



On your way to an international PhD in palliative care

A Marie Curie Initial Training Network funded by the European Commission



2nd International Seminar of the PRC and EAPC RN

Actual and Preferred Place of Death in 4 European countries

Winne Ko –Euro Impact Fellow
(IRCCS AOU San Martino-IST, Genoa, Italy)
18th Oct 2012, Ghent, Belgium



NTNU – Trondheim
Norwegian University of
Science and Technology



International Observatory
on End of Life Care



science+business media



ISTITUTO PER LO STUDIO
E LA PREVENZIONE ONCOLOGICA



Outline

- Background: studies on **'preference met'**
- EURO SENTI-MELC 2009-2010
 - methodology
 - analyses on 'preference met' on place of death
 - results
- Implications for public health

Studies on ‘preference met’ on place of death

- Why?
 1. Patients and their carers: last vivid memory
 2. Healthcare professionals: patients-centred care
 3. Society: costs and public policies

Debate: Should the United States Ration End-of-Life Care?

(http://fora.tv/2012/10/10/Debate_Should_the_United_States_Ration_End-of-Life_Care)

FINAL RESULTS

RATION **END-OF-LIFE** CARE

FOR THE MOTION

PRE
43%

POST

AGAINST THE MOTION

22%

UNDECIDED

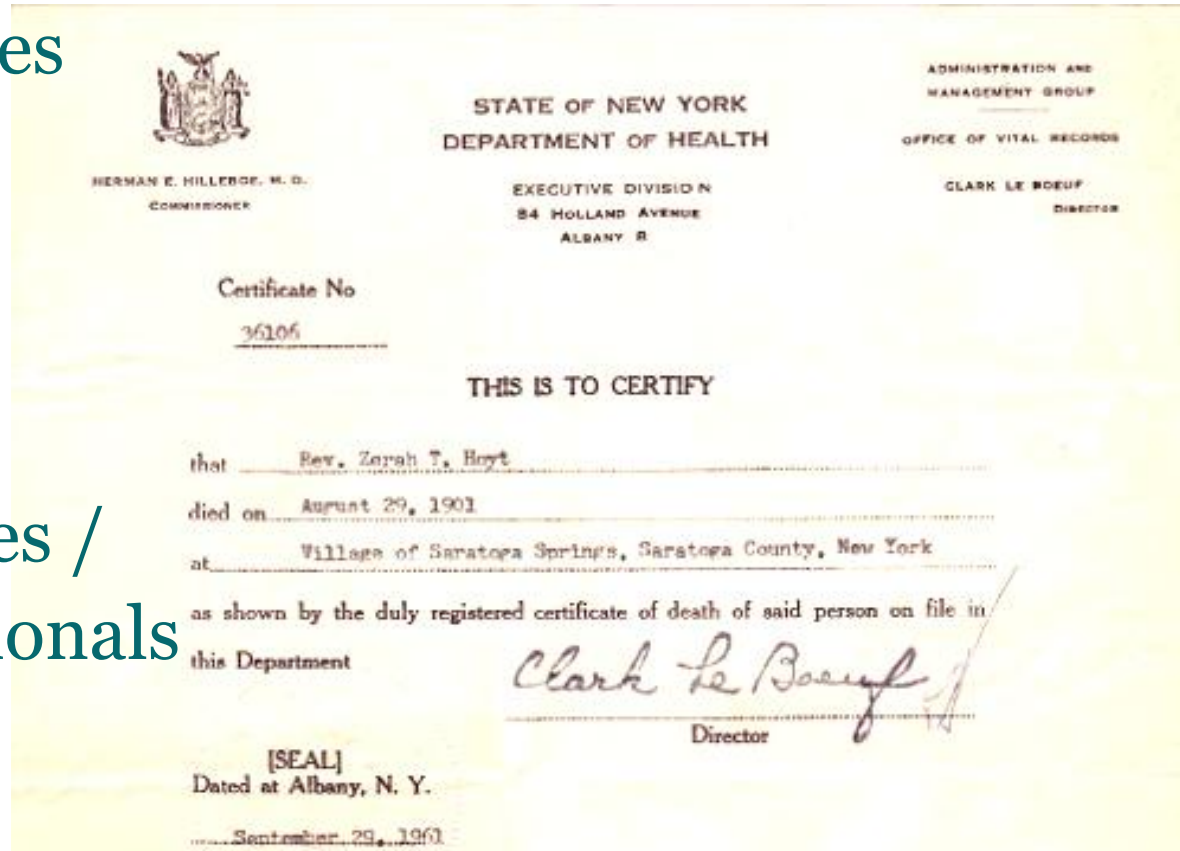
35%

intelligence
DEBATE

How?

- Requires 2 pieces of information
'actual' and 'preferred' place of death

1. Death certificates



HERMAN E. HILLEBOE, M. D.
COMMISSIONER

STATE OF NEW YORK
DEPARTMENT OF HEALTH

EXECUTIVE DIVISION
84 HOLLAND AVENUE
ALBANY, N. Y.

ADMINISTRATION AND
MANAGEMENT GROUP
OFFICE OF VITAL RECORDS
CLARK LE BOEUF
DIRECTOR

Certificate No
36106

THIS IS TO CERTIFY

that Rev. Zerah T. Hoyt
died on August 29, 1961
at Village of Saratoga Springs, Saratoga County, New York
as shown by the duly registered certificate of death of said person on file in
this Department

Clark Le Boeuf
Director

[SEAL]
Dated at Albany, N. Y.
September 29, 1961

- ## 2. Use of proxies: friends and relatives / healthcare professionals

EURO SENTI-MELC 2009-2010

- Methodology
 - 1) Retrospective survey using general practitioners(GPs) as proxies in 4 European countries
(Belgium, the Netherlands, Italy and Spain)
 - 2) Sentinel GPs network used in each country
 - 3) Standardised weekly registration form reporting patients' information and care-related items:
cause of death, types of care received, presence of symptoms etc

