

# Changes in place of death preferences in patients receiving specialist palliative care

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## Background

To have choice and control of where death occurs is considered central to a good death<sup>(1)</sup>. Research suggests that preferences may change as a person's health deteriorates; with studies showing both home and hospice as preferred locations, depending on various factors including services availability<sup>(2,3,4)</sup>.

## Aim

- (i) To explore the extent to which preferred place of death (PPD) changes as a patient approaches death.
- (ii) To examine the pattern and timing of these changes.

## Method

A retrospective case note review was undertaken of all patients who died, having received care from Marie Curie Hospice Edinburgh during a six month period ending 30 March 2012. Data relating to patients' preferences (*home, hospice, care home, other, unclarified*) was collected and entered into an Excel spread sheet and included; first and last preference recorded, timing and frequency of PPD recordings.

## Results

- Overall 205 patients (66%) had more than one preference recorded. Of these, 57% showed a change in preference. (Figure 1)

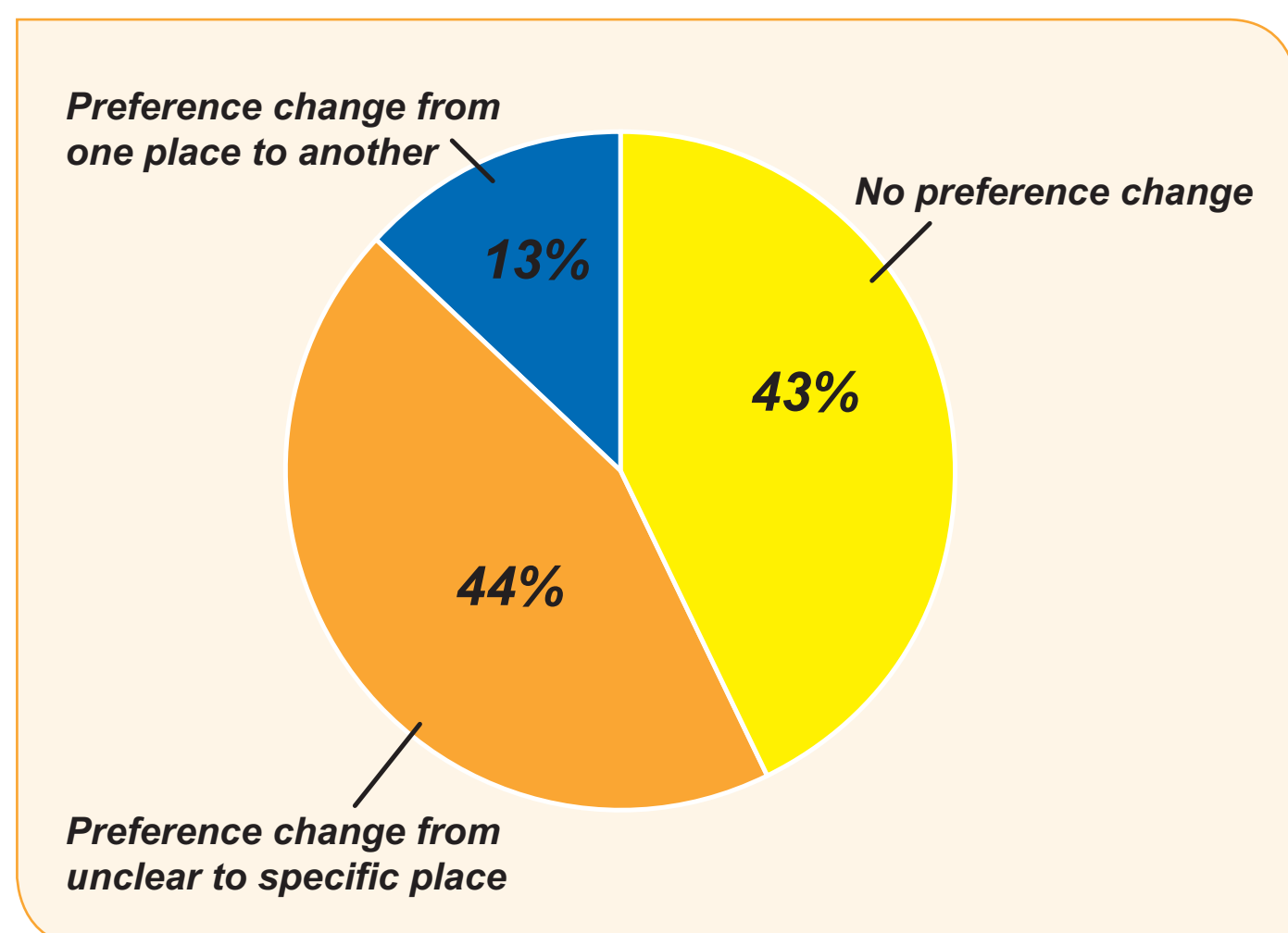


Figure 1: Percentage of patients whose PPD changed between first and last recording (N=205).

- The majority of patients who changed (78%) shifted from having an unclarified preference to specifying a location. (Figures 1 & 2)

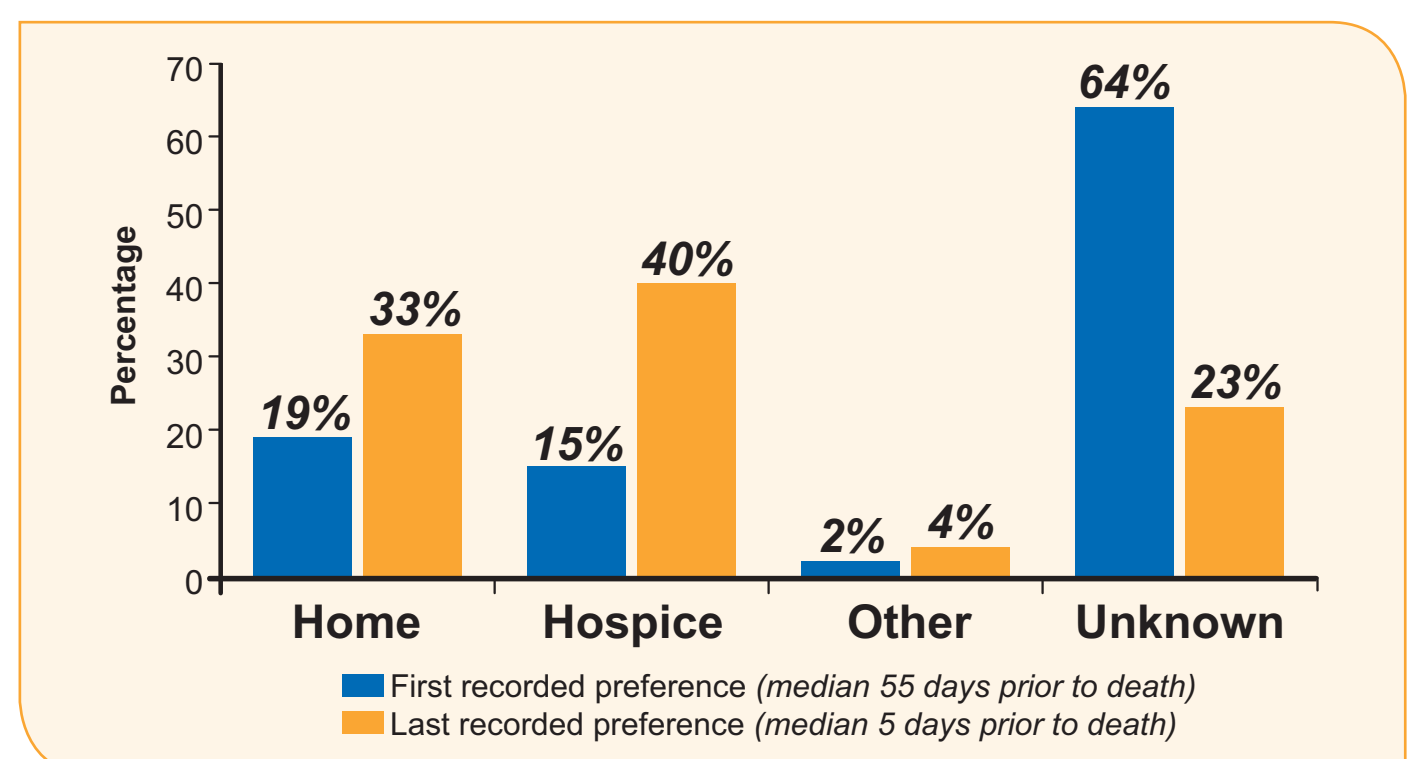


Figure 2: First vs. last recorded preference (N=205).

