B. DETAILED RESPONSES

NB : All questions concern for Belgium: The Flemish Community and for Germany: The Land of Hessen only

4.1 Are queries to certifiers possible when the coding Office needs to get better information on an individual cause of death ?

Yes 14 : Austria, Belgium, Denmark, Finland, Iceland, Ireland, Luxembourg, Netherlands, Norway, Portugal, Spain, Catalonia, Sweden, UK-Northern Ireland, UK-Scotland

Difficult 6 : France, Germany, Greece, Italy, Spain, UK-England

4.2 If no or difficult, why ?

Confidentiality constraint 2 : Germany, Greece

Difficulty to identify the certifier 2 : France, Portugal

Difficulty for the certifier to identify the case 2 : Italy, Spain

Lack of resource 2 : France, UK-England

Other reasons 3 : Germany, Portugal, UK-England

4.3 Can you explain the reasons for these difficulties ?

France : Lack of time.

Germany : The certifiers do not cooperate, physicians do not remember (delay) or do not want to ; administrative procedures in hospitals, the circulation is complicated (the queries are sent to the local health Offices which contacts the physician).

Portugal : Difficult because the Office does not get the name of the certifier and has to send the query to the Civil Registration Office who will contact the physician.

UK-England : Delays, infrequent replies, not set up to do automated coding.

4.4 What proportion of death certificates are queried (approximate %) ?

Less than 1% 4 : France, Greece, Italy, UK-England

1% to 3% 7 : Germany, Luxembourg, Netherlands, Norway, Portugal, Spain-Catalonia, Sweden

4% to 6% 7 : Austria, Belgium, Denmark, Finland, Iceland, UK-Northern Ireland, UK-Scotland

More than 10% 1 : Ireland

No response 1 : Spain

4.5 Is there a significant evolution in the proportion of death certificates queried ?

Yes increasing 5 : Belgium, Denmark, Germany, Spain, UK-Northern Ireland

Yes decreasing 4 : Greece, Luxembourg, Portugal, UK-Scotland

No (stable) 11 : Austria, Finland, France, Iceland, Ireland, Italy, Netherlands, Spain-Catalonia, Sweden, UK-England

4.6 If yes, can you briefly describe the trend and explain it ?

Belgium : Increasing (motivation for the coders).

Denmark : Increasing only because death certificates are less and less correctly filled out (more unknown causes of death).

Portugal : Decreasing (unknown and unspecified causes of death are increasing).

Spain : The evolution is positive because there are more collaborations with the Institutos regionales de estatistica which are closer to certifiers.
Sweden: Increasing since the introduction of ICD-10. This is probably due to better data validation software - suspicious cases are more easily detected.

UK-Northern Ireland: Increasing as we get a better response from doctors.
UK-Scotland: Decreasing (for very specific information).
Greece: Decrease
UK England: Suspended in 1993 (automated coding) except to follow up autopsies.

4.7 Are there any standardized instructions/protocols for sending queries?

Yes 9: Austria, Belgium, Finland, Ireland, Norway, Portugal, Spain-Catalonia, Sweden, UK-Scotland
No 10: Denmark, France, Germany, Greece, Iceland, Italy, Luxembourg, Netherlands, Spain, UK-England
No response 1: UK-Northern Ireland

4.8 If yes, can you briefly explain these instruction:

Austria: Letter + certificate.
Norway: Special forms are used for different diagnosis/ causes.
Portugal: Sheet of paper with 12 questions with boxes.
Spain-Catalonia: Yes, phone calls for ill-defined and unprecise causes for people < 75 years + blank certificates for all.
Sweden: Very precise instructions.
UK-Scotland: 1) Further info likely to be available, autopsy carried out, imprecise terms used, poor sequence. UK-Northern Ireland: Further info to get, industrial disease.

4.9 Are there any standardized instructions on some pathologies to query as a priority?

Yes 10: Austria, Belgium, Finland, Ireland, Norway, Portugal, Spain-Catalonia, Sweden, UK-Northern Ireland, UK-Scotland
No 10: Denmark, France, Germany, Greece, Iceland, Italy, Luxembourg, Netherlands, Spain, UK-England

4.10 If yes, what type of pathologies?

Norway: Drowning, fractures, intox, cancer, suicide/autopsy, TBC, diabetes mellitus, pneumonia, mors subita, cirrhosis, depats, cor pulmi, urrhemia, gangrene.
Sweden: Surgery, suicide, murder or manslaughter, HIV Aids, in some cases neoplasm's, pneumonia and heart failures.

