Reviewer’s report

Title: Assessing the quality of medical death certification: a case study of concordance between national statistics and results from a medical record review in a regional hospital in the Philippines

Version: 0 Date: 08 Jul 2018

Reviewer: Frank Baiden

Reviewer's report:

Specific comments

* Line 125-7: What was the basis for the change? Why could the same reason not apply in other diagnoses?

* Line 158-9: In those instances, what did the review physicians do?

* Line 191: Not all readers might be familiar with "three-digit level". The example does not make it clearer. Perhaps rephrase the example to first, second and third levels of that example provided

* Line 211-2: Consider rephrasing "high quality deaths" and "low quality deaths". I believe you mean "diagnoses" not "deaths"?

* Line 276-7: On what basis do you make this assessment?

* Line 312-3: This statement reads as too self-serving. Consider rephrasing. I believe you wish to indicate that this work goes further than that reported by Hernandez et al

Study physicians review process

Generally, how did the physicians undertake the review? Independently and later in conference? How many were involved and how much assurance can be provided about consistency?

* About findings and conclusion

A major finding of this work is "study physicians found it necessary to correct the UCOD in 41.2% of the MCCOD; the change was due to a change in the sequence of causes in 7.2% of all MCCOD and to the introduction of a new diagnosis in 33.7% of these."
From the above, it appears had it not been for the changes made by the study physicians, the results would have been remarkably different. Given that, that level of review and scrutiny cannot be achieved in routine settings, shouldn't there be concern about the quality of entries being made in the routine system; by as described in the Conclusion "junior physicians?"

Based on the above, readers should reasonably challenge the conclusion that "the routine mortality data from PSA, at least for Bohol, might be used with some confidence to describe comparative cause of death patterns in the population"

The conclusion requires better justification! A change level of 41.2% (with 33.7% involving introduction of new diagnosis does not support this conclusion.

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