Reviewer’s report

Title: Dying from cancer or other chronic diseases in the Netherlands: ten-year trends derived from death certificate data

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Reviewer: Barbara Gomes

Reviewer’s report:

Congratulations to the authors for their analysis on a very important topic which has generated extensive discussion in the international arenas of palliative care and public health. An understanding of the situation in the Netherlands will inform developments in other ageing nations, there are important lessons to learn from this country, and the authors’ methodological reflections are transferable to many policy makers and researchers working in the field across the world. Their aims and questions were very clear, the data is sound with a good reflection on strengths (possibly the appraisal of the weaknesses could be expanded) and the discussion was grounded on evidence. For these reasons I strongly recommend this paper for publication in BMC Palliative Care.

In order to improve the paper, I suggest the authors clarify a number of issues in their methodology, explore in more detail changes over time and trends so the paper reflects more closely their title. For example, it is very important to share the data on changes of numbers of deaths over time in the Netherlands - this is a currently a crucial issue for palliative care as dramatic rises in numbers of deaths are expected to happen in the future in some European countries due to babyboom generations coming to older ages *


Minor essential revisions

1. Suggest the term “Dutch people” should be avoid as not all people who died in the Netherlands are necessarily Dutch.

2. “Death rate from chronic diseases” suggests something different from what the authors are referring to, which I believe is the proportion of deaths causes by chronic diseases.

3. Regarding the abstract, I suggest the methods are expanded to explain data source, time, setting and to mirror how the authors treated the data (details should also be added to the methods section). Also, implications of the findings on the trends for practice/policy could be in the conclusions.

4. The background section could stress more why this topic is important. Data from the study should be left to the results section (e.g. in 2006 135,000 people
in the Netherlands died…).

5. Suggest a correction on the authors 3rd question: How have numbers of deaths from cancer or other chronic diseases changed from 1996 to 2006? (the authors looked at differences between 1996 and 2006 in numbers of deaths from the various diseases, not proportions, and the question implies an increase but this will be revealed only by analysis of the data)

6. Suggest the authors make clear in what form the data they accessed was in (e.g. databases with individual identifiable information, individual but anonymised datasets, aggregated tables) and provide details about approval for the study: whether it was required or not and why (depends on form data was in), and if yes what committee granted approval.

7. Rationale for selecting these specific 13 chronic diseases should be clear and ideally grounded on evidence (it is arguable whether chronic diseases with fewer numbers of deaths should be excluded and the authors should be able to defend this, but this is just a minor point, not essential).

8. Suggest the authors report percentages with at least one decimal place and be consistent across the paper, tables and figures.

9. Strongly suggest an analysis of trends in the number of deaths from 1996 to 2006 and discussion of this issue and implications to the provision of palliative care, particularly having in mind the future, with reference to existing literature.

Discretionary revisions

10. It would be helpful to know more information about the statistics (e.g. when ICD-10 started to be used, how regularly death certificate data is made available and time gap between publication and year which the data relate to).

11. It would be helpful to know the number of independent hospices in the Netherlands, specially for an international audience and as these places are referred in the results section as a place of death.

12. Suggest the authors stress in the text of the results section the stability in the percentage of home deaths in the Netherlands, particularly as this has been falling in other European countries.

13. Another very important advantage of death certificate data is that it is population based.

Level of interest: An article of importance in its field

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

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.