4.11 More generally, what type of certification problems are queried?

4.12 Which are the pathologies most queried by the coding service?
(These questions have been analyzed together).

Accidents: Belgium, Germany, Luxembourg.
Autopsies: France, Netherlands.
Blank certificate: Netherlands.
Causal chain: Belgium, Finland.
Chirrosis hepatitis: Norway.
Diabetes: Norway.
Drug abuse: Greece.
External causes: Finland, Portugal, Spain.
Fractures: UK-Northern Ireland.
Heart failure: Austria*, Spain, Spain-Catalonia, UK-Northern Ireland, Sweden.
HIV: France, Greece, Portugal.
Ill-defined conditions: Luxembourg, Portugal, Spain.
Infant death: Denmark.
Injuries: Portugal, Sweden.
Intoxication: Denmark.
Liver Cirrhosis: Austria*
Mesotheliom: UK-Northern Ireland.
Mors subita: Norway.
Multiorgan failure: Spain-Catalonia.
Other circulatory diseases: Finland.
Possible pregnancy: Portugal.
Pulmonary embolism: Austria*, Finland.
Respiratory failure: UK-Northern Ireland.
Septicemia: UK-Northern Ireland.
Still born: Denmark.
Suicides: Belgium, Germany.
Surgery: Austria*, Belgium, Germany, France, Netherlands.
Symptoms: Finland.
Syndromes: Austria*
Tumors/neoplasm: Belgium, Denmark, Finland, Netherlands, Portugal, Sweden.
Unknown, insufficient, contradicting: Germany, France, Netherlands, Portugal.
Violent deaths: France.
Young persons with unknown causes of death: Denmark.

* Always in combination with age

4.13 Is there an age limit for the deceased for a query?
Yes 7: Belgium, Ireland, Spain-Catalonia, Sweden, UK-England, UK-Northern Ireland, UK-Scotland
No 13: Austria, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain

4.14 If yes, what age?
75 years old 3: Spain-Catalonia, Sweden, UK-England
80 years old 1: UK-Northern Ireland
85 years old 2: Ireland, UK-Scotland
90 years old 1: Belgium

4.15 Are phone calls used to query?
Yes 6: Belgium, Greece, Netherlands, Spain, Spain-Catalonia UK-Northern Ireland,
Rarely 2: Sweden, UK-Scotland
No 11: Austria, Denmark, Finland, France, Germany, Iceland, Ireland, Luxembourg, Norway, Portugal, UK-England
No response 1: Italy

4.16 Why?
Belgium: Phone calls are more efficient to get answers, the same for faxes.
Finland: Phone calls are more manpower resources consuming; the answer cannot be given by phone because the response is in general in the archives of the hospitals.
France: Too expensive, too time consuming (many calls before getting the right person); confidentiality.
Greece: Easier to find the certifier.
Luxembourg: Confidentiality, not easy to reach the right person, physicians may do not like to be disturbed.
Netherlands: Yes, quick results possible.
Spain-Catalonia: More direct intervention, less 'no responses' than letters.
Sweden: It is important to have the new information in a written statement from the physician. In telephone calls there is some risk that the person from our office who interviews the physician thinks too much in terms of ICD coding rules, and puts leading questions with some specific underlying cause in mind. (Telephone calls in “emergency” cases are still used- if a potentially important case just as we are about to close the file and there is no time for a written query.)

UK-England: Phone numbers not available.

4.17 Who takes the decision to send a query?

<table>
<thead>
<tr>
<th>Category</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>The coder who has a problem</td>
<td>Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Norway, Portugal, Sweden, UK-Northern Ireland, UK-Scotland</td>
</tr>
<tr>
<td>The group of coders among regular meetings</td>
<td>Belgium, Denmark, Finland, Spain-Catalonia, Sweden, UK-Northern Ireland</td>
</tr>
<tr>
<td>The head/manager of the coding service</td>
<td>Austria, Belgium, Denmark, France, Greece, Luxembourg, Portugal, Spain, Sweden, UK-Northern Ireland</td>
</tr>
<tr>
<td>An automatic program</td>
<td>Spain-Catalonia, Sweden, UK-Scotland</td>
</tr>
<tr>
<td>Other people/procedure</td>
<td>Iceland, Netherlands, Norway, UK-Scotland</td>
</tr>
</tbody>
</table>

Iceland, Netherlands, Norway: Medical adviser.
Spain-Catalonia: Specific cases in meetings.

