

# Brought Dead” Is Not a Cause of Death in India: A Medico-Legal, Clinical, and Public Health Appraisal

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## Abstract

**Background:** The term “brought dead” (BD) is widely used in Indian emergency departments to indicate the absence of vital signs at presentation. Although clinically convenient as a descriptive status, it is frequently and incorrectly documented as a cause of death, resulting in medico-legal ambiguity and distortion of mortality statistics.

**Objective:** To critically examine the conceptual, legal, clinical, and public health invalidity of recording “brought dead” as a cause of death within the Indian healthcare system.

**Methods:** A narrative medico-legal appraisal was undertaken using statutory provisions under the Registration of Births and Deaths Act, 1969 and the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, alongside international mortality reporting frameworks including the International Classification of Diseases (ICD) and SNOMED CT terminology systems. Institutional observations from All India Institute of Medical Sciences (AIIMS) and Pt. B.D. Sharma Post Graduate Institute of Medical Sciences (PGIMS), Rohtak were reviewed contextually.

**Results:** “Brought dead” lacks etiological specificity and therefore does not satisfy legal or scientific requirements for cause-of-death certification. The term is not independently codable within ICD mortality classification systems and serves only as a contextual clinical descriptor within SNOMED CT. Case-based illustrations demonstrate that definitive pathological causes—including myocardial infarction, internal hemorrhage, poisoning, and intracranial hemorrhage—may remain concealed if BD is treated as a terminal diagnosis. Misclassification contributes to legal lapses, epidemiological inaccuracies, and compromised forensic investigation.

**Conclusion:** “Brought dead” should be regarded solely as a presentation status pending determination of the underlying cause of death through clinical evaluation or medico-legal investigation. Standardized death certification practices integrating ICD and SNOMED CT frameworks are essential to preserve legal integrity, clinical accountability, and reliability of mortality data.

**Keywords:** Brought dead; cause of death; medico-legal investigation; ICD; SNOMED CT; mortality certification; forensic medicine; emergency medicine; India

## Introduction

Accurate determination and certification of the cause of death constitute fundamental responsibilities of healthcare systems worldwide. Cause-of-death data influence clinical audit, medico-legal investigation, epidemiological surveillance, allocation of public health resources, and formulation of national health

policy. The World Health Organization (WHO), through the International Classification of Diseases (ICD), mandates etiological specificity in mortality documentation to ensure standardization and comparability of health statistics across jurisdictions.<sup>1</sup>

In modern health informatics, SNOMED CT further complements ICD systems by providing comprehensive clinical terminology capable of capturing contextual clinical findings, pathological entities, and procedural documentation.<sup>2</sup> However, despite these advances, ambiguities persist in routine emergency department documentation practices, particularly in low- and middle-income healthcare settings.

One such ambiguity is the widespread use of the term “brought dead” (BD) in Indian hospitals. Clinically, BD refers to individuals who arrive at a healthcare facility without detectable vital signs. While the phrase may function as an initial descriptive observation, it is frequently and erroneously recorded as the definitive cause of death in medical records and death certificates.

Such misuse creates significant medico-legal and public health concerns. A descriptive status cannot substitute for etiological diagnosis. Failure to establish the actual cause of death may conceal homicide, poisoning, trauma, communicable disease, or sudden cardiac death, thereby undermining legal investigation and distorting mortality statistics.

The present article critically examines the invalidity of “brought dead” as a cause of death within the statutory framework of the Registration of Births and Deaths Act, 1969 and the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023. The discussion integrates WHO mortality certification principles, ICD standards, SNOMED CT terminology, and institutional observations from All India Institute of Medical Sciences (AIIMS) and Pt. B.D. Sharma PGIMS Rohtak. The article further proposes practical recommendations for improving emergency department protocols and medico-legal documentation.

### **Conceptual Invalidity of “Brought Dead”**

The expression “brought dead” merely describes the physiological condition of the patient upon arrival at a healthcare facility. It does not identify:

- the pathological process causing death,
- the underlying disease,
- the mechanism of injury,
- or the manner of death.

