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IMPROVING CAUSE OF DEATH INFORMATION

Physicians need ongoing
education and training in
death certification

CRVS Roadmaps for Action
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Introduction

Reliable mortality data, which is drawn from quality cause of death (COD) information, is essential for governments and their partners, including non-government organisations and academic institutions, to monitor the health of their populations, study disease distribution and emerging or neglected health problems, address health inequities, develop evidence-based health policy initiatives, as well as implement cost-effective public health programs.

Ideally, COD information is provided by a well-functioning civil registration and vital statistics (CRVS) system, where every death is registered and a physician completes a medical certificate of cause of death.

Death certification should ideally be routinely conducted by trained medical physicians, supported by national policy and legal frameworks. Physicians are often tasked – in the ordinary course of performing their professional duties – with recording the underlying COD on a form that is aligned with the World Health Organization (WHO) International Form of Medical Certificate of Cause of Death.

To correctly complete the medical certificate of cause of death, the physician must identify the disease directly leading to the death, and then trace the sequence of events back to the underlying COD, that is, the cause that precipitated the sequence of events resulting in death. The physician must also enter other diseases contributing to the death in the form.

Common roadblocks

Medical certification of cause of death (MCCOD) education and training to increase awareness among physicians of the need for and improve skills in correct COD certification practices will be fundamental for countries seeking high-quality mortality statistics. These statistics will not only be crucial for monitoring progress of national health goals, but also for reporting on progress to achieve the goals and targets under the global Sustainable Development Goal (SDG) agenda. However, few physicians have received MCCOD training, particularly in many low- and middle-income (LMICs).

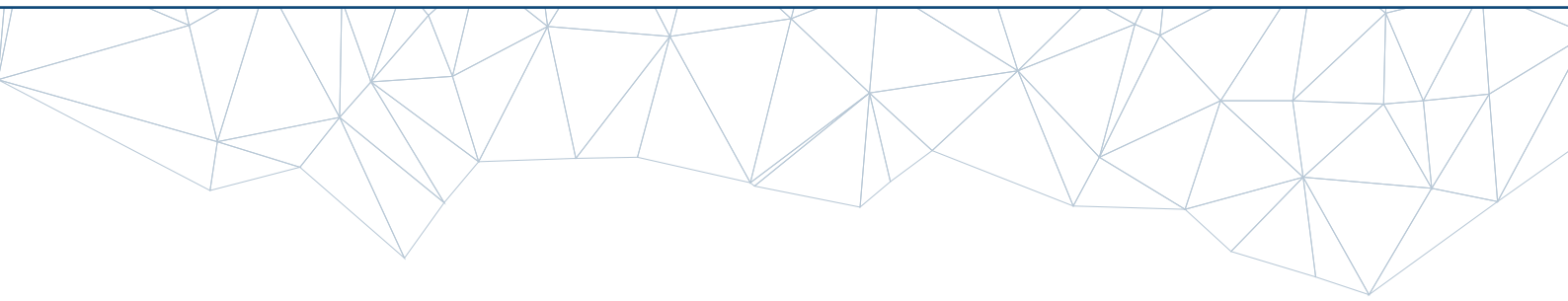
Moving forward

Regardless of how the MCCOD education and training is offered, ensuring that it is offered at key learning points in a physician's career will be pivotal. Recommended timings for MCCOD training include:

- Stage 1 – Medical students
- Stage 2 – Junior physicians and interns
- Stage 3 – Practicing physicians/clinicians

Initial basic education on the principles of death certification and the importance for public health, and instruction on how to complete a death certificate alongside options for refresher training, should be provided at distinct phases for medical students, interns, and practicing physicians.

Improvements in death certification will be underpinned by the medical community's understanding of the importance of this task and the obligation physicians have towards their patients for recording their deaths correctly. Throughout the MCCOD capacity-building process, statements like *"We owe it to the dead to record their passing with accuracy"* should be used to remind physicians of their responsibility.



Stage 1 – Curriculum for medical students

A module on the importance of MCCOD should preferably be added to the coursework of medical students, and then tested via examination. Students should be made aware that as future physicians they are responsible for caring not only for living patients, but that they have an ethical obligation - and potential legal obligation - to accurately record what their patients die from.

MCCOD principles must also be put into the context of vital statistics and population health information for policy and planning for governments. MCCOD should be framed as a public health or community medicine issue, as well as central to mortality surveillance and monitoring levels, trends and disparities in mortality and causes of death.

MCCOD curricula for medical students

- Frame accurate MCCOD reporting as an essential medical duty that contributes to an important overarching public health imperative.
- Highlight how medical students (as future physicians) will be responsible for contributing to health information systems through accurate MCCOD reporting.
- Identify and discuss other uses for medical certificates.
- Examine a medical death certificate example.
- Conclude by reiterating that the MCCOD is both a statistical and diagnostic system.

Stage 2 – Curriculum for medical interns or junior physicians

Ideally, Stage 2 MCCOD education should begin when medical interns take up their residencies. This is the time to translate the formative education into hands-on experience, by learning the rules of cause-of-death certification and correct completion of the international form of the medical certificate of cause of death. This is assuming that interns focused more on MCCOD theory (as opposed to practical experience in cause of death recording) during medical school.

Short, practical training on MCCOD for interns is preferable. Effective, time-efficient methods of instruction on MCCOD must be carefully slotted into interns' schedules, particularly given the array of demands placed on them.

MCCOD curricula for junior physicians

- Reiterate to interns the concepts from Stage 1 education and training.
- Teach interns how to complete a medical death certificate, step-by-step.

Stage 3 – Curriculum for experienced practicing physicians

All clinical interns practice under a senior clinician, who is responsible for signing off on the intern's training. This means that interns and junior physicians have incentives to follow their senior clinicians' instructions. Thus, if senior physicians understand what MCCOD is and why it is important that deaths are certified correctly, they will in turn likely urge their juniors to complete medical death certificates correctly.

Of course, improving the quality of death certification requires that experienced physicians have the necessary knowledge, and also that they fully understand the importance of correct certification for public health purposes.

MCCOD curricula for experienced physicians

- Provide a refresher course for experienced physicians on accurate MCCOD – (e.g.) provide case scenarios that require certification.

What is the role of advocacy in integrating MCCOD education and training into the professional development of physicians at key learning stages?

Ensuring that MCCOD is a priority area for practicing physicians requires an element of advocacy with senior physicians, medical boards, primary health care accreditation bodies, private and public health agencies and institutes, as well as hospital administrators or managers. Advocacy must also extend to key leaders in medical departments and institutes in university environments worldwide.

Advocacy must also be directed at the systems-level to progress policy and planning change for inclusion of MCCOD education and training at the three stages in a physician's professional journey. Part of this strategy should involve requiring that public and private hospitals and other health care facilities implement quality reviews and systems of monitoring and assessment for COD certificate completion.

Ways that quality can be reviewed may be via clinical audit committees, which would oversee the quality of MCCOD practices. These committees would set training requirements, audit clinical records and certificates, report and disseminate audit results, and suggest and develop training plans for physicians around observed problem areas.

Summary

High quality MCCOD is essential to generate good quality national mortality statistics. This cannot be achieved in the absence of a structured and ongoing programme of advocacy, education and training of medical professionals at all levels. This must not only be targeted at future physicians during medical school, but also continue to be targeted at junior and senior physicians throughout their professional life.

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