

Level of knowledge general practitioners about filling medical certificate causes of death at Gunung Jati regional hospital, Cirebon city 2022

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ABSTRACT

The Medical Certificate of Cause of Death (SMPK) is an official letter that contains the identity of a person and the causes that caused the person to die. The cause of death listed on the SMPK can be used for epidemiology, prevention, and management of certain diseases. Data from the SMPK itself becomes the main data to determine the epidemiology of certain diseases. The format for filling out the medical certificate of the cause of death generally follows the standards issued by the Ministry of Health through BALITBANGKES based on international standards issued by the World Health Organization (WHO). This study aims to determine how the level of knowledge of general practitioners about the medical certificate of the cause of death and its filling in RSDGJ. The research method used in this study is descriptive observational, this research approach is a cross-sectional approach. The sample of this study was a sample that met the inclusion and exclusion criteria using consecutive sampling technique. The sample size in this study was in accordance with total sampling of 42 respondents who worked as general practitioners on duty at Gunung Jati Regional Hospital, Cirebon City. The majority of respondents in this study were female, namely 61.9% with the most age range of 26-35 years by 76.2%. The results of this study showed that most respondents showed a good level of knowledge as much as 66.7%, respondents with sufficient knowledge were 28.6%, and respondents with less knowledge were 4.8%. Based on these results it can be concluded that the level of knowledge of general practitioners at Gunung Jati Regional Hospital, Cirebon City about filling out the Cause of Death Medical Certificate is good.

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INTRODUCTION

The Medical Certificate of Cause of Death (SMPK) is an official letter that contains the identity of a person and the causes that caused the person to die.[1] The causes of death listed on the SMPK can be used for epidemiology, prevention, and management of certain

diseases.[2] In addition to being useful for these purposes, SMPK also has administrative functions including civil registration, insurance, accident benefits, and other administrative functions.[3] The general provision for a doctor to issue an SMPK, if the doctor knows the cause of death and believes that the cause of death is natural without suspicion of a criminal offense.[4] For cases where the cause of death is not natural, the SMPK is issued after the forensic examination procedure at the request of the investigator is carried out.[5] While in Indonesia the regulations governing the cause of death are outlined in the Joint Regulation of the Minister of Home Affairs and the Minister of Health Number 15 of 2010.[6] The format for filling out the medical certificate of the cause of death generally follows the standards issued by the Ministry of Health through the Health Research and Development Agency (BALITBANGKES) based on international standards issued by the World Health Organization (WHO).[7]

In the format issued by WHO, the causes of death are divided into two parts, namely part (I) conditions that directly cause death and part (II) other conditions, which are not related to part (I), but contribute to death.[8] In filling out the medical certificate of the cause of death, there are still many mistakes that occur either due to unclear writing or due to errors or incomplete writing. Reza Pahlevi and Santoso's research at the Faculty of Medicine, Diponegoro University in 2015, namely the level of knowledge of general practitioners about medical records, from research on 70 respondents only 58.6% of respondents knew about ownership of medical records. In the results of this study there are still several points of knowledge of wrong answers, especially at the points of patient identity, medical record ownership, medical record storage time limits, and patient history.[9] According to research by Enung Suhartini, and Siswati at the Friendship Hospital, Jakarta in 2014, based on observations of 71 medical certificates of the cause of death there was blank data of 21.50%.[10] According to research conducted by Henky at Sanglah Hospital in Denpasar in 2018 regarding the description of filling in the cause of death column, based on observations of 1,630 medical certificates of the cause of death, 72.9% of the data contained the use of abbreviations in the writing.[2] Research conducted by Muhamad Debry Mahendra at Dustira Hospital, Cimahi City in 2020 regarding the suitability of the SMPK completeness format with the Ministry of Health format showed results of 69.23% points in accordance with the format issued by the Indonesian Ministry of Health.[11] While a study conducted by Arati and Mandar at Bharati University Medical College India on MCCD knowledge among doctors and errors in certification showed that 58% of doctors could mention that MCCD is a Medical Certificate of Cause of Death and from the examination of 98 MCCDs only 7% of MCCDs were free from errors.[12] Abbreviated, incomplete, or missing data can lead to poor medical records regarding epidemiology, prevention, and management of health services in the community.[2].[13]

Based on previous research on SMPK, research conducted by Muhamad Debry Mahendra on the description of the completeness of the SMPK format at Dustira Hospital in 2020.[11] Research conducted by Henky at Sanglah Denpasar General Hospital in 2018 regarding the description of filling in the cause of death column.[2] In the research that has been done, it discusses the completeness of the medical certificate format for the cause of