According to WHO guidelines, the cause of death must represent “the disease or injury which initiated the train of morbid events leading directly to death.”<sup>1</sup> Consequently, BD fails to satisfy internationally accepted standards for mortality certification.

**Table 1. Distinction Between “Brought Dead” and Valid Cause of Death**

Parameter	“Brought Dead” (BD)	Valid Cause of Death
Nature	Descriptive status	Etiological diagnosis
ICD Compatibility	Not independently codable	Fully codable
SNOMED CT Mapping	Contextual clinical finding	Defined pathological entity

Legal Acceptability	Invalid as final diagnosis	Mandatory requirement
Example	“No signs of life on arrival”	Myocardial infarction, intracranial hemorrhage

### ICD and SNOMED CT Perspective

The ICD framework is designed specifically for classification of diseases, injuries, and causes of death. Since BD is not an etiological diagnosis, it lacks independent mortality coding utility.

SNOMED CT may accommodate BD-like terminology only as a contextual finding indicating absence of signs of life at presentation. However, SNOMED CT still requires assignment of a definitive pathological diagnosis whenever ascertainable.

**Table 2. Comparison Between ICD, SNOMED CT, and “Brought Dead”**

Feature	ICD	SNOMED CT	“Brought Dead”
Primary Purpose	Mortality classification	Clinical terminology system	Administrative descriptor
Structure	Hierarchical coding	Polyhierarchical ontology	Non-standard terminology
Use in Death Certificate	Mandatory	Supportive	Invalid
Epidemiological Utility	High	Very high	Negligible

### Legal Framework in India

#### Registration of Births and Deaths Act, 1969

The Registration of Births and Deaths Act, 1969 mandates proper medical certification of the cause of death for registration purposes.<sup>3</sup> The Medical Certificate of Cause of Death (MCCD) requires a sequential etiological account rather than descriptive terminology.

Recording BD as the cause of death defeats the statutory purpose of reliable mortality documentation and may invalidate public health records.

#### Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023

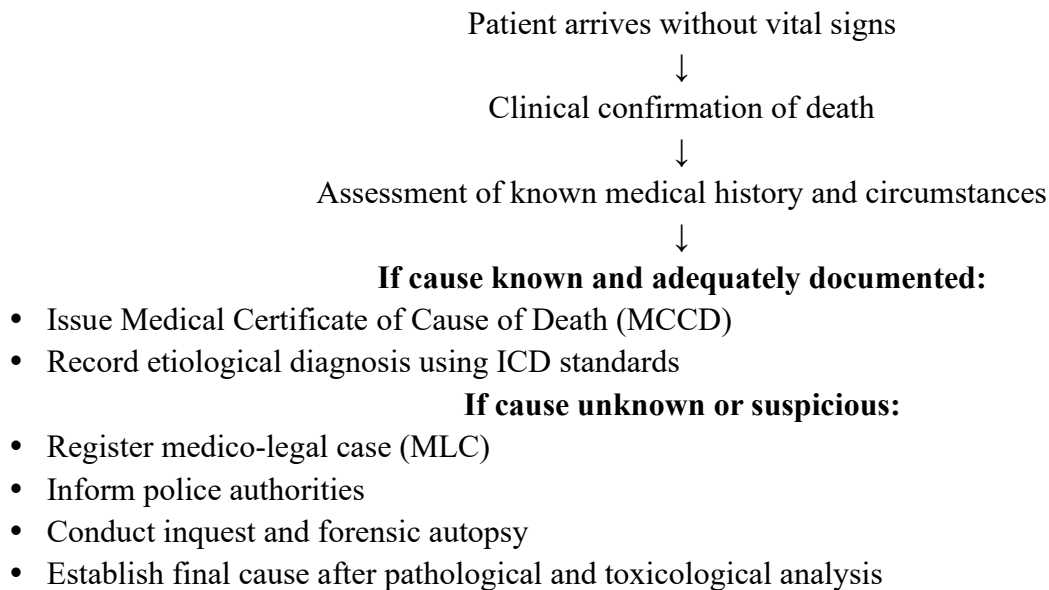
Under BNSS provisions relating to suspicious, sudden, or unexplained deaths, police inquest and medico-legal investigation become mandatory when the cause of death is uncertain.<sup>4</sup> In cases where patients are brought dead without a documented medical explanation, the matter frequently qualifies for medico-legal examination and possible autopsy.

