

The Rapidly Changing Location of Death in Canada, 1994-2004.

Wilson DM, Truman CD, Thomas R, Fainsinger RL, et al. *Social Science & Medicine* xxx 2009; in print.

Prepared by: Robin L. Fainsinger, M.D.

Received during: Journal Club (25th March 2009)
Tertiary Palliative Care Unit, Grey Nuns Hospital

Abstract:

This 2008 study assessed location-of-death changes in Canada during 1994-2004, after previous research had identified a continuing increase to 1994 in hospital deaths. The most recent (1994-2004) complete population and individual-level Statistics Canada mortality data were analyzed, involving 1,806,318 decedents of all Canadian provinces and territories except Quebec. A substantial and continuing decline in hospitalized deaths was found (77.7%-60.6%). This decline was universal among decedents regardless of age, gender, marital status, whether they were born in Canada or not, across urban and rural provinces, and for all but two (infrequent) causes of death. This shift occurred in the absence of policy or purposive healthcare planning to shift death or dying out of hospital. In the developed world, recent changing patterns in the place of death, as well as the location and type of care provided near death appear to be occurring, making location-of-death trends an important topic of investigation. Canada is an important case study for highlighting the significance of location-of-death trends, and suggesting important underlying causal relationships and implications for end-of-life policies and practices.

Comments:

Strengths/uniqueness:

This is a very interesting report with stunning data of a major decline in hospital deaths. The use of data from Stats Canada provides large numbers from across the country (with the exception of reliable data from Quebec).

Weakness:

There is no reference to the work of integrated palliative care programs and palliative home care services. A possible perspective is that decreased hospital EOL care is due to providing increased community support. A major omission is lack of reference to the influence of integrated regional palliative care service development in virtually every major urban centre in Canada. We cannot ignore the potential influence of the innovation of regional palliative care services, e.g. the introduction of regional urban palliative care services in Alberta occurred in 1995/96. We forget to measure and report where people live and instead have simplistic focus on where they die. This discounts the work done to keep people at home longer.

Relevance to Palliative Care:

This finding should be of major interest to all involved in palliative and end of life care. We need to consider the possible impact of what we have done differently in the last 15 years and consider what we need to do for the future to support and maintain this change. It would be interesting to see if there are regional provincial differences, i.e. are some regional palliative care services more effective?