

DEATH NOTIFICATION: A CALL TO ACTION

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INTRODUCTION

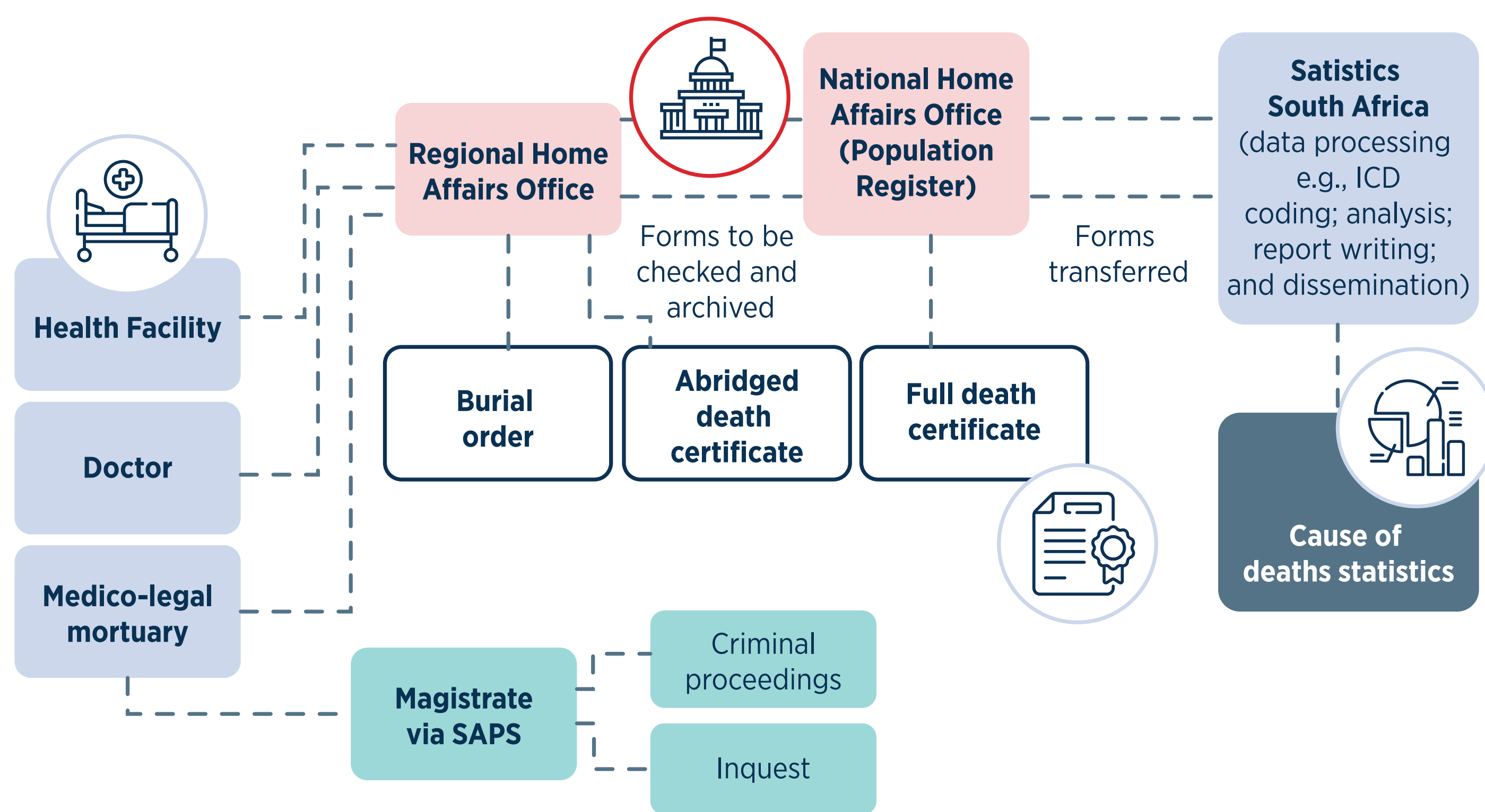
The United Nations Sustainable Development Goal 3 (SDG), is to ensure healthy lives and promote well-being for all, at all ages. Many of the SDG 3 targets utilise improved mortality surveillance data as an indicator of success (Dorrington, et al., 2019). In the healthcare industry death notification is a system of coding causes of death (COD) for accurate mortality surveillance that has many public health benefits. It is a poorly managed system worldwide that is not well understood by the key role players (including hospital administration) and has far reaching implications for mortality data and its use by the health authorities and funders.