death, based on existing research, the researcher wants to examine SMPK from the point of view of the general practitioner's level of knowledge of SMPK. Based on the background that has been described, the researcher wants to examine the level of knowledge of general practitioners on filling out medical certificates of causes of death, because there has been no research examining the level of knowledge of general practitioners in filling out medical certificates of causes of death. The researcher will conduct a study with the title "General Practitioners' Level of Knowledge About Filling in Medical Certificates of Causes of Death at Gunung Jati Regional Hospital, Cirebon City in 2022". The reason the researchers chose the research site at Gunung Jati Regional Hospital (RSDGJ) Cirebon City is because in RSDGJ there has been no research on the level of knowledge of general practitioners about filling out medical certificates of causes of death and RSDGJ is a referral hospital for Cirebon, Indramayu, Majalengka, Kuningan (CIRAYU MAJAKUNING). This is because every health facility has the responsibility to improve the skills or knowledge of health workers on duty at that place, in accordance with Government Regulation No. 32 of 1996 article 10 paragraph 2 concerning health workers which reads "The organizer and / or head of the health facility is responsible for providing opportunities for health workers who are assigned and / or work at the health facility concerned to improve skills or knowledge through training in the field of health".[14]

METHOD

The research method used in this study is descriptive observational, descriptive observational research is research conducted by describing the research subject as it is, there is no intervention and no hypothesis testing is carried out. [15] This research approach is a cross-sectional approach with a point in time approach model. [16] The population of this study were general practitioners who served in Gunung Jati General Hospital, Cirebon City in 2022. The type of data collected in this study is primary data, namely data on the level of knowledge about SMPK obtained from free interviews and questionnaires using consecutive sampling techniques. Respondent data collection was carried out on December 19 to 21, 2022. The inclusion criteria in this study were general practitioners at Gunung Jati Hospital, Cirebon City in 2022 who worked in medical services, structural work status, permanent employee status, internship doctor status and were willing to become respondents in this study as evidenced by signing informed consent and filling out a questionnaire. Based on the calculation of the categorical descriptive sample size formula, the minimum sample size required is 96 people. When data collection saw and considered the conditions in the field that there were only 42 general practitioners, the number of samples for this study was changed from the original calculation of the categorical descriptive sample size formula to total sampling. Data analysis was carried out in the form of univariate analysis for demographic data such as age and gender. This study has obtained ethical permission from the Chairperson of the Health Research Ethics Commission of the Faculty of Medicine, Jenderal Achmad Yani University, Cimahi City Number 085/UM1.11/2022 dated November 25, 2022, regarding Ethical Approval. Then the letter from the Chairperson of the Health Research and Development Ethics

Commission of Gunung Jati Hospital, Cirebon City Number 037/LAYAKETIK/KEPPKRSGJ/XII /2022 dated December 12, 2022, regarding Ethical Feasibility Statement.

RESULTS AND DISCUSSION

This study was conducted at Gunung Jati General Hospital, Cirebon City, West Java Province after the researcher calculated the sample size obtained a minimum number of respondents of 96 people, but in its implementation after calculating the total number of general practitioners on duty at RSDGJ there were only 42 general practitioners. Based on these facts with consideration, this study was changed to total sampling from the original based on the calculation of the categorical descriptive sample size formula. This study used data from 42 people who met the inclusion criteria.

Table 1 Frequency Distribution of Respondents' Age

Characteristics	Frequency (N)	Percentage (%)
Age		
26-35 Years	32	76.2
36-45 Years	9	21.4
46-55 Years	1	2.4
>56 Years	0	0.0
Total	42	100.0

The results of the analysis presented in table 1 based on age can be seen that most of the respondents have ages 26 to 35 years as many as 32 people (76.2%), ages 36 to 45 years as many as 9 people (21.4%) and ages 46 to 55 years as many as 1 person (2.4%). This is in line with the findings of research conducted by Pangesti (2012) who found that productive age is the age with the highest level of activity, dense activity, and good cognitive abilities. Therefore, the level of knowledge at this age is influenced by.[17]

Table 2 Frequency Distribution of Respondents' Gender.

Gender	Frequency (N)	Percentage (%)
Male	16	38.1
Female	26	61.9
Total	42	100.0

The results of the analysis presented in table 2 show that the majority of respondents were female, namely 26 people (61.9%), while only 16 people (38.1%) were male.

Table 3 Frequency Distribution of Respondents' Education Level

Education	Frequency (N)	Percentage (%)
S1 & Professional Doctor	37	88.1
S2	5	11.9
S3	0	0
Total	42	100.0

The results of the analysis shown in table 3 based on the level of education, it is known that most of them have S1 education and doctor's profession, then as many as 37 people (88.1%) and S2 education as many as 5 people (11.9%). The results showed that the majority of respondents with higher education S1 and doctor's profession had more respondents who were well informed, namely 37 out of 42 respondents (88.1%). This means that the higher a person's education, the easier it is for that person to receive information.[18]

Table 4 Frequency Distribution of Respondents' Length of Service

Length of Service	Frequency (N)	Percentage (%)
0-1 Year	9	21.4
1-3 Years	9	21.4
≥3 Years	24	57.1
Total	42	100.0

