

Veteran Medical Opinions

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Independent Medical Opinion: Cause of Death

Sample opinion. The Veteran, the claimant, and all case facts are fictional.

Claim	Dependency and Indemnity Compensation (DIC), service connection for the cause of death
Veteran	John A. Smith (deceased), U.S. Army, 1986 to 2006
Claimant	Mary E. Smith, surviving spouse
Date of death	March 14, 2026
Submitted to	Department of Veterans Affairs

Opinion

It is at least as likely as not (a 50 percent or greater probability) that the Veteran's service-connected type 2 diabetes mellitus caused his death from coronary artery disease on March 14, 2026.

The opinion has two parts, each held to that same standard:

1. **Principal cause.** His diabetes caused the atherosclerotic coronary artery disease listed as the underlying cause of death. The service-connected disability was therefore etiologically related to the cause of death.
2. **Contributory cause, in the alternative.** His diabetes contributed substantially and materially to his death. It was a causal factor, not a condition that only coexisted with the fatal disease.

These findings address the principal and contributory cause standards of 38 C.F.R. § 3.312(b) and (c).

Qualifications

I am a board-certified Family Nurse Practitioner (MSN, APRN, FNP-C), NPI 1275200149. I worked as a VA Compensation and Pension examiner for three years and know VA's standards for medical opinions. Diagnosing and managing diabetes and cardiovascular risk is within my training and scope of practice.

Records reviewed

I reviewed the full claims file provided to me, including:

- Certificate of death dated March 14, 2026. Immediate cause: acute myocardial infarction. Underlying cause: atherosclerotic coronary artery disease. Part II is blank, and no autopsy was performed.
- Emergency medical services and emergency department records from March 14, 2026.
- Service treatment records, 1986 to 2006, including the 2003 diagnosis of type 2 diabetes mellitus.

- VA rating decisions granting service connection for type 2 diabetes mellitus (20 percent) and diabetic peripheral neuropathy of both lower extremities (10 percent each).
- VA and private treatment records, 2006 to 2026: primary care, endocrinology, and cardiology notes, laboratory results, and the 2021 cardiac catheterization report.
- VA rating decision dated June 22, 2026, denying service connection for the cause of death.

Relevant history

The Veteran had type 2 diabetes for 23 years, and it was never well controlled.

Year	Event
2003	Type 2 diabetes mellitus diagnosed on active duty.
2006	Retired from the Army. Service connection granted for diabetes, rated 20 percent.
2012 to 2025	Hemoglobin A1c ranged from 8.2 to 9.6 percent despite treatment.
2015	Insulin started.
2017	Diabetic peripheral neuropathy diagnosed in both legs and service connected.
2019	Persistent albuminuria documented.
2021	Exertional chest pain. Catheterization showed diffuse multivessel coronary artery disease. Stent placed in the left anterior descending artery.
2026	Collapsed at home on March 14 at age 65. Electrocardiogram showed an anterior ST-elevation myocardial infarction. He died in the emergency department after ventricular fibrillation arrest.

Other conditions, none service connected: hyperlipidemia since 2008 and hypertension since 2010, both treated. Recent blood pressure averaged 128/78 mm Hg, and LDL cholesterol was 52 mg/dL on statin therapy. He quit smoking in 1998.

Rationale

Diabetes is an established cause of coronary artery disease, and the Veteran's record shows that mechanism at work.

1. **The cause of death is not in dispute.** The death certificate, the electrocardiogram, and his known multivessel disease all identify a heart attack caused by atherosclerotic coronary artery disease.
2. **Diabetes causes this disease.** Chronic high blood glucose and insulin resistance injure the arterial lining, drive inflammation, worsen the lipid profile, and make blood more likely to clot. Coronary plaque forms earlier, spreads more widely, and progresses faster.
3. **The literature agrees.** The American Diabetes Association treats diabetes as an independent risk factor for atherosclerotic cardiovascular disease (1). A pooled analysis of 102 prospective studies and about 700,000 people found that diabetes roughly doubles the risk of coronary heart disease, independent of age, sex, smoking, blood pressure, and body mass index (2). In a Finnish cohort,

people with type 2 diabetes and no prior heart attack had a seven-year heart attack rate of 20.2 percent. That compared with 3.5 percent in people with neither diabetes nor a prior heart attack, and it was comparable to the rate in non-diabetic heart attack survivors (3).

4. **His own record fits.** He had diabetes for 18 years before coronary disease was found. His A1c stayed above 8 percent for more than a decade, he required insulin, and he already had nerve and kidney involvement. The catheterization showed diffuse multivessel disease, the pattern typical of diabetic coronary disease.
5. **Other risk factors do not displace diabetes.** Age, male sex, hypertension, hyperlipidemia, and remote smoking likely played a part. The excess risk from diabetes holds after adjustment for blood pressure, cholesterol, and smoking (2, 3). His blood pressure and LDL cholesterol were controlled, his glucose never was, and he quit smoking 28 years before he died.
6. **The death certificate's silence is not a finding.** An emergency physician completed it on the day of death and recorded the terminal event. A blank Part II does not mean diabetes played no role.

Taken together, the evidence meets the at-least-as-likely-as-not standard. The Veteran's service-connected diabetes caused the coronary artery disease that killed him.

References

1. American Diabetes Association Professional Practice Committee for Diabetes. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes-2026. Diabetes Care. 2026;49(Suppl 1):S216-S245. [doi:10.2337/dc26-S010](https://doi.org/10.2337/dc26-S010)
2. Emerging Risk Factors Collaboration. Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: a collaborative meta-analysis of 102 prospective studies. Lancet. 2010;375(9733):2215-2222. [PubMed 20609967](https://pubmed.ncbi.nlm.nih.gov/20609967/)
3. Haffner SM, Lehto S, Rönnemaa T, Pyörälä K, Laakso M. Mortality from coronary heart disease in subjects with type 2 diabetes and in nondiabetic subjects with and without prior myocardial infarction. N Engl J Med. 1998;339(4):229-234. [PubMed 9673301](https://pubmed.ncbi.nlm.nih.gov/9673301/)
4. [38 C.F.R. § 3.312](#), Cause of death.

Certification

This opinion rests on my review of the records listed above, my clinical training and experience, and the cited medical literature. I did not treat or examine the Veteran. The statements above are true and correct to the best of my knowledge.



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