Reviewer’s report

**Title:** Place of death and health care utilization for people in the last 6 months of life in Switzerland: a retrospective analysis using administrative data

**Version:** 1  **Date:** 3 January 2013

**Reviewer:** Joanna Broad

**Reviewer’s report:**

This paper presents a retrospective review of place of death information for a large insurance company in Switzerland. It adds to knowledge in that it takes us beyond the ‘health care expenditure relates to where people die’ perspective, to show that age, gender, number of chronic diseases, and locality of death all are associated with health expenditure at the end of life. We may well have expected that to be the case, but here the data is analysed appropriately and the results provide evidence.

Given the absence of other information for place of death in Switzerland, the paper fills a gap in knowledge and then presents the costs of care during the last 6 months of life.

**Major Compulsory Revisions**

For the benefit of readers not familiar with the insurance industry or health insurance, please explain ‘higher health deductible’ or ‘deductible class’ when first used.

The Conclusion as stated in the Abstract may well be true, but is not necessarily justified by the paper, and should be revised.

Figure 1 (in the version I have at least) is not readily understood by people not familiar with the geography of Switzerland, e.g. the text talks of Latin cantons, but these are not identifiable from the figure. There is a need for a key to indicate the meaning of the colours. More importantly perhaps, why do we need to know the mean age at death of the cantons, as much of the difference will relate to the age and gender mix of the population? I am unsure that in its current form it adds much to the discussion, & needs either revising or dropping. Perhaps a map showing the proportion who die at home in each canton would be more meaningful?

Table 4 seems mislabelled and is not comprehensible. In general, tables should be self-evident to readers of disciplines other than health economists. The abbreviations should either be removed or explained in a footnote.

**Minor Essential Revisions**

On page 2, mention is made of ‘terminally ill patients’ although this takes no or little part subsequently in the paper. I think it distracts the reader, which from the question the paper addresses, is expenditure at end of life (regardless of type of death – sudden or gradual).
Table 2 would be improved if it were flipped – so the column headings match the other tables.

Use of the term ‘Latin canton’ is unclear – with Romans long gone and the Latin language no longer in use, I imagine the authors refer to the French- and Italian-speaking regions of Switzerland. It would be helpful if that were clarified.

Discretionary Revisions

I would be most interested to see the hospital group divided into those who also had nursing home care costs and those who did not. That would widen the scope to place of care, as well as place of death. There is interest in understanding more about those who are transferred to hospital from a nursing home, and die there. This group may well be shown to be the group with highest costs. Others who die in hospital could reasonably be regarded as living at home, and might be expected to be more similar to the home group.

I note that the authors have not used our recent paper that is available online (not yet in print) – an international comparison of place of death – and may be useful for providing context. I do not suggest that the authors should use it, but they may be interested - Broad JB, Gott M, Kim H, Boyd M, Chen H, Connolly MJ. Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential aged care settings in 45 populations, using published and available statistics. Int J Public Health. 2012. DOI: 10.1007/s00038-012-0394-5.