Helping Smokers Quit

Adding value to every clinical contact by treating tobacco dependence

London Clinical Senate

2 June 2015

SMOKING KILLS: SO WHY IS IT MISSING FROM DEATH CERTIFICATES?
Invitation to attend a workshop on Thursday 9 July 2015, 2-5pm

Dear Colleague,

Last year the Clinical Senate established a programme that aims to increase the number of clinicians who directly help their patients to stop smoking to improve their health outcomes. This followed discussions at the Clinical Senate Forum about strategic priorities for improving health in London. As the greatest single cause of avoidable death and health inequalities, tackling smoking was identified as a key area for collective action.

The **Helping Smokers Quit** programme seeks to build on the unique contribution of healthcare professionals to help smokers quit by providing evidence-based care to people they see who are tobacco dependent. We believe every clinician should know the smoking status of each patient they care for and have the competence and commitment to encourage those who smoke to quit through direct action or referral. In March 2015 the Clinical Senate asked every London Trust and CCG to sign up to its **CO4 campaign**, which has four elements:

1. The right **COnversation** with every patient and staff member who smokes that gives him or her a chance to quit, referring if necessary.
2. Make routine exhaled carbon monoxide (**CO**) monitoring by clinicians possible: "*Would you like to know your level?*"
3. **COde** the intervention so we can evaluate effectiveness – including death certification.
4. **COmmission** the system to do this right: so the right behaviours are incentivised systematically.

I am writing to invite you to attend a workshop which focuses on the third element - improving the coding of death certificates. We would like to improve national data on mortality by requiring smoking history to be recorded on death certificates by a trained and senior health professional when it was a significant contributory factor.

However, we recognise that improving the coding of death certificates is a much wider issue and that it will require support and commitment from a number of stakeholders, in particular clinicians, coders and coroners. We are also very aware that the Medical Examiner system will have an important role in ensuring accurate death certification as it is implemented.

Background

The inclusion of coding of smoking as a cause of death on death certificates in our CO4 campaign is driven by a powerful study[1] of the death certificates of more than 2,000 people carried out in 2012. This showed smoking was identified as the underlying cause of death on only 2 (0.1%) death certificates and included in part II of the death certificate on 10 (0.5%). One of the two deaths where smoking was identified as the underlying cause of death was from lung cancer and the other was from COPD, two diseases where it is recognised that at least 85% of cases are caused by smoking. There were a further 277 deaths, where lung cancer or COPD was the cause cited on the death certificate, and in the majority of these cases the deceased was a smoker or ex-smoker, where smoking was not recorded as the underlying cause of death.

[1] Proctor I et al Clin Pathol 2012;65:129-132

A review of postmortem reports from the same period failed to identify a single case in which the pathologist cited smoking as causing or contributing to death. In marked contrast to smoking, 57.4% (vs 0.5%) of death certificates that included diagnoses linked to alcohol use cited alcohol in part I of the death certificate. This means that smoking was included as a cause of death in fewer than 1% of deaths due to lung cancer or COPD although smoking is a known cause of >85% of both. As the author states "One frequently cited reason is the reluctance of doctors to stigmatise the deceased. Interestingly, such reluctance did not extend to citing alcohol as a cause of death."

We also know that it is possible to change coding behaviour. A 2013 Lancet study showed the progress made in South Africa where such coding became mandatory in 1998.[2] It has enabled much better analysis of population inequalities. The accompanying editorial claims "In each population where underlying causes of death are registered, incorporation of this one easy question about smoking 5 years ago into the death notification process would, at little expense, greatly facilitate monitoring of tobacco-attributed mortality." [3]

The workshop aims to:

- Explore current practice in death certification across London
- Discuss opportunities, challenges and potential solutions to better recording of death certification, including smoking as a cause of death
- Identify key actions needed to improve coding of death certification
- Agree what practical guidance would assist
- Consider the potential to develop a consensus statement on coding smoking (tobacco dependency) on death certificates

Who should attend?

This event will be of interest to: clinicians with responsibility for death certification; Clinical coders; Medical examiners; Medical Directors; Pathologists; Professional Bodies; Coroners

Where and when?

Thursday 9 July 2015, 2-5pm at the King's Fund, 11-13 Cavendish Square, London W1G 0AN

Registration

Please register here. A final programme will be available shortly via this link.

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London Clinical Senate

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[2] Sitas F et al. Differences among the coloured, white, black, and other South African populations in smoking-attributed mortality at ages 35–74 years: a case-control study of 481 640 deaths Lancet 2013:382;685-693

[3] Opie LH. Recording of smoking history in death notification. Lancet 2013;382:661-2.