Author’s response to reviews

Title: Death certificate completion skills of hospital physicians in a developing country

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Author’s response to reviews: see over
Dear Editor,

Thank you for your valuable feedback and suggestions. Please find below the changes we have incorporated in light of your suggestions.

The authors should explore documented studies with similar objectives that provide guidance for a validated study methodology and reporting methodology. The authors do not appear to have consulted the literature to use methods already proven to be useful, and to make the case for why documented methods are inadequate for their objectives, thus justifying the need for their grading system. For example a similar study in the WHO Bulletin was: "Impact of misclassification on measures of cardiovascular disease mortality in the Islamic Republic of Iran: a cross-sectional study Ardeshir Khosravi a, Chalapati Rao b, Mohsen Naghavi a, Richard Taylor b, Nahid Jafari a, Alan D Lopez. Likely there are others, but a preliminary search reveals this study which is very similar, but focused on cause of death errors, and provides usable, detailed findings for physicians and health policy leaders.

We have added a paragraph including reference in the introduction and methods part on why this particular grading system was used and how it met our objectives.

At this point the utility of the various items included in their grades of inaccuracy is not clear, nor is the utility of findings presented based on the grades clear.

We have amended the methods section and some part of the discussion to emphasize and distinguish between demographic errors, errors in comorbid conditions and grievous errors which can affect the interpretation of the certificates and thus have public health significance.

The authors should narrow down the focus of their "inaccuracy" focus, state the significance of their focus area for policy and practice, and provide in depth findings on the selected areas. At this point there are some dramatic numbers presented (e.g. 92% inaccurate, when the actual public health significant errors should be much lower, though possibly significant (the latter is not clear because of lack of any detail except raw percentages and some examples cited in the discussion).

We have amended the ‘discussion’ and ‘summary’ as suggested to dissect out errors that are related to comorbid conditions and that impact the interpretation of the certificate from others like demographic, failure to identify signatory etc.

Once again thank you for considering our article for your journal.

Regards,

Dr A S Haque