Reviewer's report

Title: Using death certificate data to study place of death in 9 European countries: opportunities and weaknesses.

Version: 1 Date: 2 May 2007

Reviewer: Robert Anderson

Reviewer's report:

General
Overall, this is an important topic. Place of death is indeed an important variable for public health and health services research. The greater standardization and easier access to these data advocated by the authors are certainly desirable goals. That being said, there are some important issues related to death registration that the authors have not addressed.

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

1. The authors need to consider that the primary purpose of death registration is administrative - research is secondary. This has important implications for how and to whom the agencies that control these data make them available. This also drives the laws and regulations governing the collection and dissemination of these data. The authors need to discuss this issue and factor it into their recommendations.

2. The authors should consider and discuss the source of the information on the death certificate. Some is provided by the hospital/physician, but much of the personal information about the decedent is provided by an informant - usually a family member. It is not reasonable to expect that a bereaved family member will be able to sit for a lengthy interview about the deceased. While the authors note the importance of linking death certificates with other databases, I think that more emphasis needs to be given to this strategy.

3. Procedures for obtaining data and data-use restrictions are often determined by privacy laws and regulations that are not easily changed. It seems that the authors assume that these procedures are arbitrarily determined by the agencies that control the data. This has important implications for the authors' recommendation that these procedures be standardised (p. 15). More discussion is needed. More specific suggestions for modifying procedures (taking into account the laws and regulations of course) would be nice here as well.

4. The authors call for standardisation in cause of death coding (p. 14) and mention problems with cause of death miscoding (p. 13), but fail to mention well-known problems with the reporting of cause of death by physicians and coroners. It is worth mentioning cause of death coding is already standardised according to coding rules promulgated by WHO through the ICD. I believe that all countries in this study are currently using ICD-10 rules. That being said, there are indeed potential comparability and consistency problems associated with manual coding and how the rules are applied. I should note that miscoding and consistency problems are much less a problem in those countries that have implemented automated coding systems (UK, SE) (IT and DK are working toward automated coding). In these countries, problems are much more likely to be related to incorrect or inaccurate certification of the cause of death.

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

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Discretionary Revisions (which the author can choose to ignore)

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, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.