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Robinson, L

Spencer, J.

Stacy, R.

Bhopal, R.

Top

References

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Smoking should be mentioned as cause of death on death certificates

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EDITOR—Tobacco related diseases cause an estimated two million deaths a year in developed countries.¹ Smoking has always been permitted as a cause of death on death certificates in Britain, but such deaths had to be reported to the coroner. Since September 1992 the coroner has not needed to be notified, provided the disease causing death was given.² We explored the inclusion of smoking as a certified cause of death from before the change in regulations up to February 1997. Since March 1992 all deaths of people registered with general practitioners in Newcastle Family Health Services Authority have been entered on to a database.³ For each death, the data entered were the patient's name and date of birth, all causes of death listed on the death certificate, and the general practitioner's name. This database was searched for any mention of smoking, cancer, and coronary heart disease from March 1992 to February 1997. A total of 18 831 death certificates were reviewed. Before the new regulations smoking was rarely recorded as a cause of death. The figure shows the results.

An increase in recording smoking as a cause of death occurred after September 1992, but this effect dissipated rapidly. Smoking was identified as a main cause of death (cause I) in 93 of 135 death certificates in which it was mentioned and as cause II in the remaining 42. Smoking was mentioned in only 30 of the 1053 deaths from lung cancer (or like terms) and 20 of the 3831 deaths from coronary heart disease (or like terms).

Despite the change in regulations that made it easier to give smoking as a certified cause of death, doctors rarely use this opportunity to bring the role of smoking in mortality to wider public attention. Between 80% and 90% of cases of lung cancer⁴ and up to 18% of deaths from coronary heart disease⁵ can be attributed to smoking. Yet smoking was rarely given on the death certificate. The clearer link between smoking and mortality that was expected to be encouraged by the change in regulation² has not been established. The inclusion of smoking as a cause of death could be important for relatives and health agencies seeking compensation from tobacco companies for smoking related illnesses. Future studies should consider why doctors do not give smoking as a cause of death and review the justification and value of the current policy.