

Journal Watch

Re-examining the Definition of Location of Death in Health Services Research

Presented by: Jason Low (R-2), at GNH on TCPU February 1, 2011

Lawson B, Burge F. Re-examining the Definition of Location of Death in Health Services Research. *Journal of Palliative Care* 26:3; 2010; 202-204.

Location of death in end-of-life health services research is typically defined using death certificate information. The authors of this article examined whether the traditional death certificate definition of “hospital death” masked the extent of community-based care in the province of Nova Scotia. Location of death was analyzed in adult Nova Scotians who died of cancer from 1998 to 2003 using the death certificate, as well as information on the provincial discharge abstract database (DAD). Although death certificate information indicated that 72% died in hospital, in reality, only 51% of patients were admitted for four or more days prior to their deaths.

Strengths:

- The authors raise a very pertinent point related to palliative care research. Focusing only on the place of death as an outcome causes one to ignore the place of care, which in many instances may be more important to the palliative patient.
- Large sample size (n = 14,426)
- Long period of time (6 years) covered in the study

Weaknesses:

- Results are specific for the geographic area studied (Nova Scotia) and may not necessarily extrapolate to other areas or systems
- Despite the fact that this article was recently published, the information is now over 6 years old. Recent trends in the palliative care system in Nova Scotia may not be accurately represented.

Relevance to Palliative Care

Traditional methods (death certificates) of determining location of death will only give that specific piece of information. In palliative care, it is just as important to know where the patient received care during the whole palliative care process. It is also important to understand that a patient’s preferred place of care and preferred location of death may be different. Even if they are congruent, one must assess more than the immediate location of death when analyzing care given or when determining if patient’s wishes were met during the palliative period.