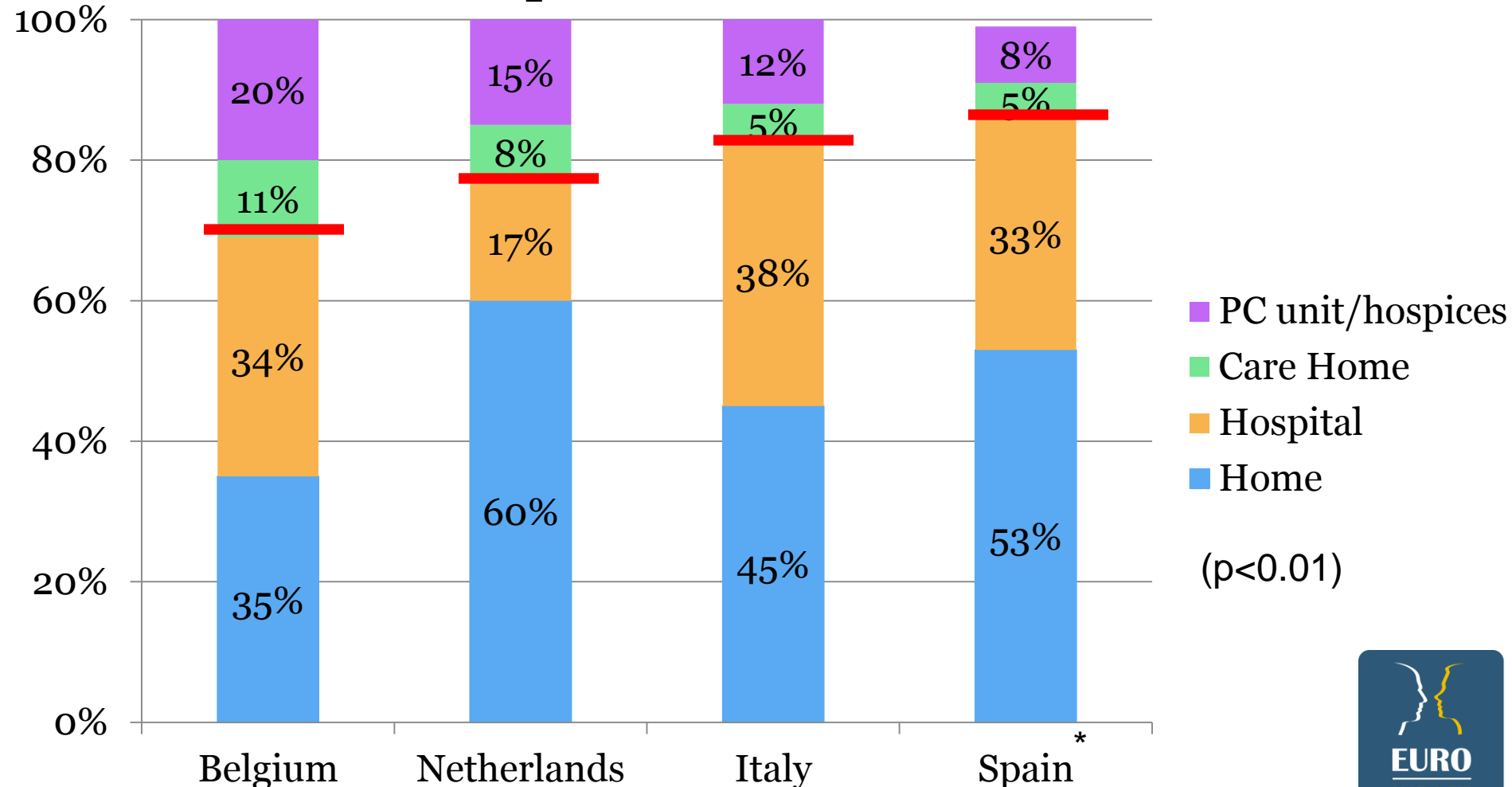
Descriptive study on 'preference met

- 2010 data
- Only cancer death patients, aged ≥ 18 with non-sudden deaths selected; nursing home deaths(NL) excluded
- No statistical differences on age, sex and types of malignancies

Country N	Belgium	the Netherlands	Italy	Spain
Overall Sample	292	181	308	149
preference met analyses	129	128	81	39

Actual place of death (N=930)

