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Original Article

Knowledge on Inquest and Cause of Death– A Study Among Doctors at Teaching Hospital Jaffna

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Abstract

An inquest is the procedure for investigating sudden deaths in Sri Lanka, a fact-finding exercise rather than a fault-finding inquiry. Giving the correct Cause of Death (COD) is essential from both legal and statistical points of view. Doctors have an important role in both inquest and COD. This study aims to assess the knowledge of inquest and COD among doctors of various hierarchy levels at the teaching hospital, Jaffna.

A descriptive cross-sectional study was conducted through systematic random sampling. The questionnaire was distributed and collected in small groups at convenient times with adequate instructions.

The total number of participants was 137, among which 44 were consultants, 45 were medical officers, and 48 were intern house officers. Sixty-two subjects had experience more than ten years. Considering the inquest, 37%(N=50) had good, and 61%(N=83) had average knowledge regarding the procedure, 43%(N=58) had good, and 54%(N=73) had average knowledge regarding indications; More than half of the doctors (52%, N=71)) had good, and 29%(N=39) had average knowledge about the doctor's role in inquest procedure. Regarding COD, 47%(N=64) had good knowledge, while 37%(N=50) had average knowledge. Designation and experience showed a significant association (p-value<0.05) with the overall understanding of inquest, where consultants had good scores. Gender did not significantly correlate with the overall knowledge of inquest and COD.

Since a considerable proportion of doctors have average knowledge or below regarding inquest and COD, this is high time to make feasible interventions to upgrade the knowledge among doctors.

Key Words

Inquest, Cause of death, Knowledge, Doctor's role.

Introduction.

Sri Lanka, belonging to lower economic status, relatively maintains a high standard of healthcare maternal mortality ratio 36.0 (2017); neonatal mortality rate 5.3 (2016); infant mortality rate 7.5 (2017)) in South Asia. (1)

Doctors, being one of the significant components in the healthcare system, in addition to their curative role, have essential medico-legal duties as well. Although with the existing cultural and public attitudes, there were not many legal issues reported in Sri Lanka in the past, there has been an increase in medical negligence cases recently, which is likely attributed to the increased awareness among the people. Litigation does not directly impact improving quality of care, but the threat due to that helps to drive towards improved quality.(2) So, to assess and update the knowledge and awareness regarding medico-legal aspects is very important to maintain high standards and foresee the future. Also, correct reporting imprints a significant impact on health statistics.

Unfortunately, learning medico-legal aspects in Sri Lanka is part of the undergraduate medical curriculum. After that, unless a relevant specialty is selected for further studies, proper regular programs to update and reinforce the knowledge are not practiced in Sri Lanka. This creates fading of the existing expertise because medico-legal things are only day-to-day practice in some fields. Also, lack of updates creates issues during proceedings which decrease the standard of care and services provided

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In some countries like the United Kingdom, they practice a points system (Continuing Professional Development)) to enable doctors to update their knowledge and skills to improve the quality of care and services provided. This is one of the key things to improve their health care standards through systematic human resource management.(3)

The cause of death to be entered in the medical certificate of causes of death as all those diseases, morbid conditions, or injuries which either resulted in / contributed to death and the circumstances of the accident or violence which produced such injuries.(4) Giving the correct cause of death becomes important in two aspects, one is legal proceedings, and the other is statistical analysis.

Giving cause of death follows a specific format and some guidelines to write it correctly. Since statisticians are usually non-medical persons in the Sri Lankan setup, they enter what the doctor writes. If the cause of death is written wrong, this may result in erroneous interpretations and thus will have implications on the healthcare management of the country.

So, this study is aimed to assess the knowledge of inquest and cause of death among consultants, medical officers, and intern house officers at the teaching hospital, Jaffna, regarding the concept, circumstances, procedure, importance, and doctor's role.

Methodology

A hospital-based descriptive cross-sectional study was planned, and ethical clearance was obtained. Doctors' groups of three hierarchy levels (consultants, medical officers, and intern house officers) were selected through systematic random sampling. All the available doctors during the planned study period were included as much as possible with preserved autonomy and informed consent. Confidentiality was ensured throughout the study.

According to the objectives, the self-administered structured questionnaire was administered in small groups of subjects with adequate instructions and collected soon after giving sufficient time to prevent a void of information.

Collected data were entered, processed, and analyzed through SPSS statistical software. The Chi-square test was used to analyze the significance of results with gender, designation, and years of experience, while Fisher's exact test was also used where appropriate. The good score was taken as a percentage above 75; the average score was from 50 to 75 percent, and the poor score was less than 50 percent.

Ethical approval was obtained from the Ethics Review Committee, Teaching Hospital Jaffna, Sri Lanka (Reg. No: S01/08/2022).

Results

A total of 136 participants were involved in the study comprising 44(32%) consultants, 45(33%) medical officers, and 47(35%) intern house officers. The mean age of the subjects was 39 years. Seventy-seven (57%) were males, and 59(43%) were females. Seventy-four (54%) subjects had experience in the healthcare practice of less than or equal to 10 years, while 62(46%) subjects had experienced more than ten years.

Thirty-six percent(N=49) of subjects had good overall knowledge of inquest, while 62%(N=84) had average knowledge. Looking into it, regarding the procedure, 37%(N=50) had good knowledge while 61%(N=83) had average knowledge; regarding the indications, 43%(N=58) had good knowledge with 54%(N=73) having average knowledge; and regarding the doctor's role, 52%(N=71) had good knowledge while 29%(N=39) subjects had average knowledge.

While considering the cause of death, 47%(N=64) of subjects had good knowledge, and 37%(N=50) had average knowledge. On this note, 79% (N=108) of subjects got the immediate cause of death written correctly, but only 60% (N=81) got the sequence of death written correctly.

