

In the age groups 15-19 and 20-24, a serious trend in the last 10 years has been an increase in death rates in both sexes. Furthermore, the rate for males is three times as great as for females. At these ages the most important causes of death are motor vehicle and other accidents and suicide.

Between ages 25 and 44 the death rate for men is twice that for women. For both sexes, but particularly for men, motor vehicle accidents, other accidents and suicides remain important causes of death. In this stage of life ischemic heart disease (in which the heart muscle has its own blood supply restricted) becomes a significant cause of death for men. For women, cancer of the breast, uterus, ovary and gastro-intestinal tract begin to contribute noticeably to the total number of deaths, as do cerebrovascular diseases (strokes).

With increased age the proportion of deaths due to cerebrovascular disease, respiratory diseases and various types of cancer increases. Until the most advanced age categories male deaths continue to exceed those of females. One of the most notable differences between males and females is the higher proportion of male deaths due to ischemic heart disease, respiratory diseases and lung cancer and cirrhosis of the liver, all of which are related to lifestyle factors including smoking, drinking, exercise and stress.

A review of causes of death, by sex and age, raises questions about what proportion of deaths at early ages might be prevented for males and females, but particularly for males. Many deaths might be prevented through attention to lifestyle factors and the potential for accidents. For females a number of deaths are the result of illnesses which may be treated if detected at early stages.

5.1.4 Hospital morbidity data

Hospital statistics compiled by the health division of Statistics Canada offer much detail about specific illnesses and disabilities and patterns of treatment. Some provinces also keep detailed records of diagnoses of patients' conditions derived from physicians' medical care insurance claim forms. It is not possible, however, to aggregate this diagnostic information on a national level.

Although hospital morbidity data remains the most comprehensive source of information on patterns of illness and disability in Canada, it has limitations. There are no data on illnesses which are self-treated or improved before admission to hospital. In addition there is little information about the chronically disabled and the number of days that Canadians remain at home in bed because of illness.

Some of these gaps in information will be filled by data from the Canada health survey, based on both self-reported conditions and some physical measurements performed by nurses. But, despite their limitations, in-patient hospital data will continue to be a useful source of information on illness in Canada.

Tables 5.1 and 5.2 include information on in-patient separations (deaths and discharges) from hospitals by diagnostic category. Table 5.1 shows relative importance of various diagnoses in terms of the number of separations and rate per 100,000 population, the number of days' stay per 100,000 population and the average length of stay. Patterns of hospital use differ by diagnostic categories. For example, complications of pregnancy resulted in the highest number of separations with 4,424 per 100,000 persons in 1975. However average length of stay was only 5.2 days. On the other hand, diseases of the circulatory system, with only 1,667 separations per 100,000 persons, resulted in the highest number of days per 100,000, an average of 23.3 days.

Table 5.2 shows hospital separations per 100,000 population by diagnostic category, sex and age group. These figures show the increase in hospital use with advancing age and a higher number of hospital separations for females than for males.

Tables 5.3 and 5.4 summarize cases undergoing surgery in relation to all separated cases and by type of primary operation, age group and sex. Overall, almost one-half of hospital cases result in surgery. Of the 1,898,008 operations in 1975, 15% were obstetrical procedures, 14% gynecological surgery, 13% abdominal surgery and 11% orthopedic surgery.

The 10 provinces and two territories reported to Statistics Canada that 54,478 therapeutic abortions were performed during the 12-month period January to