- Home + hospital deaths : about 60-80%

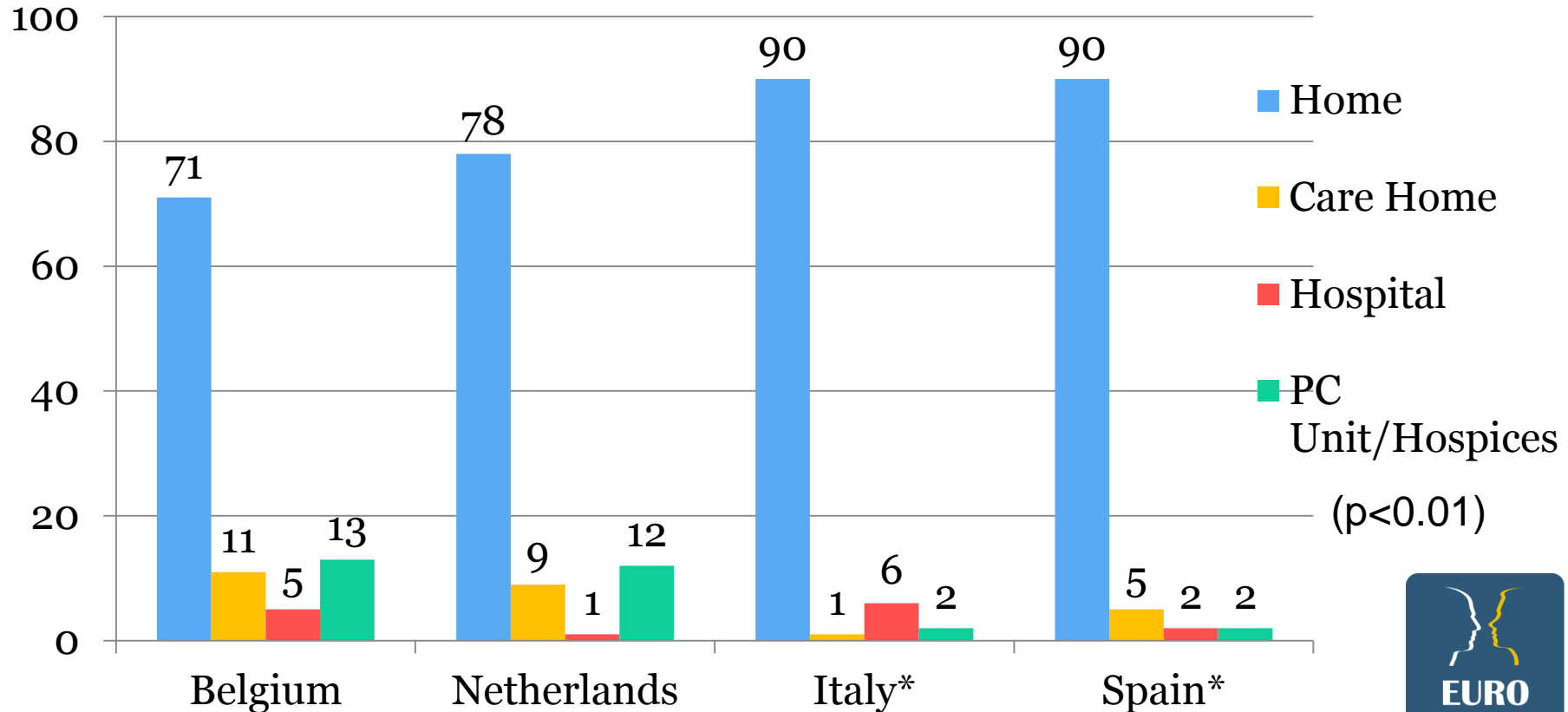


*Not added up to 100% due to rounding off

Preferred place of death (N=377)

- GPs' knowledge (N=930): 27%(IT) to 72%(NL) of GPs were informed about the preferred place of death

