

Dying at home – is it better: A narrative appraisal of the state of the science

Higginson IJ, Sarmiento VP, Calanzani N, et al. *Palliative Medicine*, 2013; in print; <http://pmj.sagepub.com/content/early/2013/05/22/0269216313487940>.

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Received during: Journal Club (4th June 2013)
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Abstract:

Background: Achieving home care and home death is increasingly used as an outcome measure of palliative care services. **Aim:** To appraise the state of the science on dying at home. **Methods:** Appraisal and narrative review developed from a plenary presentation at the European Association for Palliative Care (EAPC) 2012 meeting examining the research on variations and trends in place of death, factors associated with dying in the preferred place, presenting evidence on outcomes for those dying at home and suggesting future research questions. **Results:** Meeting patients' preferences and creating home-like environments has been a major concern for hospice and palliative care since its inception. During the 20th century, in many countries, hospital deaths increased and home deaths reduced. Despite the fact that this trend has been halted or reversed in some countries (notably the United States, Canada and, more recently, the United Kingdom) in the last 5-20 years, a home death is still a distant reality for the majority, even though evidence shows it is the most commonly preferred place to die. Epidemiological studies identified factors associated with home death, including affluence, patients' preferences, provision of home care and extended family support. Evidence about the benefits of home care is conflicting, but recent data suggest that holistic well-being may be greater at home. **Implications:** We call for further analyses of variations in place of care and place of death and robust studies on how patients and families formulate and change preferences over time. Regular monitoring of outcomes, quality and costs of palliative home care is urged.

Comments:

Strengths/uniqueness:

This manuscript provides an interesting and informative narrative review of a topic of central importance to those providing palliative and end of life care services. The important components of the issue are individually addressed and the limits of our knowledge and directions for future research are well described.

Weakness:

The emphasis on the easy access to death data as a “useful and practical outcome” is open to debate as this can also become a “convenience” outcome that minimizes the value of location of care and the contribution that comprehensive palliative care service delivery models can achieve in significant improvement in decreasing hospital stay with perhaps a less significant impact on increasing home as the location for the day of death. The suggestion of investing in home palliative care services rather than any hint of an appreciation of the value of comprehensive integrated services that offer options is a major weakness in this review.

Relevance to Palliative Care:

The authors make an important point in illustrating the need to better understand the reasons for any gap between location preferences under ideal and existing circumstances. This will go a long way to help planning to improve service delivery models and understand our limitations in closing the gap for some patients and families.