

The Preferred Place of Last Days: Results of a Representative Population-Based Public Survey

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Abstract:

Background: The place of death is of considerable interest now, yet few studies have determined public preferences for place of end-of-life (EOL) care or final days of life.

Objective: A survey was designed to answer three questions: (1) What are public preferences for the place of last days? (2) Is this place preference related to socio-demographic and other background characteristics? and (3) Is this place preference associated with specified previous death and dying experiences, the preparation of a living will or advance directive, or a viewpoint supportive of death hastening?

Design: An experienced telephone survey company was commissioned to gain a representative population-based sample and survey participants. In mid-2010, 1203 adults were surveyed in Alberta. Descriptive statistics and multinomial logistic regression were conducted.

Results: This survey revealed 70.8% preferred to be at home near death; while 14.7% preferred a hospice/palliative care facility, 7.0% a hospital, and 1.7% a nursing home; 5.7% had no stated preference. Marital status was the only predictor of place preference, with widowed persons more often indicating a preference for a hospital or hospice/palliative care facility.

Conclusions: These findings suggest homes are the preferred EOL place now for the majority of Albertans, if not other citizens, while at the same time suggesting that marital and living arrangement realities temper EOL place choices and possibilities, with widows best realizing the need for assistance from others when dying. The widespread preference for home-based EOL care indicates public health interventions are needed to promote good home deaths.

Comments:

Strengths/uniqueness:

This manuscript uses a well designed and comprehensively described telephone survey to answer a number of important questions related to public preferences for location of end of life care.

Weakness:

The authors chose to use an open ended question asking “where would you choose to spend your last days of life” but then state in the discussion that the people surveyed were willing to “answer a question about their preferred place of death”. Previous research has highlighted the need to ask clearly worded questions that address location of care and location of death as separate issues. Vaguely worded questions may not get answers focused on where people realistically expect to be on the day that they die. While it is not unexpected that most people hope to spend most of their last days at home this does not mean that when they are bedridden and unresponsive that they still expect to be in their home.

Relevance to Palliative Care:

The issues of achieving patient and family preferences for location of care and location of death are an increasingly recognized valuable outcome measure of quality of palliative care service delivery in the health care system. The results from this survey does suggest that people with experience of end of life care may have more realistic expectations of how long they can expect to stay in their own home as their condition deteriorates. We need to be careful how we design research and use results based on flawed methodology. Implementing Quality Improvement initiatives in palliative care programs to monitor and follow patient and family preferences for location of care & death and success in achieving those preferences is an emerging priority.