Reviewer's report

Title: Cause-specific mortality patterns among hospital deaths in Thailand

Version: 2 Date: 12 March 2010

Reviewer: Kanitta Bundhamcharoen

Reviewer's report:

Responses from the author are addressed on their responses’ numbers as follows:

Major compulsory revisions:
1.a Accepted.
1.b Accepted.
2.a Accepted.
2.b Accepted.
3.a Accepted.
3.b Accepted.

4. Need further clarifications.

My previous question was on the % of confirmed and % of suggestive evidence, not the total of these. Definitions of confirmatory and weak evidence were given on page 7 but there is no written definition on suggestive evidence. It is suspected that definitions of confirmed diagnosis may be different among disease categories. I wonder if % of confirmed diagnosis is very small due to perhaps limitation of personnel and equipments and thus suggestive category is created.

5. Acceptable.

As suggested by the authors that it is important to understand in more detail the nature and extent of misclassification patterns in the registration data to guide remedial action, further details in relation to particular diseases will be valuable to point out why misclassification of death diagnosis occurred. From this study, I observed that 25% of the error was from inconsistency with underlying COD from medical record which is remarkable and need further investigation.

Minor essential revisions:
1. Accepted.

Discretionary revisions:
1. No objection.

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 I have no competing interests.