4.18 What is the mean delay between the death and a query to the certifier?

<table>
<thead>
<tr>
<th>Delay</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months</td>
<td>Austria, Belgium, Ireland, Netherlands, Portugal, UK-Northern Ireland, UK-Scotland</td>
</tr>
<tr>
<td>4 months to 1 year</td>
<td>France, Greece, Iceland, Luxembourg, Spain-Catalonia</td>
</tr>
<tr>
<td>More than 1 year</td>
<td>Denmark, Finland, Norway, Sweden</td>
</tr>
<tr>
<td>No response</td>
<td>Germany, Italy, Spain, UK-England</td>
</tr>
</tbody>
</table>

Sweden: At the moment, about 1 year. This is due to the delay caused by introducing ICD-10. During the ICD-9 period the office found that three-four months was the optimal interval - the medical records had generally been returned to the archives at that point, but the physician in charge of the case still remembered the patient.

4.19 Is the delay a problem for the quality of answers?

<table>
<thead>
<tr>
<th>Response</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Denmark, Finland, Greece, Ireland, Luxembourg, Norway Portugal, Spain-Catalonia, Sweden, UK-Northern Ireland</td>
</tr>
<tr>
<td>No</td>
<td>Austria, Belgium, France, Germany, Iceland, Netherlands, Spain, UK-Scotland</td>
</tr>
<tr>
<td>No response</td>
<td>Italy, UK-England</td>
</tr>
</tbody>
</table>

4.20 Approximate proportion of queries with useful answer:

<table>
<thead>
<tr>
<th>Proportion</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 90%</td>
<td>Denmark, Iceland, Netherlands, Portugal, Spain-Catalonia, Sweden</td>
</tr>
<tr>
<td>80 to 90%</td>
<td>Belgium, Germany, UK-Northern Ireland</td>
</tr>
<tr>
<td>70 to 80%</td>
<td>Finland, Ireland</td>
</tr>
<tr>
<td>Less than 70%</td>
<td>France, Norway, UK-Scotland, Luxembourg</td>
</tr>
<tr>
<td>No response</td>
<td>Austria, Greece, Italy, Spain, UK-England</td>
</tr>
</tbody>
</table>

4.21 Are results of queries included in the final statistics?

<table>
<thead>
<tr>
<th>Inclusion</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>Austria, Finland, France, Sweden</td>
</tr>
<tr>
<td>Most often/ Sometimes</td>
<td>Belgium, Denmark, Germany, Greece, Iceland, Ireland,</td>
</tr>
</tbody>
</table>
4.22 If never, why?
Spain: Never because there are 17 regional offices.

4.23 On the occasion of a query, does the causes of death statistics Office ask for:

- Only more precise information on causes of death:
  17: Austria, Denmark, Finland, France, Germany, Greece, Iceland, Luxembourg, Netherlands, Norway, Portugal, Spain, Spain-Catalonia, Sweden, UK-Northern Ireland, UK-Scotland

- Hospital records of the deceased:
  4: Belgium, Denmark, Iceland, Sweden

- Other type of information:
  3: Denmark, Iceland, Norway

Denmark: Legal reports.
Norway: Treatment, sequence, earlier diseases.

4.24 On the occasion of a query, does the causes of death statistics office send to physicians:

- Information on causes of death statistics:
  2: Denmark, Netherlands

- Guidelines on certification:
  2: Belgium, Finland

- Other type of information:
  1: France

Austria, Luxembourg: Copy of the death certificate to complete.
Denmark: The guidelines are recommended to be read.
France: Address of the Web site.
Sweden: Some of the query letters contain basic information on why we need that particular piece of information, and sometimes refer to specific studies or objectives. In general, however, our main aim is to make the letters as short and easily understood as possible.

4.25 Independent of the practice in your country, what would you propose as a good procedure for queries:

- To query only young age groups:
  1: Greece

- To use phone calls:
  5: Belgium, Netherlands, Spain, UK-Northern Ireland, UK-Scotland

- To ask for hospital records:
  4: Belgium, Denmark, Portugal, Sweden

- To query imprecise causes of death whatever the type of pathologies:
  18: Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Spain-Catalonia, Sweden, UK-Northern UK-Scotland

Belgium: A legal procedure to obtain the results of legal autopsies if the case is still in instruction.
Finland: The more information lies unwritten to the death certificate, the more queries should be sent.
Spain-Catalonia: Elderly have a lot of imprecise causes of death but to query this age group (>75) could increase a lot the number.

