

## Journal Watch

### **Place of death and its predictors for local patients registered at a comprehensive cancer center.**

Bruera E, Russell N, Sweeney C, et al. *J of Clinical Oncol.* 2002; 20(8):2127-2133.

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#### **Abstract:**

Purpose: To help with planning of a palliative care program, we reviewed the place of death of patients who were registered at our comprehensive cancer center and explored factors that predicted death in the hospital versus death at home.

Patients and Methods: A retrospective study was undertaken of local patients who were registered at the University of Texas MD Anderson Cancer Center and died during the 1997/1998 fiscal year. Data from the institutional tumor registry and from the State of Texas Bureau of Vital Statistics file were collected and analyzed. The main outcome measures were place of death, patient characteristics associated with place of death, and time from registration at the institution to death.

Results: Of 1,793 local patients, 251 (14%) died at MD Anderson Cancer Center; the remaining 86% died elsewhere. A total of 617 (34%) died at home, and 929 (52%) died in an acute hospital setting (including MD Anderson). A total of 1,040 (58%) died within 2 years of registration. The risk of hospital death versus home death increased for patients with cancer at a hematological site (odds ratio [OR], 4.4; 95% confidence interval [CI] 2.8 to 6.8) and black ethnicity (OR, 1.9; 95% CI, 1.4 to 2.6) and decreased for patients who paid with Medicare (OR, 0.71; 95% CI, 0.57 to 0.90).

Conclusion: Most patients died in an acute care hospital setting and within 2 years of registration. Our data show some predictors of hospital death for cancer patients and suggest that better hospital palliative care services and integrated palliative care systems that bridge community and acute hospitals are needed.

#### **Comments:**

##### Strengths/uniqueness:

This is an original report that used existing databases to look at possible influences on location of death of cancer patients seen in a major internationally renowned cancer centre.

##### Weaknesses:

The retrospective nature of the information and limited databases, means that patient and family preference for location of death, and other variables such as nursing home deaths and financial and social support issues, could not be well explored.

##### Relevance to Palliative Care:

The report provides useful information and a challenge to institutes similar to the MD Anderson Cancer Center, to consider how they could work with local and community organizations to enhance integrated continuity of care to palliative care patients.