The results of the analysis presented in table 4 show that most respondents have a length of work of >3 years as many as 24 people (57.1%), then a length of work of 0-1 year as many as 9 people (21.4%) and 1-3 years as many as 9 people (21.4%). The next factor that affects knowledge is length of work. The results showed that most respondents' length of work was more than 3 years (59.5%). Medical personnel (doctors) who have a long working period will have experience, this is in line with the conditions in the field where knowledge is taught self-taught by doctors who have a longer period of service at RSDGJ. According to Anderson's theory in Notoadmodjo (2012), the longer a person works, the more understanding he has, and usually the longer he understands the task, the more useful his experience. This provides an opportunity to improve achievement and adapt to one's environment.[19]

Table 5 Categorization of Questionnaire Answers

No	Statement	Wrong		Correct	
		N	%	N	%
Definition of SMPK					
1	SMPK is a record of patient examination results through forensic autopsy and medical treatment issued by the Hospital.	30	71.4	12	28.6
2	SMPK contains a description of the patient's disease or condition that is the direct cause of death.	1	2.4	41	97.6
3	SMPK is a medical certificate that contains the identity of a person and the causes that caused the person to die.	0	0.0	42	100.0
Function of the SMPK					
4	The SMPK is the main source of mortality data used in the implementation of death registration.	1	2.4	41	97.6
5	The SMPK is required for the family of the deceased to register the death with the civil registry.	0	0.0	42	100.0

No	Statement	Wrong		Correct	
		N	%	N	%
6	The SMPK provides an explanation of how and why their patient died	3	7.1	39	92.9
Basis for SDM					
7	The SMPK was created as a basis to provide clear information about the disease or condition that caused the death.	11	26.2	31	73.8
8	The legal basis for the creation of the SMPK is based on Law No. 24 Year 2013	34	81.0	8	19.0
9	The creation of the SMPK is regulated by government regulations	2	4.8	40	95.2
Flow of Making SMPK					
10	Every death that occurs outside a health care facility must be traced to the cause of death using the verbal autopsy method.	2	4.8	40	95.2
11	In addition to doctors, verbal autopsies can also be performed by trained midwives or nurses.	8	19.0	34	81.0
12	Verbal autopsy is conducted through interviews with the next of kin of the deceased.	29	69.0	13	31.0
13	Verbal autopsy is performed by a forensic specialist.	13	31.0	29	69.0
SMPK Preparation Requirements					
14	Making SMPK requires personal data documents and death data of the deceased.	3	7.1	39	92.9
15	Issuance of SMPK requires FC KTP and KK of the deceased's family.	3	7.1	39	92.9
16	Issuance of SMPK from the hospital requires a death certificate from the head of the RT / RW	4	9.5	38	90.5
SMPK Format Guidelines					
17	The technical guidelines for making SMPK can follow the WHO guidelines	4	9.5	38	90.5
18	The SMPK format guide consists of three parts.	24	57.1	18	42.9
19	The SMPK format guide in section I contains the conditions that cause death.	3	7.1	39	92.9
20	Part II contains other conditions that contributed to the death.	1	2.4	41	97.6

Based on the results of the categorization of questionnaire questions, it was found that the majority of respondents were less precise in answering questions in the categories of understanding SMPK, basis for making SMPK, flow of making SMPK, SMPK format guidelines.

Table 6 Frequency Distribution of Knowledge Level about SMPK Charging

Knowledge	Frequency (N)	Percentage (%)
Less (<56%)	2	4.8
Fair (56-75%)	12	28.6
Good (>75%)	28	66.7
Total	42	100.0

The results of the analysis presented in table 6 show that most of the respondents were 28 people with a high level of knowledge (66.7%), 12 people with a moderate level of knowledge (28.6%), and 2 people with a low level of knowledge (4.8%). The results showed that the majority of general practitioners who served in the Gunung Jati Regional Hospital, Cirebon City, had good knowledge about filling SMPK as many as 28 people (66.7%). The good knowledge of the respondents is because almost all respondents have received information about SMPK obtained from the transfer of knowledge from doctors who have served longer by themselves in RSDGJ because general practitioners on duty in the emergency room can issue SMPK or commonly referred to by doctors in RSDGJ as a red form and information obtained by general practitioners about SMPK is also obtained during undergraduate and professional education. Formally, there are no special trainings or seminars held by hospital agencies related to filling out the SMPK and other forensic science in general. From these sources of information, respondents obtained more information about the definition of SMPK, the function of SMPK, the basis for making SMPK, the flow of making SMPK, the requirements for making SMPK, and the format for making SMPK. This is in line with Notoatmodjo's (2010) theory of knowledge, which states that knowledge is the result of knowing, which occurs when people perceive an object. The five senses of sight, hearing, smell, taste, and touch are what allow us to see. Most human knowledge is acquired through sight and hearing. The formation of a person's knowledge depends heavily on this knowledge. In this case, it is in accordance with the respondent where the respondent gains knowledge through hearing and seeing firsthand what and how SMPK is issued by more senior doctors.[20]

CONCLUSION

Based on the results of research that has been conducted to determine the level of knowledge of general practitioners about SMPK filling in RSDGJ, it can be concluded that the results of research on the level of knowledge regarding SMPK filling, most of the general practitioners serving in the Gunung Jati Regional Hospital, Cirebon City have good knowledge.

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