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(1). 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(2,3,4).

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)

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

References:
4. Arnold E, Finucane AM, Oxenham D. Preferred place of death for patients referred to a specialist palliative care service. Submitted for publication.