertheless, I wondered what had caused his early passing. Was it a result of his trisomy? Leukemia? Cardiac pathology?

My great grandfather's death certificate arrived first. I knew that he had died at age 49 due to a lower extremity osteosarcoma, having already been an amputee. His death certificate told me that he had been at an out-of-state hospital for 110 days before dying. I learned that my great-great uncle died at 8:10 pm on his 24th day in the hospital and that the staff physician had also last seen him alive at 8:10 pm. The biggest surprise was learning that my great-great grandmother, who we had previously believed had died of relatively "old age" at 70, died three days after being admitted to the hospital with pemphigus vulgaris.

The literature shows that death certificates, including those completed by residents, are often inaccurate, especially regarding cause of death.¹⁻³ I remember my own consternation—multiple times as a resident and as an attending—at filling in all the blanks in the form. How often was I faced with this for a patient I

did not know well or in the middle of a busy call night? While death in the hospital could be so dramatic and finite, the hasty completion of the form allowed me to close the chapter on one patient and move on to dozens of other items on my clinical to-do list. Until recently, I had not considered how the death certificate had evolved over time and what "factoids" from decades ago a busy clinician had rushed to complete.

Does it matter now that my great grandfather died 150 miles from home after being in the hospital for months, or do seven decades now trump that time and distance? Does it matter now that my great-great uncle was apparently not alone when he died, or are all those ghosts long gone? Does it matter now that my great-great grandmother died of a rare dermatologic pathology, or is that now just a "fascinoma" for conversations with colleagues?

The pragmatist in me wants to reiterate the importance of accurate death certificates to impact mortality statistics, population health, and health policy. The humanist in me wants to believe that these discoveries transcend being mere factoids—that out of the vital statistics in the official death certificate a story can still be read decades later. At the very least, these personal discoveries have taught me the important lesson that someone's narrative does not end with a quick signature on a death certificate. Maybe, perhaps, per chance...in 20, 40, or even 100 years a curious descendant will read the words I scribbled down in semi-legible handwriting and claim another piece of his/her own puzzle.

continued on page 2

ESSAY

continued from page 1

References

1. Villar J, Pérez-Méndez L. Evaluating an educational intervention to improve the accuracy of death certification among trainees from various specialties. *BMC Health Serv Res* 2007; 7:183.
2. Messite J, Stellman SD. Accuracy of death certificate completion: the need for formalized physician training. *JAMA* 1996; 13; 275(10):794-6.
3. Wexelman BA, Eden E, Rose KM. Survey of New York City resident physicians on cause-of-death reporting, 2010. *Prev Chronic Dis* 2013; 10:E76. *SGIM*