Firstly, accurate trends relating to urgent and emerging health needs of a population can be rapidly established, e.g. COVID-19 (Michelozzi, et al., 2020; Zavattaro, 2023). Secondly, the impacts of disease on the socio-economic status of its citizens and health and related systems can be determined. Additionally, information about the escalation or de-escalation of preventable injuries can be noted. Finally, the impact of health interventions can be measured. Thus, accurate death notification procedures allow the local and national authorities to implement evidence-based, actionable responses to health needs (Setel, et al., 2020).

In addition, other stakeholders such as health actuaries and insurers utilise the data to affect tariff adjustments and inform member benefits. Thus it is key that the information provided by doctors on DNFs is accurate and complete (Schuppener, et al., 2020).

BACKGROUND

The current mortality surveillance system in South Africa requires that information be provided by the doctor on the death notification form (DNF). This is then processed by Statistics South Africa (Stats SA) to generate "cause-specific mortality statistics" (Statistics South Africa, 2018, p. 73). This report is then utilised by the national government to allocate health budgets, mandate health priorities (including regulatory or policy change) and allocate stakeholder resources (StatsSA, 2018).



METHOD

Aim / Objectives:

To identify the barriers to accurate death notification and to highlight the need for improved death notification by all role players to ensure:

1. Improved data quality relating to COD statistics
2. Appropriate referral of unnatural deaths
3. Improved monitoring of trends through an appropriate death register

Method:

An ongoing review of the existing process of death notification is being undertaken within our hospital group in line with the implementation of a rigorous clinical governance framework. This includes the review of the:

1. Knowledge of accurate death notification requirements by hospital administrators and doctors, including specialists
2. Knowledge of the medico-legal implication of inaccurate death notification of hospital administrators and doctors, including specialists
3. Utilisation of the Forensic Pathology Services for medico-legal autopsy referral and mortality feedback
4. Current system of cause of death documentation, coding, monitoring and evaluation

During the process of review we have uncovered two (2) significant trends that require urgent and ongoing intervention i.e.

1. A significant number of death notification forms show grossly inaccurate COD reporting and
2. Suspected unnatural deaths are not being referred to the Forensic Pathology Services (FPS) for medico-legal autopsy as legally required

RESULTS

On further review of the aforementioned trends, we uncovered that there is a lack of knowledge relating to:

1. The definition of cause, mechanism and manner of death
2. What constitutes unnatural death (including legislation relating to procedure-related deaths)
3. That family members cannot refuse referral, even for religious reasons

DISCUSSION

The quality of data from the DNF in South Africa is poor, despite subsequent improvements in the DNF format (Burger, et al., 2015). Approximately 50% of DNFs worldwide showed significant errors when validated (Burger, et al., 2007, 2012, 2015) (Salzberg, et al., 2019). Interestingly, Pass (2008), in her Master's dissertation, showed that even short educational interventions can significantly improve test scores relating to DNF training (p. 46). Despite the need for accuracy and completion of the DNF, nationally and internationally, doctors receive "little or no training and / or supervision" (Burger, et al., 2007, p. 1077; Schuppener, et al., 2020). This lack of training is the root cause of inaccurate information and poor-quality data.

Importantly, inaccurate information on DNFs can have disastrous national public health and economic effects. Underreporting and misclassification of HIV / AIDS-related deaths during the period 1999-2004 were reflected in the official mortality statistics reported by StatsSA. Key presidential advisory panel members used this inaccurate data to support, in part, their HIV / AIDS denialism arguments. It is postulated that 330 000 premature deaths and 35 000 new infections of HIV were associated with government policies fueled by HIV / AIDS denialism (Chigwedere & Essex, 2010). More recently inaccurate reporting resulted in delays in responding to the COVID-19 pandemic (Michelozzi, et al., 2020; Zavattaro, 2023).

Additionally, the lack of adequate systems for the accurate completion and administration of death notification forms can result in significant illegal activity such as identity theft and funeral and life insurance fraud (Association of Savings and Investment of South Africa, 2022). Worse still is the underreporting of suspected unnatural deaths due to a lack of awareness of the legal parameters which mandate medico-legal post-mortem examination (Charles, et al., 2017).

CONCLUSION

As a healthcare and hospital services provider, private hospitals are obligated to have procedures in place to ensure competency of mortality surveillance. However, there is currently a lack of ongoing competency evaluations and training relating to DNF completion as part of the mortality surveillance. Interventions to improve death notification are paramount and are being implemented at Life Healthcare. These measures include ongoing access to death notification training for all stakeholders, clinical manager 24-hour availability for death-related queries, improved communication with nodal FPS services and ongoing improvements to our Quality Management System to allow for accurate coding and capturing of COD statistics.

We make a call to action to all private and public stakeholders to prioritise death notification to ensure adequate public health responses and funding.

ACKNOWLEDGEMENTS

Dr P. Soko, Dr K Mrwebi, Dr N. Madhlopha, Dr N. Tathiah, Dr J Beukes.

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