Failure to investigate appropriately may:

- suppress evidence of homicide or poisoning,
- compromise judicial proceedings,
- and obstruct forensic truth determination.

## Clinical Algorithm for Management of “Brought Dead” Cases

**Figure 1. Suggested Emergency Department Workflow**



## Illustrative Case Series

### Case 1: Sudden Cardiac Death

A 52-year-old male was brought dead to the emergency department without prior documented illness. Initial records mentioned BD as the provisional cause. Medico-legal autopsy subsequently revealed acute myocardial infarction.

#### Inference

Improper classification obscured a major cardiovascular mortality event relevant to national non-communicable disease surveillance.

### Case 2: Road Traffic Trauma

A young male presented as brought dead following a road traffic accident. External injuries appeared minimal. Autopsy demonstrated massive internal hemorrhage secondary to splenic rupture.

#### Inference

Superficial clinical assessment may underestimate fatal internal pathology.

### Case 3: Suspected Poisoning

A 28-year-old female was brought dead from home after sudden collapse. Toxicological examination confirmed organophosphate poisoning.

#### Inference

Use of BD as a final diagnosis could obscure possible suicidal or homicidal poisoning.

### Case 4: Intracranial Hemorrhage

An elderly patient collapsed at home and was declared brought dead upon arrival. Postmortem examination revealed extensive intracerebral hemorrhage.

#### Inference

Neurological catastrophes may remain clinically silent until fatal collapse.

## Discussion

The presented cases demonstrate that “brought dead” is merely a point of clinical entry rather than a dia-

gnostic conclusion. Institutional observations from AIIMS and PGIMS Rohtak indicate that many BD cases ultimately yield definitive pathological causes after medico-legal investigation.

Misclassification produces three major consequences:

- 1. Legal Ambiguity:** Incorrect certification may delay or prevent criminal investigation, especially in cases involving poisoning, assault, neglect, or custodial death.
- 2. Epidemiological Distortion:** Use of BD as a pseudo-diagnosis weakens national mortality databases by underreporting cardiovascular disease, trauma, poisoning, neurological emergencies, and communicable illnesses.
- 3. Clinical Complacency:** Acceptance of non-diagnostic terminology may erode standards of medical documentation and reduce emphasis on etiological investigation.

Persistent misuse of BD may therefore impair disease burden estimation, public health planning, forensic accountability, and resource allocation.

## Recommendations

### 1. Emergency Department Protocols

- Prohibit use of BD as a final cause of death
- Mandate classification as “cause unknown pending investigation” where appropriate
- Ensure immediate medico-legal registration in unexplained deaths

### 2. Integration of Digital Health Standards

- Incorporate SNOMED CT-based structured terminology
- Enable automated ICD mapping within hospital information systems
- Standardize electronic mortality reporting

### 3. Medical Education and Training

- Integrate medico-legal death certification into MBBS and postgraduate curricula
- Conduct simulation-based emergency documentation training
- Reinforce WHO-compliant MCCD practices

### 4. Strengthening Forensic Infrastructure

- Expand autopsy and toxicology services in tertiary centers
- Improve coordination between emergency medicine and forensic departments
- Enhance mortality audit systems in teaching hospitals

## Conclusion

“Brought dead” is a descriptive clinical status and not a scientifically valid cause of death. Its use as a terminal diagnosis contradicts WHO mortality certification principles, undermines statutory obligations under the Registration of Births and Deaths Act, 1969, and may interfere with investigative mandates under the Bharatiya Nagarik Suraksha Sanhita, 2023.

Accurate cause-of-death determination requires etiological specificity supported by clinical evaluation, forensic investigation, and standardized mortality coding systems such as ICD and SNOMED CT. Recognition of BD as a presentation descriptor rather than a diagnostic endpoint is essential for preserving legal accountability, scientific integrity, and reliability of national mortality statistics.

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