Looking at the future of the Medical Certification of Cause of Death (MCCD) in England and Wales

Pablo Millares Martin, Matthew Allsop, Paul Carder

Abstract

Internationally, the quality of death certification is poor although there are multiple efforts underway to improve the process. In England, a new medical certification system has been proposed to improve the quality of data. We surveyed general practitioners (n=95) across the West Yorkshire area of England to appraise their views regarding whether further possible changes to the death certification system could promote their quality.

Introduction

Palliative care is seen as integral to supporting people to achieve a good death through numerous markers: Dignity in treatment, adequate symptom control, and dying in preferred surroundings and with familiar people [1]. However, bereaved families continue to require support after someone has died, not only regarding their bereavement but also with death administration. An efficient process of medical death certification and a clear understanding of the cause of death is crucial to provide closure for families and reduce the burden of administration following a death.

In England, the Medical Certification of Cause of Death (MCCD) process involves detailing the cause of a person's death and the issuance of a death certificate. By law, this process must be completed by a doctor who has attended to the deceased during their last illness, and it needs to be shown at the General Register Office within five days of the death. The cause of death is important for several reasons, not just to help families understand the circumstances of the death, but to provide a legal record of the death, to track trends in mortality, to identify public health problems, and to support research that uses causes of death data. However, the quality of death certification is poor internationally [2]. A range of solutions have been suggested for improving the quality of death certification including ongoing training, implementing quality control mechanisms, standardizing forms, improving knowledge, and understanding of the functions of the certification, and implementing multidisciplinary mortality meetings [2]. In the context of England, the government has proposed the implementation of a Medical Examiners System (MES) as a quality control mechanism. It was initially planned to be operational in April 2023, but it has been now delayed until September 2024 [3]. The proposed MES will require every cause of death certification to be sent by the completing clinician (known to the person who died) for independent scrutiny by a Medical Examiner's Office (MEO). This process of review by the MEO is required before a death certificate can be issued to the family or representative of the deceased. The MEO can agree to the cause of death completed by a clinician, or contest the cause of death and provide advice and feedback on modifications. The MEO will discuss the cause of death with the bereaved to clarify any concerns and will identify cases that need further analysis. If requiring modification or review, the process of death certification will require additional time to allow the certification process to be

finalised. Furthermore, at present, any diagnoses in the form will need to be coded accordingly by the General Register Office, which could get back to the clinician involved if any concerns are raised.

Exploring views in general practice

A survey conducted online in 2023 [4], assessing the practice of 95 general practitioners (i.e. primary care physicians) in their completion of death certification, indicated that the new Medical Examiner system may not support intended improvements in the quality of the process. Primary Care Physicians were invited through the weekly communique they receive from routine channels, specifically the West Yorkshire Integrated Care Board, and included informed consent. A section of the survey explored General Practitioners´ views on the future of death certification, on the new system and on further areas to be tackled (See Table 1). It indicated that, at present, the majority of general practitioner respondents (n=65; 68.4% of respondents) felt confident completing death certificates. Fewer respondents (n=50; 53.2%) felt that the proposed Medical Examiner system would lead to improvements in the quality of death certification. There was also concern that the new proposed system may have an impact on the timeliness of certification relating to cultural and religious groups (n=78; 83%) and that it could have an impact on deprived areas (n=57; 60.6%).

Participants indicated that enough data is currently being collected to understand death and preventable causes (n=72; 76.6%) in the current format. When questioned if data would improve if there was a requirement to change from free-text to enter it as coded data (to align with practices in ten European countries [5]), some respondents (n=44; 46.8%) agreed. Entering data electronically was seen as a way of improving data quality by GP respondents (n=65; 68.4%). The possibility of other professionals completing the form (e.g., advanced nurse practitioners) was also seen as a means of improving the quality of the process by some respondents (n=59; 58%).

The future

In England, there are increasing pressures on general practice and rising numbers of deaths expected in the community. We sought to explore the process of death certification in this context, accounting for the administration that relatives of the deceased need to complete and the use of the data to guide public health decision making. Bureaucracy is considerable in general practice and consequently there is an interest in efficiency in working practices. Where this results in delegation of tasks or completion to the minimum required, this could lead to reductions in the quality of death certification through limited engagement with a detailed medical history that is necessary to determine and accurately document the underlying cause of death.

Our findings indicate doubts about the extent to which the proposed Medical Examiner system will lead to improvements in the quality of death certification. Alternative or additional approaches that might be explored to facilitate the process could include allowing a wider range of clinicians with knowledge of the decedent, to complete the paperwork. This could include other professional groups such as advanced nurse practitioners (ANPs); an approach already implemented in Canada [6]. Given the decreasing number of general practitioners, and the increasing ANP workforce in primary care, this may be an approach that accelerates the certification process, whilst improving their quality. Death registration data should also, ideally, be completed in a digital and coded format [5] to reduce erroneous completion. Currently coding is undertaken by the Registry Office, and any suspected error could mean returning the certification form to a clinician for clarification. Digital coding would enable more efficient information sharing and communication between these parties. Furthermore, it would provide a clear framework for clinicians completing the forms to identify diagnoses that are allowed for certification. To realise these benefits around timeliness and quality of coding, there may be a need to train clinicians better on the use of health informatics (e.g., how to complete any potential new digital form, and the use of codes). Furthermore, there are broader training needs around the importance of a focus on the recording of the underlying cause of death and MCCD completion, and the understanding of purposes of medical certification of death beyond informing the relatives of the deceased (i.e., tracking mortality and public health trends and research).

The process of death administration is important for bereaved families. It should be fast and simple, but there is a current complexity resulting in hold-ups linked to errors in MCCD documentation or delays because a clinician is not available to complete the MCCD on the day of request. It is then likely that planned additional steps regarding checks by medical examiners will cause further, additional delays. A good death needs to be followed by a straightforward after-death administration and engaging primary care services is essential to achieving it.

Author contribution

The survey was designed by the three authors, and the paper was written by PMM and reviewed by MA and PC.

Competing interests

The authors declare no competing interests.

Consent to participate

Informed consent was obtained from all individual participants included in the study.

Ethics

This project was classified and methodology approved as a service evaluation project by the organisation, West Yorkshire Research and Development (Ref: 001-25-01-20230).

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