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: 26 Aug 2018

Reviewer: Mohsen Naghavi

Reviewer's report:

a) Main Concern:

The most important inconsistency between MRR and PSA comes from sequence consideration. These 10 causes have lower than 70% agreement. These 10 causes are more than 50% of total death, more than 50% of these 10 causes with agreement lower 70% are residual category. This category is very vague.

Three other causes in this group are usually terminal cause (renal diseases, Diarrhea/Dysentery, Pneumonia). Assignment death to these causes is very hard and usually depended to the clear search of chain of death

2 other causes: diabetes and TB are chronic diseases that come with many other diseases (co-morbidity)

1 Other Cancers 69.6%
2 Other Injuries 68.6%
3 Other Infectious Diseases 59.4%
4 Other NCDS 59.0%
5 Other Cardiovascular Diseases 57.7%
6 Renal Disease 54.4%
7 Diarrhea/Dysentery 51.9%
8 Pneumonia 51.0%
9 Diabetes 50.8%
10 Pulmonary tuberculosis 50.0%
In this paper; when there are inconsistency between these 2 sources; Process of Assignment of death is not clear. And this is the big weak point of this paper.

My recommendation is: add an excel sheet to these paper for any death that there are not consistency between MRR and PAS. In this table you should show all cases by sequence (underlying and Chain ) from MRR part and causes that assigned by PSA , you can do this by ICD code , or name or by both.

This table can be most important table in the appendix of this paper.

b) other concerns

1- Line 32 and 33: need reference Deaths certified by hospital physicians have been implicitly considered to be of high quality,

2- Line 66 and 67: need reference: and this will be reflected in high quality hospital cause of Death (COD) statistics

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