Medicina Clínica xxx (xxxx) xxx–xxx

MEDICINA CLINICA

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Letter to the Editor

Dysfunctional insertion of the electronic medical death certificate in the official statistics of causes of death

Disfuncional inserción del certificado médico de defunción electrónico en la estadística oficial de defunciones según la causa de muerte

Dear Editor,

With regard to the article by Teijeira et al. on the Electronic Medical Certificate of Death of the General Confederation of Medical Associations (eMCOD-CGCOM),[1] it should be remembered that, following the advocacy of scientific-technical health associations,[2] the implementation of the eMCOD in 2020 was approved by the Interterritorial Council of the National Health System (NHS), at the proposal of the Ministry of Health, in order to complete the telematic process of the statistics of deaths by cause of death of the National Statistics Institute (INE), in order to have the causes of death available promptly. And that previously, in 2009, the Chairman of the CGCOM authorised the inclusion of the MCOD-CGCOM in the INE Death Statistics Bulletin, with the structure of the WHO International Death Certificate, after years of inadequacy[3]; not without the INE insisting on its transfer/donation in the general interest.

The eMCOD-CGCOM was tested in Ciudad Real, part of the Health Service of Castilla-La Mancha (year 2021). The lack of success led to its repeated implementation in the entire Navarra Health Service (year 2022). "In both cases, the experience did not produce the expected results," the authors conclude. A third test involved two large public teaching hospitals in the cities of Barcelona and Madrid, which reliable sources estimate to be in the range of 0–122 eMCOD-CGCOM deaths per month per city in 2024, among the usual monthly deaths of 1300 and 2450 respectively. However, the general territorial implementation in Spain has been made official (Resolution 13.997, BOE 164, 8 July 2024). To say that the current experience is encouraging is a conclusion that does not correspond to the results. It is well known that the certification of causes of death can be improved in Spain,[4] with medical training being the only intervention with proven efficacy.[5]

The continuation of eMCOD-CGCOM certification is not intended to be representative, nor is it intended to be a health alert system for sentinel doctors. After 3 years of testing, there is no evidence or documentary projection that would allow the INE to conclude that the eMCOD-CGCOM will be capable of providing statistical health benefits in the next decade.

The eMCOD-CGCOM fails because of the complexity of the link between the citizen's payment form and the banking system, the link with the CGCOM cryptographic signature card, the lack of interoperability in the networks of the autonomous health services of public or private centres, and the fact that it is external to the NHS electronic medical record and the Civil Registry.

The legitimacy of the MCOD-CGCOM is defined by Articles 57 and 58 of its Statutes.

We can only argue that we need an eMCOD that simplifies and reduces the procedures for certifying death (an eMCOD owned by the state, signed with an electronic ID, as performed by forensic doctors in their legal reports???). We need a certificate that is generated from medical records, that is part of the INE's telematic system with a Civil Registry, and that serves the same purpose for which it was approved: to generate INE counts of causes of death in a rapid and exhaustive manner, as France, Italy and the United Kingdom did during the SARS-CoV-2 pandemic.[2]

We need the Ministry of Health, in collaboration with the Ministry of Economy and Justice, to resolve this conflict of legitimacy in order to ensure proper public health care for citizens.

Ethical considerations

Informed consent is not required.

Funding

Unfunded.

Declaration of competing interest

The authors declare that they have no conflict of interest.

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