

Incorrect hazards information on the MCCD in Scotland 2015-2023: delays for bereaved families, opportunistic education for doctors

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Introduction

DCRS reviews a random selection of Medical Certificates of Cause of Death (MCCD) in Scotland.

Information on hazards to safe disposal of a body is declared in Part D of the MCCD:

- DH1 – Public health risk?
- DH2 – Cardiac pacemaker or other explosive device?
- DH3 – Radioactive or hazardous material?

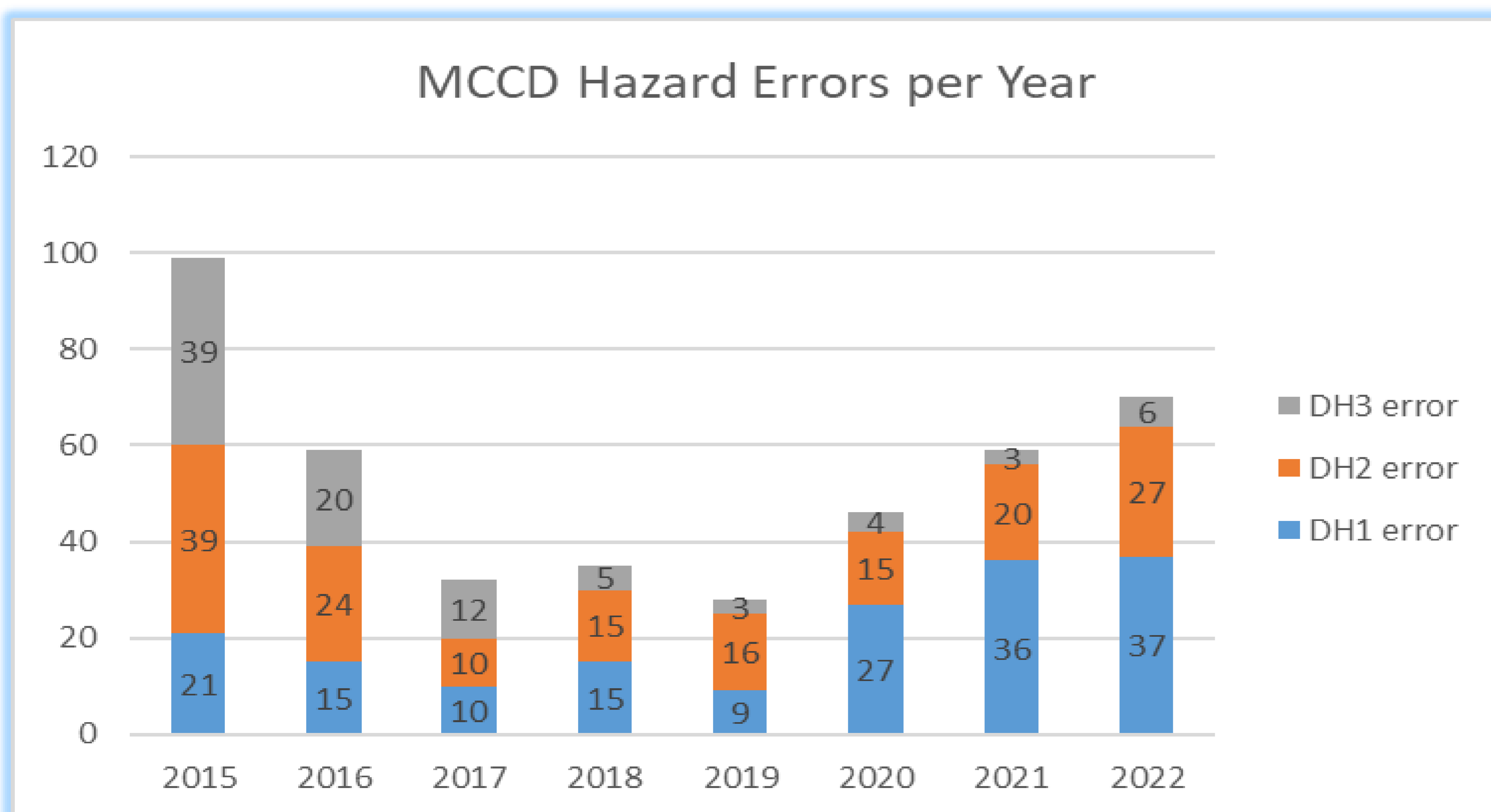
If the hazards section is wrong, the MCCD must be reissued to correct it. The incidence of incorrect hazards to safe disposal has been sparsely studied with estimates of error rates between 4.5%¹ and 6.4%².

We investigated the incidence of incorrect hazards information on MCCDs in Scotland.

Method

DCRS medical reviewers analysed every MCCD review case in which the hazards section was completed incorrectly. Data was available for 8 complete years of DCRS service from May 2015 – May 2023. No cases were excluded.