- Patients who had experienced an inpatient stay were significantly more likely to change from unclarified, to a preference for hospice ( $p < 0.002$ ). (Figure 3)

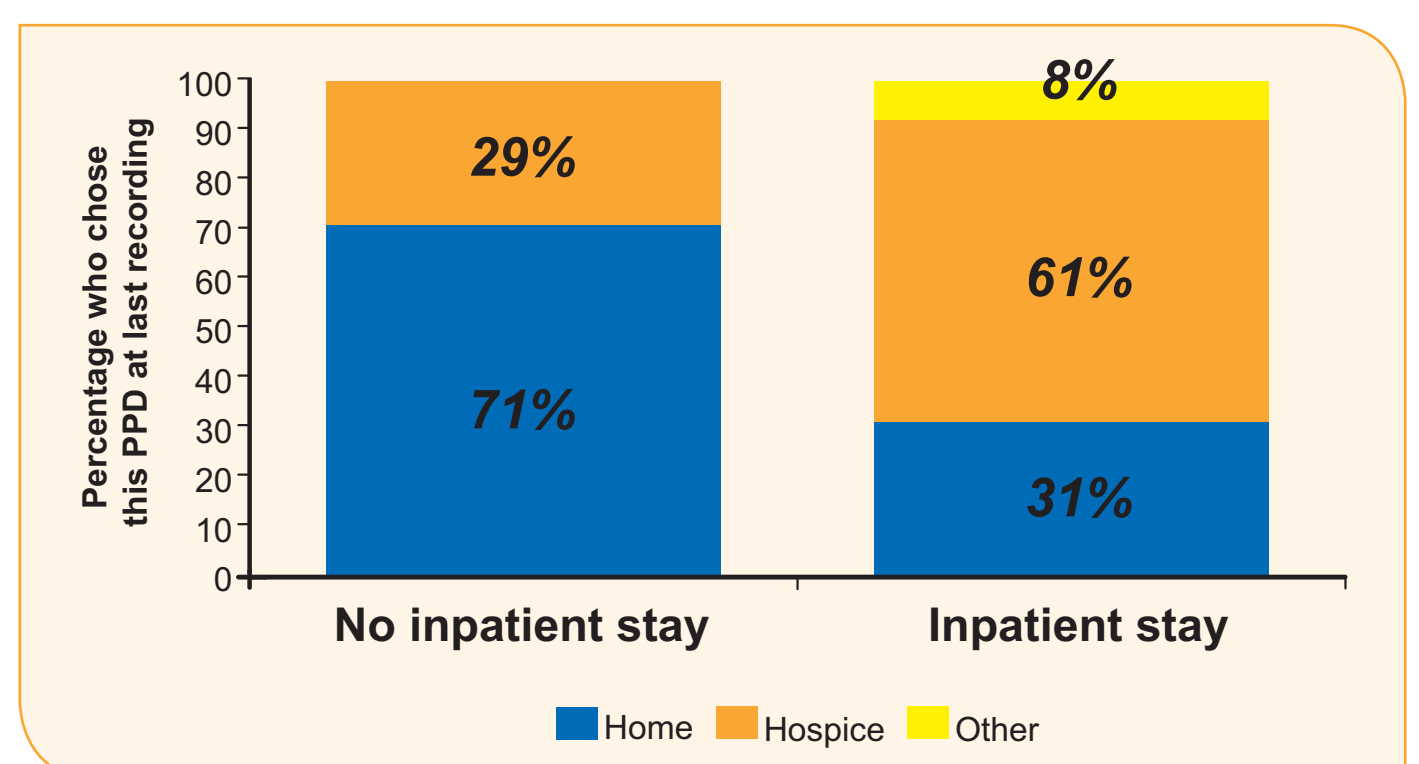


Figure 3: The influence of an inpatient stay on preference change for patients with an unclarified initial preference (N=90).

## Conclusions

- The majority of patients whose PPD was unclarified developed a clear preference over time/as death approached.
- Experience of an inpatient stay is associated with final preference.
- It is important for specialist Palliative Care services to develop systems for regular review of PPD.

### References:

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