4.26 Independent of the practice in your country, what do you think would be interesting to send to the certifiers on the occasion of a query:

- Information on causes of death statistics:
  11: Belgium, Denmark, Finland, France, Greece, Ireland, Italy, Netherlands, Portugal, Spain-Catalonia, UK-England

- Guidelines on certification:
  10: Belgium, Denmark, Finland, France, Ireland, Italy, Luxembourg, Portugal, Spain-Catalonia, UK-England

- Other type of information:
  3: Austria, Iceland, Spain-Catalonia

Austria: Copies of the death certificate to complete.
Belgium: Not too much information.
Finland: To present the cause of death as a source of medical research.
Spain-Catalonia: Plus how to obtain information and data.
Sweden: No. I don’t think you should send physicians materials they haven’t asked for. In general, we have found that we get more answers the shorter our questions are. Perhaps short questions show the physicians that we try to respect their heavy workload and do not want to add to it unless absolutely necessary. Likewise, sending them certification guidelines if they haven’t asked for more information might imply that we don’t value their work...

4.27 Do you think that it might be necessary/feasible to have European recommendations for query practices?

**NECESSARY**
- Yes
  - 8: Austria, Denmark, France, Ireland, Luxembourg, Portugal, Spain-Catalonia, Sweden
- No
  - 10: Belgium, Germany, Greece, Iceland, Netherlands, Norway, Spain, UK-England, UK-Northern Ireland, UK-Scotland
- No response
  - 2: Finland, Italy

**FEASIBLE**
- Yes
  - 10: Austria, Denmark, France, Iceland, Italy, Luxembourg, Portugal, Spain-Catalonia, Sweden, UK-Northern Ireland
- No
  - 9: Belgium, Germany, Greece, Ireland, Netherlands, Norway, Spain, UK-England, UK-Scotland
- No response
  - 1: Finland

4.28 Why?
- Austria: Quality of statistics depends on quality of queries; some countries might have problems with queries.
- Belgium: More on a general level (government, universities) that on a concrete level as the redaction of letters.
- Denmark: If (we have) international comparisons, it is necessary to agree on what and when to query.
- France: International protocols would be interesting.
- Finland: The finished death certificate is more complete than other EU countries.
- Norway: Different information basis.
- Portugal: For better comparability.
- Spain: No because each country has specific problems.
- Spain-Catalonia: Yes for better comparisons (example: our queries are focused on ill defined and unprecise, if it is not the same in another country, will our figures be comparable?).
- Sweden: Querying influences the statistics very much, especially querying of ill-defined causes.
- UK-Scotland: Too different practices.

4.29 What would be the priority for a recommendation:
- To propose guidelines to query
  - 11: Austria, Denmark, France, Ireland, Italy, Luxembourg, Norway, Portugal, Sweden, UK-Northern Ireland, UK-Scotland
- To propose some pathologies/cases where queries would be necessary
  - 11: Austria, Denmark, Finland, France, Ireland, Luxembourg, Norway, Spain, Spain-Catalonia, Sweden, UK-Scotland

4.30 Do you think that European common recommendations for querying practices could be easily applied in your country?
- Yes
  - 8: France, Ireland, Luxembourg, Norway, Portugal, Spain, Spain-Catalonia, Sweden
- No
  - 6: Austria, Germany, Greece, Netherlands, UK-England, UK-Northern Ireland
- No response
  - 6: Belgium, Denmark, Finland, Iceland, Italy, UK-Scotland

Portugal: Yes because it could be a good way of improvement + we don’t have much tradition on queries.
Spain: Yes if it is limited to a selection of some pathologies to query.
Spain-Catalonia: Not easily but could.
4.31 Why ?
UK England : depends on patterns of certification and disease and other sources of information in each country
UK-Scotland : depend on proposals
Northern Ireland : attention not to give too much new instructions to physicians

OTHER TYPES OF QUERIES

Questions 4.32, 4.35, 4.36 on queries and random studies and originally in this section, have been included in Section V on Confidentiality.

