

Changing preference for and actual place of death among palliative care patients: a secondary data analysis

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Background & Objectives

- Place of death has been used as a quality indicator. However, evidence on changes in preferences for place of death remains limited.
- This study describes preferred and actual place of death among patients who died while receiving inpatient and community palliative care.

Methods

1- Study design and setting

- Design:** Secondary analysis of routinely-collected clinical and outcomes data
- Population:** patients ≥ 18 years old received specialist palliative care regardless their health conditions, in a single hospice (St Christopher's Hospice, London, UK)
- Setting:** inpatients & community care

2- Data collection

- Patients' demographics, episodes of care, palliative Phase of Illness, preferred place of death, and actual place of death, collected for all referrals, between June - November 2019

3- Plan of analysis

- General characteristics of patients, episodes of care, and palliative Phases of Illness for in-patients and community care
- Comparison of the preferred and actual place of death among patients who died, including changes in preference

Results

- In the in-patient setting, most of the patients preferred 'hospice' (69%) and 'home' (29%) as a place of death.
- In the community setting, most of the patients preferred 'home' (75%) as a place of death.
- 'Hospice' (99%) was the most common place of death for inpatients; while 'home' (59%), 'hospital' (22%), and 'care home' (20%) were the most common places of death in community setting.
- In community palliative care, after adjusting for age, gender, living alone, and ethnicity, the odds of changing the preferred place of death among those who had cancer as a primary diagnosis was higher than patients who did not have cancer (OR= 2.75, 95%CI: 1.22 - 6.23).

Table 1: General characteristics of patients and Phases of Illness in inpatients and community

	Inpatients who died (N= 277)	Community who died (N= 527)
Patients	269	510
Age, median (IQR)	75 (63 - 83)	81 (71 - 89)
Gender (Female)	131 (47.3)	271 (51.4)
Ethnicity (White)	197 (71.1)	321 (60.9)
Cancer	228 (82.3)	333 (63.2)
Lives alone	77 (27.8)	119 (22.6)
Usual place of residence (Patient own home)	171 (61.7)	334 (63.4)
Episode duration (days), median (IQR)	8 (4 - 15)	17 (6 - 40)
Phase of Illness		
Stable	4 (1.5)	58 (11.0)
Unstable	86 (31.0)	113 (21.4)
Deteriorating	130 (46.9)	240 (45.5)
Dying	57 (20.6)	116 (22.1)

Table 2: Changing preference for place of death in the inpatient unit (n= 215)

First preferred place of death	Last preferred place of death			
	Home	Hospice	Hospital	Nursing/residential home
Home	59	3	0	0
Hospice	1	148	0	0
Hospital	0	0	1	0
Nursing/residential home	0	0	0	3

Table 3: Last preferred and actual place of death among inpatients (n= 215)

Last preferred place of death	Place of death		
	Home	Hospice	Hospital
Home	1	59	0
Hospice	0	141	1
Hospital	0	1	0
Nursing/residential home	0	3	0

Table 4: Changing preference for place of death in the community service (n= 456)

First preferred place of death	Last preferred place of death			
	Home	Hospice	Hospital	Nursing/residential home
Home	336	12	2	9
Hospice	8	33	0	1
Hospital	0	0	2	0
Nursing/residential home	4	2	0	47

Table 5: Last preferred and actual place of death among community patients (n= 439)

Last preferred place of death	Place of death			
	Home	Hospice	Hospital	Nursing/residential home
Home	250	0	49	35
Hospice	20	1	18	6
Hospital	1	0	1	2
Nursing/residential home	7	0	2	47

Conclusion

- There is high concordance between preferred and actual place of death among both inpatients and community palliative care patients in this cohort; with the exception of some hospice inpatients who prefer home but do not achieve it. In this cohort, change in preference for place of death is infrequently reported, and preference is often achieved.

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