

Transitional methods for determining causes of death

May 9 2018, by Margareta Gustafsson Kubista



Laith Hussain-Alkhateeb, Ph.D., Sahlgrenska Academy. Credit: Margareta G. Kubista

Improved tools are under development for determining the causes of death in settings where medical examinations or post-mortem autopsies are not routinely conducted. The population-based approach, namely verbal autopsy using standardized interviews, including signs, symptoms and circumstances leading to death, conducted with the bereaved family, are becoming the best alternative in the more affluent parts of the world.

"More than half the world's deaths and their causes are never recorded by virtue of the underdeveloped Civil Registration and Vital Statistics (CRVA) system which limits the capacity of [health](#) planners and politicians to adequately allocate resources where they are needed," says Laith Hussain-Alkhateeb, PhD, a researcher at the community medicine and [public health](#), Occupational and Environmental Medicine (AMM) unit, Sahlgrenska Academy.

Pioneer projects began naming this technique in the 1950s in India, where they established the concept of verbal [autopsy](#). The method has since become more widespread and has been standardized under the direction of the World Health Organization (WHO). Verbal autopsy is used today in more than 50 countries. Laith Hussain-Alkhateeb has studied its recent advancement using data from the Agincourt Health and socio-Demographic Surveillance System in South Africa.

During his novel research with global health researchers from Sweden, the U.K. and South Africa, Laith Hussain-Alkhateeb advanced the application of the verbal autopsy method into a pragmatic and scalable approach to modelling circumstances of mortality categories for verbal autopsy deaths with only minimal additional effort and cost to the existing verbal autopsy process of the medical causes. This enhancement of mortality data will bring in information on health systems, social and cultural circumstances of outcomes providing routine feedback for monitoring global public health priorities.

It is uncommon today for physicians to conduct verbal autopsy themselves rather than trained fieldworkers using the mobile [verbal autopsy](#) tool, which has ultimately reduced time and cost of the interview. This digital application with the standardized questionnaire instrument, which allows for simple yes or no responses, has shortened the interview time from an average of an hour to about 20 minutes.

"Achieving [universal health coverage](#) requires standardized tools that can effectively link healthcare services utilization to mortality outcomes in population for routine monitoring. Therefore, the concept we introduced does not undervalue the usefulness of medical classification of causes of death, but incorporates additional health system and social dimensions to the understanding of death outcome," says Laith Hussain-Alkhateeb.

Migration in transition

Comparing medical and circumstantial causes of death between and within countries and regions and over time requires consistent and standardized tools. Laith Hussain-Alkhateeb has participated in the development of this timely and essential tool to allow comparisons possible over time and space.

"The method is not necessarily needed only in areas that lack the CRVS system. Many countries including Europe have sound systems for determining causes of [death](#), but globalization and migration put these systems under extreme conditions, raising the issues of suboptimal care and miscommunication. In the case of European setting, these issues are attributed to both cultural and medical competence for European health practitioners caring for non-European immigrants," says Laith.

Provided by University of Gothenburg

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