Reviewer's report

Title: A study on home death in Japan from 1951-2002

Version: 1 Date: 3 December 2005

Reviewer: Vincent Mor

Reviewer's report:

This is an interesting study examining historical changes in home deaths in Japan over the past 40 years and then examining the extent to which local health care resources influence the likelihood of home vs. institutional death. In many ways, this is one of the most sophisticated pieces of research examining this issue in the international scene, although there are several papers on the topic from European and US authors that are likely to appear in the literature in the next year or so.

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

None

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

- Please include more information about the social-economic/health services variables that you included in the model. For instance, what exactly is a geriatric health care facility and how does it differ from a geriatric medical care facility? Since the readership of the BMC journals are from throughout the world, most will not understand the difference amongst the different levels of long term care hospitals.

- Please label Table 1 more clearly i.e. odds of dying at home compared to odds of dying in other settings. It is important that the reader understands that both dying in the hospitals as well as in the various alternate institutional settings are combined.

- In Table 4, please include a brief description or label for each factor included in the model. While it may be technically correct to merely label factors, providing a descriptive label may be of considerable interest.

Discretionary Revisions (which the author can choose to ignore)

- Since the variables that make up each factor are so strongly correlated with one another, it may be clearer if you just include the most salient variable for each factor. For instance, instead of creating a factor based on 8 variables (FC1: availability and use of medical resources), you could include only number of general hospitals and explain what this variable is correlated with and represents. This might just be a cleaner and easier way to describe the regional variation. Indeed, factor eigenvalues suggest that there might not be multiple clean factors, rather one substantial factors and other related pairs of variables. One thing that the use of individual variables accomplishes is that the reader clearly understands the meaning of the concept that is being measured. Since the variables are so highly correlated, taking the item that loads most highly on the factor of interest, results both in a parsimonious model and one that is readily understood.

- Finally, you may want to consider a multilevel model that will allow you to account for any heterogeneity in the decedent population (age, cause of death, etc.) between regions. As it is, the
within prefecture variation is discarded when the data are aggregated to the prefecture level.

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No

**Declaration of competing interests:**

We have no competing interests.