Chart 1



Results

42,975 MCCDs were reviewed in the study period. Of those, 319 (0.7%) had at least one error in the hazards section. A total of 428 errors were found as some MCCDs had an error in more than one domain:

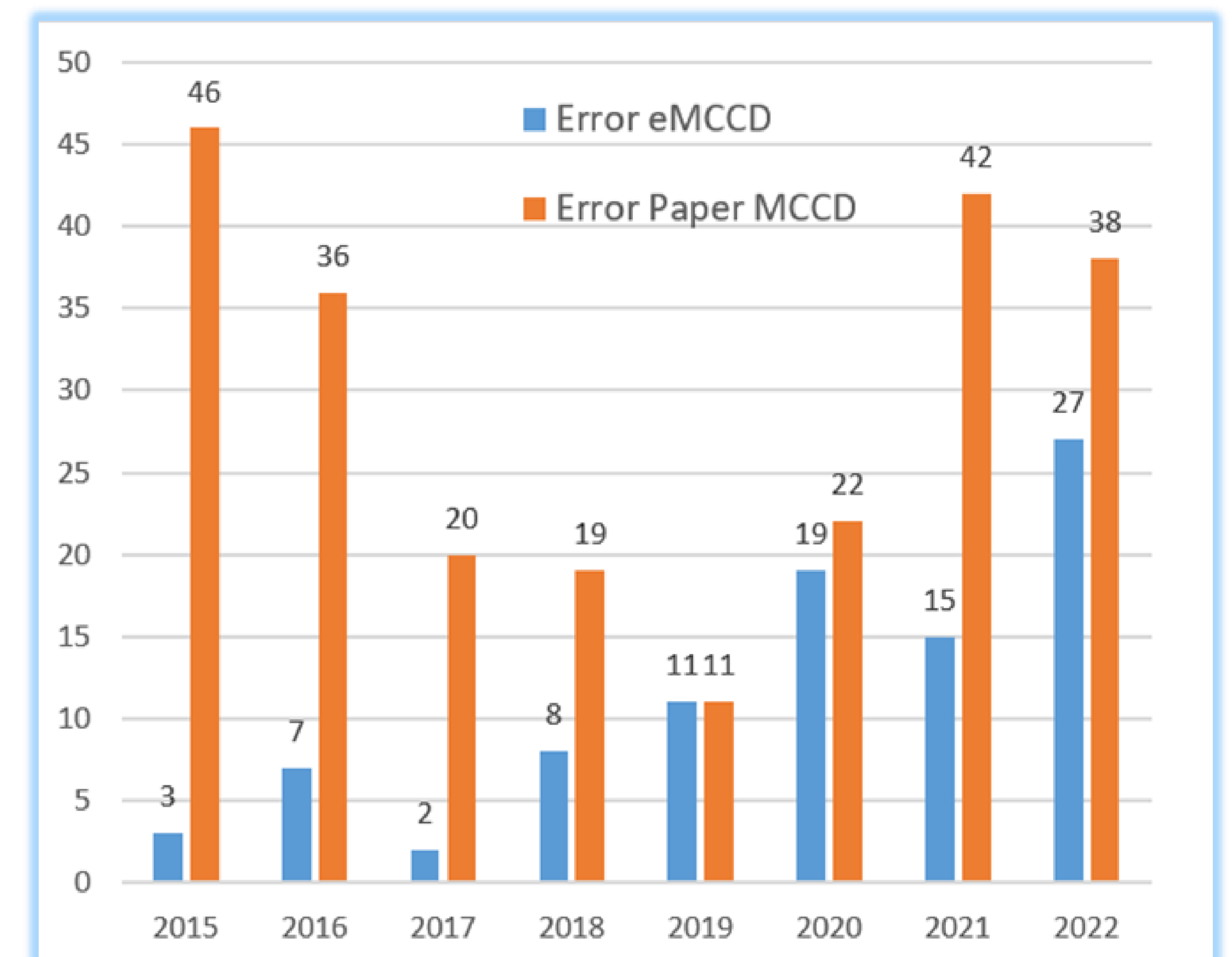
- DH1 – 170 errors, 67 related to COVID-19
- DH2 – 166 errors, 73 related to missed pacemakers or other explosive devices
- DH3 – 92 errors all but 1 due to leaving this box blank, or ticking it in error.

Data show a trend towards improvement in hazards accuracy until the COVID-19 pandemic, when the hazard error rate increased again (Chart 1).

The majority (71%) of errors were on paper MCCDs – mostly from secondary care. Errors appeared to increase on MCCDs written in both primary and secondary care during the pandemic (Chart 2).

MCCDs with a hazard error need to be re-issued. Standard level 1 reviews are completed in just under 4 hours, however where a replacement is required the mean time to complete a review is 9.5 hours.

Chart 2



Conclusions

Our data demonstrate the first national observational study of error rates in the declaration of hazards on MCCDs. We have shown that the error rate is 0.7% of MCCDs, lower than previous studies have indicated.

The data suggest a trend towards improvement of hazards accuracy at the start of DCRS' independent quality assurance of MCCDs.

Error rates increased again during the Covid-19 pandemic. This may relate to the deluge of information about COVID-19 and increasing work pressures.

Making errors increases the time taken to complete the MCCD review, thereby adding delay to families in completing registration of the death. This is of particular importance where rapid burial is required e.g Muslim and Jewish faiths. The negative impact for families forms part of DCRS education³ to doctors in how to complete the MCCD accurately.

References:

1. Horner JS and Horner JW. Do doctors read forms? A one year audit of medical certificates submitted to a crematorium. J R Soc Med 1998; 91: 371-376
2. Hawley C. Crisis in Cremation: Poor form filling makes medical referees essential. BMJ 1999; 318: 811
3. Support Around Death, Death Certification. [Death Certification Scotland | Support Around Death](https://www.healthcareimprovementscotland.org/support-around-death)