

Journal Watch

Factors influencing death at home in terminally ill patients with cancer: Systematic review

Gomes B, Higginson IJ. BMJ, doi:10.1136/bmj.38740.614954.55 (published 8 Feb 2006).

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Abstract

Objectives: To determine the relative influence of different factors on place of death in patients with cancer.

Data sources: Four electronic databases – Medline (1966-2004), PsycINFO (1972-2004), CINAHL (1982-2004), and ASSIA (1987-2004); previous contacts with key experts; hand search of six relevant journals.

Review Methods: We generated a conceptual model, against which studies were analysed. Included studies had original data on risk factors for place of death among patients, > 80% of whom had cancer. Strength of evidence was assigned according to the quantity and quality of studies and consistency of findings. Odds ratios for home death were plotted for factors with high strength evidence.

Results: 58 studies were included, with over 1.5 million patients from 13 countries. There was high strength evidence for the effect of 17 factors on place of death, of which six were strongly associated with home death: patients' low functional status (odds ratios range 2.29-11.1), their preferences (2.19-8.38), home care (1.37-5.1) and its intensity (1.06-8.65), living with relatives (1.78-7.85), and extended family support (2.28-5.47). The risk factors covered all groups of the model: related to illness, the individual, and the environment (healthcare input and social support), the latter found to be the most important.

Conclusions: The network of factors that influence where patients with cancer die is complicated. Future policies and clinical practice should focus on ways of empowering families and public education, as well as intensifying home care, risk assessment, and training practitioners in end of life care.

Comments

Strengths/uniqueness:

A rigorously designed and executed report that includes a large database of 58 reviewed studies. This represents over 1.5 million patients and 13 countries.

Weaknesses:

These are well described in the report. However the major concern is whether demonstrated associations are truly indicative of cause, e.g. patients on home care are already pre-selected for home deaths.

Relevance to Palliative Care:

The influences and direction of future initiatives to improve the care of patients dying at home is well illustrated. Unfortunately the risk is the continued emphasis on where patients die rather than where we help them to live with well-designed programs that offer options for differing circumstances.