Leonard Cohen's Death by Falling among Top 5 Leading Causes

By Jamie Wells, M.D. — November 18, 2016

The famous singer-songwriter Leonard Cohen, as per his manager Robert B. Kory's statement [2], “died during his sleep following a fall in the middle of the night on November 7th. The death was sudden, unexpected, and peaceful.”

Ironically, the Centers for Disease Control and Prevention (CDC [3]) just released their estimates of preventable deaths from the five leading causes. With preventable cancer, stroke and heart disease deaths down, it is unintentional injuries that surged 23% —mainly due to drug poisoning and falls.

Entertainment Weekly reported “According to recent interviews with the New Yorker, Cohen battled cancer and came to terms with his own mortality. “I am ready to die,” he said. “I hope it’s not too uncomfortable. That’s about it for me.” Given Mr. Cohen’s public record of an apparent cancer diagnosis, an accurate nature of the fall, therefore, gets a bit clouded.

Did this individual merely trip and fall while otherwise completely intact? Was there a medication or disease state that impaired mobility or sturdiness? Often— but, not always— these occurrences go hand in hand.

The following data from the new CDC report reflects the five leading causes of death in 2014 in the United States for those under 80 where premature deaths were deemed avoidable—compared to 2010.

Potentially preventable deaths from CANCER decreased 25%

Driven by a 12% decrease in the age-adjusted death rate from lung cancer, this value is likely due
to the successful efforts of tobacco cessation campaigns. The World Health Organization (WHO) claims at least 1/3 of all cancer deaths can be prevented while further championing the cost savings for these long-term strategies. They attribute 70% of the lung cancer burden to smoking, identifying its implication in other cancer types (to elucidate further, check out CDC Doubles Down on Cancer Prevention Awareness [4]).

WHO’s global strategy of promoting the need to adopt healthy lifestyles includes educating the public on the links between physical inactivity, dietary factors, obesity and being overweight and cancer. Other culprits in the modifiable risk pool include: alcohol and reducing its harmful use, infections like Human Papilloma Virus (HPV) and vaccination and prevention, environmental pollution as well as occupational exposures to carcinogens like asbestos (aka cancer-causing agents) and their elimination, and ionizing radiation like excessive UV exposure and its association with melanoma (aka skin cancer). [5]

**Potentially Preventable Deaths from STROKE decreased 11% and HEART DISEASE decreased 4%**

At a minimum, 200,000 deaths per year from heart disease and stroke could be prevented. 6 in 10 of these preventable deaths happen in those under 65 years of age. African-American individuals are twice as likely to die from these causes than Caucasians. Regions are variable and male gender is uniformly highest among all races and ethnicities.

Since 1 in 3 deaths in the United States are due to these illnesses, the CDC urges changes toward healthier living, quitting smoking, increasing physical activity and modifying diets. They encourage expansion of safe public spaces that are smoke-free and permit exercise while managing precursors to these fatal consequences include reducing high blood pressure, cholesterol and diabetes. Obesity and excessive alcohol intake are other adjustable factors.

**Potentially Preventable Deaths from UNINTENTIONAL INJURY increased by 23%**

Falls are an enormous cause of catastrophic injury and death. They impact millions of those over 65 as 1 in 4 older people fall per year with less than 50% informing their physician. Happening once is a risk factor for recurrence. Fear of falling becomes a very real symptom that limits daily activity. The more immobile a person is, the more at risk they are of other disease sequelae.

The CDC estimates fall injuries prompt $31 billion of direct medical costs. Home improvements as well as a firm grasp of what medical conditions and medications or drugs are in the mix can aid preventive efforts. Each of these significantly contributes to unintentional injury and death as also evidenced by the opioid epidemic.

As I always say with respect to trauma, it is location, location, location that determines the outcome. High real estate pays the ultimate price. Head injury is a very dangerous one with falls being the #1 cause of traumatic brain injury. One in five falls triggers such serious consequences that also include hip fractures and broken bones. Fall injuries account for over 800,000 hospitalizations.

If you have been reading my articles here, then you have repeatedly heard my calls for raising awareness about avertible morbidity and mortality. If so inclined, then review We’re Killing Ourselves
Beware! Don’t Give the Finger this Holiday Season [7], and this week’s An article NOT about the Election [8]. They cover important prevention tactics plus freak accidents while allowing you to garner insight into the comprehensive picture of the risks and tangible costs of subdued and adventurous living.


Potentially Preventable Deaths from CLRD increased 1% (not statistically significant)

CLRD is chronic lower respiratory diseases which include asthma, bronchitis and emphysema. Smoking and exposure to it contribute significantly to this result. As does greater-than-normal toxin inhalation, environmental dust and chemical pollution or occupational hazards. 147,101 die from CLRD annually. It is the third leading cause of death.

In conclusion…

In conclusion, accidents will always happen regardless of implementing every conceivable mode of prevention. Enjoying a balanced and well-lived life should always enter the discussion of risk avoidance and temper certain decisive or indecisive actions.

Clearly, not smoking, eating well with regular exercise, maintaining optimal weight, learning CPR [13], not abusing alcohol or drugs and minimizing exposure of toxic chemicals and radiation while sensibly wearing sunscreen and long sleeves can improve your chances at greater longevity. As would seeking early medical care when injured. However, each individual needs to weigh the benefits for his or her respective life. It is a personal choice to decide what will be one’s own story— so, once again, autonomy reigns supreme.

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