4.32 Has the coding office already organised queries at random (or is it planned) ?

Yes 3 : France, Greece, Sweden,

No 17 : Austria, Belgium, Denmark, Finland, Germany, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Spain-Catalonia, UK-England, UK-Northern Ireland, UK-Scotland

4.33 Are there other types of queries in your country, different from queries define at the beginning of the section ?

Yes 10 : Austria, Finland, Germany, Iceland, Norway, Spain, Spain-Catalonia, UK-England, UK-Northern Ireland, UK-Scotland

No 10 : Belgium, Denmark, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Sweden

4.34 Can you describe briefly the procedure and precise who is in charge with these other types of queries ?

Queries at random, studies 2 : France, Sweden

Specific organisation for certification whatever the type of pathologies 18 : Austria, Belgium, Denmark, Finland, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Spain-Catalonia, UK-England, UK-Northern Ireland, UK-Scotland

Austria : General information of the decedent (age, residence...) is checked and queried by an officer of vital statistics (same department).
Finland, Germany : In each region, there is a forensic doctor who receives all the France : Studies on specific pathologies (diabetes, uterus neoplasms, hepatitis B).
death certificates and control them before to send them to Statistics Finland (they depend the Ministry of Health).
Norway : The official physician in municipalities has a responsibility.
Spain-Catalonia : Civil register.
Sweden : In 1984 a random medical records (1200) were requested for a random sample of deaths below the age of 75. The then medical advisor, Lars-Olof Bygren (professor of social medicine at Umeå University), was in charge of the project. The records were used to evaluate the death certificates. In 1999 we requested medical records for a random sample (600) of cases that were rejected by ACME, and for the same number of controls (certificates with the same underlying cause that had been accepted by ACME). I am in charge of that study.
UK-Scotland : Procurator fiscal (coroner).

4.35 Are studies on comparison of individual causes of death with other medical records (in view of analysis of the reliability of causes of death statistics) possible in your country ?

Question addressed in 'Confidentiality'.

4.36 If no or difficult, why :
Confidentiality constraint 5 : Belgium, Greece, Luxembourg, Netherlands, Spain
Difficulty in contacting the certifier 0 :
Difficult for the certifier to identify the case 0 :
Other reason 2 : Luxembourg, UK-England
Belgium: Written consent.
France: Difficulty to obtain the authorisation, cost demanding, delay between deaths and studies, relations with hospitals.
Luxembourg: Relations with hospitals, difficult to identify the treating physician.

4.38 Are there systematic inquiries in cases of non natural deaths (suicides, homicides, ill-defined causes of accidents,) in your country?

Yes 14: Belgium, Denmark, Finland, Greece, Iceland, Ireland, Italy, Luxembourg, Norway, Netherlands, Sweden, UK-England, UK-Northern Ireland, UK-Scotland

No 5: Austria, France, Portugal, Spain, Spain-Catalonia

No response 1: Germany

Austria: No but certifiers are specific people; if we don't have enough information on the certificate, we contact the police who gives us the necessary information.

4.39 In this case of inquiry, who is filling the death certificate?

The police 3: Denmark, Greece, Ireland

Legal Professionals 3: UK-England, UK-Northern Ireland, Spain

Physicians or Forensic physicians 14: Austria, Belgium, Finland, France, Germany, Iceland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain-Catalonia, Sweden, UK-Scotland

Denmark: Forensic Officer and police.
Greece: The police with a medical examiner.
Netherlands: Coroner.
Norway/Finland: Forensic physician.
Spain: The judges.
Sweden: If the police decides that a forensic investigation is necessary, the death certificate is issued by the forensic pathologist. In most cases the pathologist has access to, and makes use of, materials from the police investigation. If there is no forensic autopsy, the death certificate is filled out by the deceased’s treating physician, or - if there is no treating physician - by the head of the primary care unit responsible for the area in which the death occurred.
UK-Northern Ireland: Coroners.

4.40 Are there official criteria available to the certifier to define a death as a suicide (e.g. USA)?

Yes 4: Austria, Italy, UK-England, UK-Northern Ireland

No 16: Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Luxembourg, Netherlands, Norway, Portugal, Spain, Spain-Catalonia, Sweden, UK-Scotland

4.41 After the inquiry, are the results (new causes of death) included in the mortality statistics?

Always 13: Austria, Belgium, Denmark, Finland, Germany, Iceland, Luxembourg, Netherlands, Norway, Spain, UK-England, UK-Scotland

Most of the time/ Sometimes 5: France, Greece, Italy, Sweden, UK-Northern Ireland

Never 2: Portugal, Spain-Catalonia

France, Greece: Results are not coming back (autopsies, toxicological tests).
Norway: If sent.
Portugal: Not sent to the Statistical Office.
Sweden: Exceptions: If the enquiry takes a very long time (chemical analyses etc) and the results are not sent to Statistics Sweden before we close the annual file, the results will not be included. There are plans to update earlier files with information sent to us after the closing of the files, however.
UK-Northern Ireland: Too late.