Considerably, less than 50% of subjects knew that mechanisms and modes of death could not be mentioned as a Cause of Death, and without a correct Cause of Death, next of kin can obtain a death certificate. Also, only 51%(N=69) of subjects knew that surgeries could be mentioned as a Cause of Death. Designation and experience showed a significant association (p-value<0.05) with the overall understanding of

inquest but not the knowledge of the cause of death, where consultants had more good scores. Gender did not significantly correlate with the overall knowledge of inquest and COD.

Table1: Summary of Doctor's knowledge on inquest and cause of death

	Inquest Procedure	Indications for an inquest	Doctor's role in inquest	Overall knowledge of inquest	Overall knowledge of the Cause of Death
GOOD SCORE*	50 (37%)	58 (43%)	71 (52%)	49 (36%)	64 (47%)
AVERAGE SCORE!	83 (61%)	73 (54%)	39 (29%)	84 (62%)	50 (37%)
POOR SCORE£	03 (02%)	05 (03%)	26 (1%)	03 (02%)	22 (16%)

**Greater than or equal to 75 %. ! From 50 to 75 %. £ Less than 50 %*

Considering the question on the preferred method for knowledge update, considering the first three preferences, most wanted regular seminars or workshops, followed by arranging small group discussions at convenient times and issuing leaflets.

Discussion

Medical practice in the current era is risky since criminal and civil lawsuits and violence against medical professionals keep rising. Also, adequate knowledge of medico-legal concepts and medical ethics is inevitable for executing a high standard of health care. The correct execution has a profound impact on public health.

In Meghalaya, India, a study has been done regarding managing medico-legal cases in daily medical practices, which revealed that 56% of participants had adequate knowledge (>67% correct responses). Among non-specialist doctors, 52.8% had adequate knowledge, and among specialist doctors, 67.6% had adequate knowledge.(5)

In another study among interns and postgraduate trainees in Mahatma Gandi Memorial Medical College and Hospital in 2017, regarding the awareness and knowledge about medico-legal issues, the majority of the interns had a lack of knowledge than the postgraduate trainees and both groups had poor knowledge of certain areas like certificates.(6)

These two studies show that a considerable number of doctors need to gain adequate knowledge of medico-legal issues.

In our study, we consider a good score as adequate knowledge because, being medical professionals, inquest and cause of death are commonly encountered scenarios, and knowledge of these aspects is of utmost importance for effective healthcare practice. In our study population, only around 50% had adequate knowledge of inquest and cause of death. Also, designation and experience showed clear significant associations in our study with the knowledge, clearly depicting that the regular updating programs will have a positive impact.

Another study was conducted at two Teaching Hospitals in Sri Lanka regarding knowledge, attitude, and practices of obtaining informed consent. More than 95% of doctors had adequate knowledge of various aspects of informed written consent. Most medical officers (70%) only explain common risks. In comparison, 29% explain all risks. In conclusion, a reasonable number of doctors have adequate knowledge of informed consent.(7)

Compared to our study, this study assessed the knowledge of informed consent, a fundamental ethical principle in medicine; hence more than 95% of the population had expected knowledge regarding informed consent. Even though Requesting an inquest or writing the cause of death is very important in medical practice, all the category of medical professionals does not very frequently encounter it as it is limited to certain areas of health care setup, so the more feasible way would be to find ways to update and refresh the knowledge promptly.

To determine the knowledge, attitude, and practice in maintaining legally important medical reports among intern medical officers (IMO) in the Colombo district, a descriptive cross-sectional study has been done on a study population of 81. The results were as follows: The base hospital had the highest percentage (69%) of IMOs with good knowledge, whereas both teaching hospitals had around 45%. However, there were no statistically significant differences seen among the three hospitals. The majority (82%) of all the IMOs had good attitudes. Out of all the IMOs, 64% had a good practice. Finally,

they concluded that the in-charge medical officers have overall good knowledge and performance regarding maintaining legally important medical documents.(8)

This result depicts that more than attitude, hands-on practice and opportunity are more important to keep in touch with the knowledge because base hospitals have relatively fewer opportunities than teaching hospitals enabling IMOs to get more direct exposure. Since our study showed that a considerable number of doctors need a knowledge update as soon as possible, a practical workshop may be more effective in a short time.

Another cross-sectional descriptive study was conducted among patients attending Out Patient Department on the knowledge and attitude regarding inquest procedures in Sri Lanka. The mean scores for knowledge and attitude were 58.9 and 76.2respectively. There was a significant positive correlation between age and the level of expertise, while higher education showed a significant association with a positive attitude. Participants with personal experiences had a significantly negative attitude toward the inquest procedure.(9)

This result also tells that a good attitude does not necessarily correlate with good knowledge. Since only some people encountered in the OPD can be expected to be experienced an inquest procedure. Also, being non-medical, this study cannot be directly correlated to the present study.

A questionnaire-based cross-sectional study was conducted to assess knowledge and attitudes on end-of-life care and medical ethics in tertiary care hospitals in Sri Lanka. Again, this study concluded that there were significant deficits in knowledge and recommended mandatory training sessions with simulations if feasible. (10)

So, these aspects, which are little in daily practice for everyone, need to be improved in most medical professional populations. But knowledge of these aspects is inseparable from a respectable and effective rendition of quality health services which urges urgent measures to solve these.

Conclusion

On completion of this study, a considerable proportion of doctors have average knowledge or below regarding inquest and COD. This is high time to make feasible interventions, like regular seminars or workshops as suggested by most participants, to upgrade the knowledge among doctors.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest concerning the research, authorship, and publication of this article.

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