Reviewer's report

Title: Differences in avoidable mortality between migrants and the native Dutch in the Netherlands

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Reviewer: Ellen E. Nolte

Reviewer's report:

General

This analysis examines the potential contribution of health care to differences in mortality by ethnicity in the Netherlands using the concept of ‘avoidable’ mortality. This is a topical issue and the analysis could thus make an important contribution. The paper is well written and organised, number and choice of tables and figures seems appropriate.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Introduction
1. Page 4, para 3, line 2f: definition of ‘avoidable’ mortality usually refers to premature death rather than any death as suggested by the definition provided by the authors

Methods
2. The selection of avoidable causes of death (p. 6) is based on Tobias & Jackson. The authors decided to include only those conditions that according to consensus estimates by Tobias & Jackson are considered to be largely preventable through secondary and tertiary measures. However, based on this line of reasoning the inclusion of some causes of death seems inconsistent:

2.1 The inclusion of suicide may be debatable, mainly because of the difficulties in disentangling the boundaries of health and social care. This may be not relevant in the context of the Netherlands; however, the decision to include these conditions needs to be justified by the authors - the quoted reference #22 (p. 6) does not refer to suicide and the discussion fails to explain why suicide was included (see p. 11, 3rd para, line 4f).

2.2 The inclusion of liver cancer also needs to be justified: while the majority of cases worldwide appear to be attributable to infection with hepatitis B and C viruses and – by virtue of preventing infection with HBV through immunisation – to certain degree preventable, survival of those with cancer in the European region remains low and the impact of health care thus uncertain. This assumes particular importance in the context of this analysis and needs to be accounted for.

3. Choice of upper age limit of 74 years “for most causes of death” (p. 6, 3rd para) – it is not clear from the analysis whether different age limits have indeed been applied to different causes of death. The comment in the discussion section “[For] diabetes mellitus, our standard age interval of 0 to 74 years may be too high, as death at ages of 60 years and over become less avoidable” (p. 11, 2nd para, line 6f) suggests that the upper age limit has not been modified according to cause of death; the authors are thus asked to give more precise information as to the nature of this part of the analysis. I essentially agree with the statement that “any modification [to the] selection of causes of death would not change the general conclusion that the relative level of mortality greatly varies
according to ‘avoidable’ death” (p. 11. 2nd para, line 8f); however, given the reported concerns as to the preventability of deaths from diabetes (and leukaemia) through curative treatment beyond the age of 45 the current analysis is likely to overestimate the risk of ‘avoidable’ death from diabetes and the authors are asked to adjust for this accordingly.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Methods
4. p. 7, para 2: the selection of socio-demographic and –economic variables requires some further explanation: were the variables included because they were available or is there an underlying theoretical framework to choosing those?

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests