



A note on the quality of medical certification of deaths in South Africa, 1997 - 2001

To the Editor: Before 2002 there were no official statistics on multiple causes of death in South Africa. Such statistics became available for the first time in December 2002 when Statistics South Africa (Stats SA) published a report on multiple causes of death in South Africa for the period 1997 - 2001. The data were obtained from printouts of images of completed death notification forms stored on rolls of microfilm. For the purposes of the report a 15% random sample of the rolls of microfilm was used instead of all the rolls. Some of the summary tables on multiple causes of death were included in the official report.¹ The results are interesting, not only in showing the changing cause-of-death profile, but also in assessing the quality of medical certification by physicians. From the listed multiple causes of death, trained nosologists at Stats SA use World Health Organisation (WHO) rules to determine the underlying cause of death (which started the chain of events leading to the death). The results show that on average, the ratio of multiple to underlying cause of death was 1.58 for males and 1.66 for females and the ratios did not change much over the study period. For males and females combined, the ratio was 1.63. These ratios are small when compared with similar ratios in Australia,² Canada and the USA.³

In terms of accuracy of cause-of-death reporting, the two worst candidates are the vague categories of 'ill-defined' causes (covering stated causes such as natural death, heart failure or sudden death) and 'general symptoms and signs' (covering stated causes such as pains, vomiting, heartburn, etc.). When the whole sample is considered, these two subgroups of causes of death account for 11.37% of all underlying causes of death among males and 14.00% among females, and account for 9.56% of all multiple causes of death among males and 10.7% of all multiple causes of death among females. Although some of these deaths occur in homes and others in deep rural areas where the village headmen complete (a version of) the death notification form, the vast majority occur in institutions with an attending physician filling in the details of the deceased.

It is clear from the above that medical certification of deaths is relatively poor in South Africa. The reasons for this could be many, ranging from ignorance of the underlying cause (partly because physicians did not have access to the full medical

record for the deceased), to physicians withholding information (partly because their concerns for confidentiality in the new death notification form have not been sufficiently addressed). There is need for urgent research into these reasons. Once they are known then concrete steps can be taken to address them in order to improve the quality of medical certification of deaths in South Africa.

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1. Statistics South Africa. *Causes of Death in South Africa, 1997 - 2001: Advance Release of Recorded Causes of Death*. Statistical release P0309.2. Pretoria: Statistics South Africa, 2002.
2. Australian Bureau of Statistics. *Causes of Death Australia, 2000*. Canberra: Australian Bureau of Statistics, 2001.
3. Wilkins K, Wysocki M, Morin C, Wood P. Multiple causes of death. *Health Rep* 1997; 9.

Bone densitometry – missing reference

To the Editor: My letter published in the February 2003 *SAMJ*¹ was truncated, and lost the reference. In a nutshell, I agreed with the problem-solving role of the QCT mentioned by the other correspondents, and concluded that DEXA and QCT were both valuable, safe and somewhat complementary investigations.

The missing reference was: http://www.acr.org/dyna/?id=appcrit&pdf=0397414_osteopbone_mass_measurement_ac

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1. Beningfield S. Comment on letters. *S Afr Med J* 2003; 93: 86-87.

Erratum

In the letter by Karen Phillips, Tom Ruttman and John Viljoen entitled 'Flying doctors, saving costs', which appeared in the December 1996 *SAMJ*, there was an error on p. 1558. The surname of the second author should have been spelled 'Ruttman', and not 'Ruttman'.