

Interpreting changes in OPCS coding of causes of death: sleight of hand or social process?

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A letter from Alan Maynard, Director of the Centre for Health Economics at the University of York asked:

"Can I ask, if you have not done so already, to address the attached issue of the "redefinition" of cause of death in the context of Health of the Nation in Radical Statistics and/or elsewhere? It seems that I can now smoke 50 fags a day, get lung cancer but if pneumonia takes me out, the cause of death is pneumonia and cancer deaths are reduced! What a wheeze!"

'The attached' was Appendix 1 of 'Fit for the future. Second report on the Health of the Nation', published by the Department of Health earlier this year.¹ The appendix explained that the Office of Population Censuses and Surveys (OPCS) had changed its method of coding the causes of death given on death certificates into a single underlying cause. This resulted in discontinuities in many of the graphs which showed progress towards the targets set for the year 2000.

In 1993, OPCS introduced computer coding of causes of death. The rules in the software which it obtained from the United States differed from those which had been used for coding manually in recent years. OPCS has explained this in two publications in its DH2 monitor series,^{2,3} and a fuller analysis will be included in its annual reference volume in series DH2, OPCS mortality statistics cause, to be published any time now.

In addition, Tim Devis and Cleo Rooney of OPCS spoke at a meeting organised by the Health Statistics Users Group in July. An abstract of their presentation is given below. Cleo Rooney has agreed to answer any further questions from our readers. Her telephone number is 0171 396 2300.

So what does all this mean? There is not space here to go into the detailed arguments about how underlying causes of death should be coded. These are debated in considerable detail each time the International Classification of Diseases is revised about every ten years and there is a discontinuity in statistical series each time a new revision is introduced. What has happened this time is that there have been two additional changes since the ninth revision was introduced in 1979 and there will be a further discontinuity when the tenth revision is introduced. Furthermore, it is already being used some NHS systems, in advance of being used for coding deaths.

So is this sleight of hand? I don't think so. Instead I would argue, as Radical Statistics has often done, that the coding of causes of death is part of the social and political process of production of statistics. It is coloured by the perceptions and social context of the people who draw up the classification, devise the coding rules and implement them whether for manual coding or software.

What this episode does highlight however, is the farcical nature of the process of setting and monitoring 'progress' towards Health of the Nation targets. As we pointed out when they first appeared on the scene, many of them showed all the signs of being a projection of current trends to the point they would reach by the year 2000, if nothing else changed.³ Now the coding change has upset this and the further move to the tenth revision may do so again.

References

- 1 Department of health. Fit for the future. Second progress report on the Health of the Nation. London: HMSO, 1995
- 2 Office of Population Censuses and Surveys. Deaths in 1993 by cause: provisional numbers. OPCS monitor DH2 94/2. London: OPCS, 1994.
- 3 Office of Population Censuses and Surveys. Deaths in 1994 by cause, and by area of residence: provisional numbers. OPCS monitor DH2 95/1. London: OPCS, 1995.
- 4 Radical Statistics Health Group. Missing: a strategy for the health of the nation. British Medical Journal 1991; 303: 299-302.