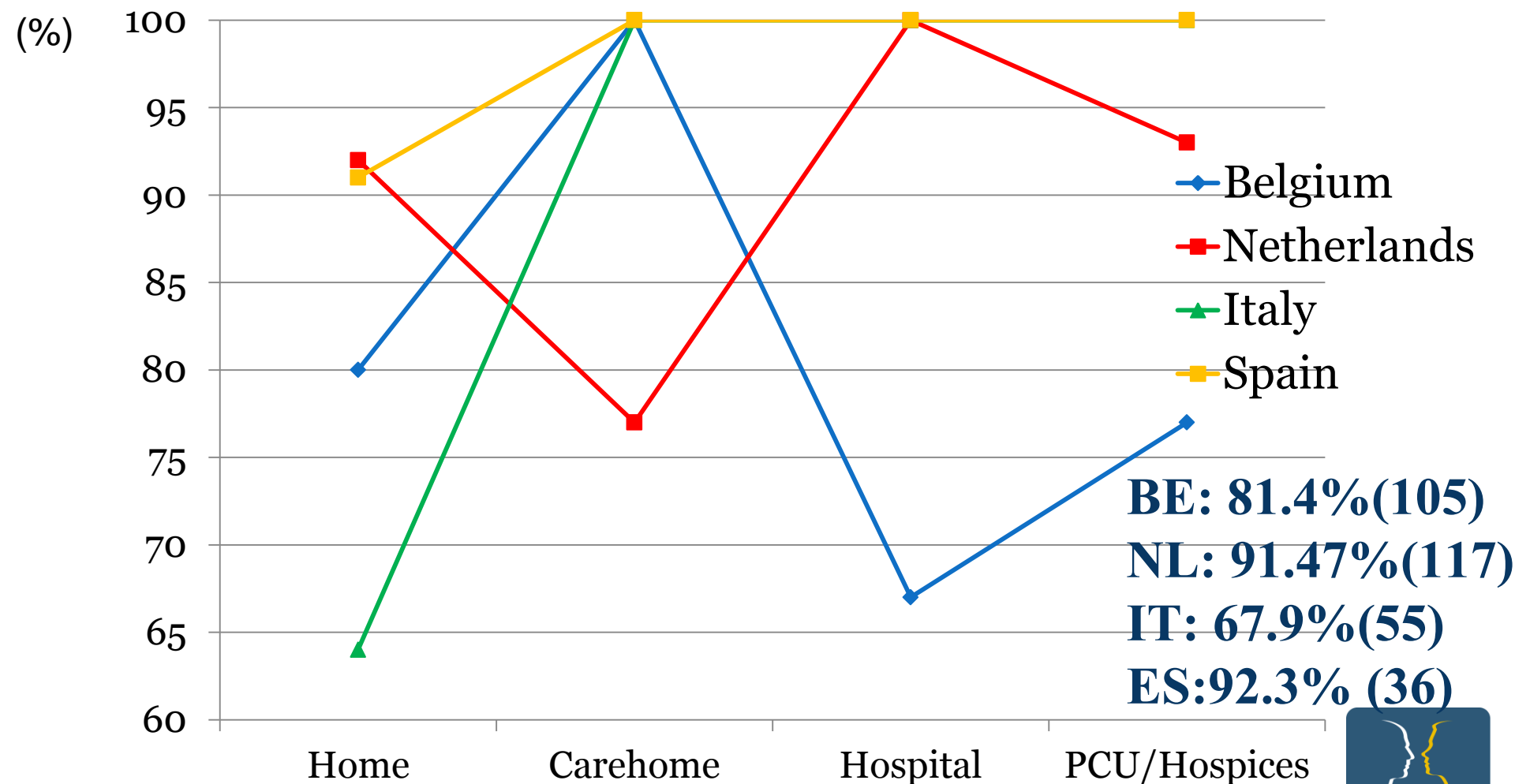
(%)



*Not added up to 100% due to rounding off



Congruence on place of death (N=377)



*For Italy and Spain, numbers for deaths in care home, hospital and PCU/ hospice are small (1-5)

When information is unavailable..(N=930)

	BE		NL		IT		ES	
	known	not known	known	not known	known	not known	known	not known
N	130	162	129	52	83	225	47	102
	%		%		%		%	
Home	57.7	16.9	72.9	30.8	56.6	40.0	80.9	42.1
Hospital	10.8	52.5	3.9	48.1	33.7	40.0	8.5	45.0
p-value	$p < 0.01$		$p < 0.01$		$p = 0.028$		$p < 0.01$	

Summary

- majority of cancer patients preferred dying at home; while around one-third (except NL) died in hospitals
- cross-country variations on GPs' awareness of patients' preferred place of death; *possible cultural difference*
- level of preference met is high when GPs were informed
- *most patients died in hospitals when GPs were not informed*
- article under review: European Journal of Cancer

Implications on public health

- ageing population projects an exponential need for end-of-life care
 - trainings to healthcare professionals (communication skills, teamwork)
 - public education:
-  World hospice & palliative care day
- changes in social practices and accept diversities

FINAL RESULTS

RATION **END-OF-LIFE** CARE

FOR THE MOTION

PRE
43% | POST
81%

AGAINST THE MOTION

22% | 12%

UNDECIDED

35% | 7%

intelligence
DEBATE

THANKS !

[e-mail: winne.ko@vub.ac.be](mailto:winne.ko@vub.ac.be)

Monica Beccaro, Guido Miccinesi, Viviane Van Casteren, Gé Donker, Bregje Onwuteaka-Philipsen, María Teresa Miralles Espí, Luc Deliens, Massimo Costantini, Lieve Van den Block on behalf of EURO IMPACT

EURO IMPACT, European Intersectorial and Multidisciplinary Palliative Care Research Training, is funded by the European Union Seventh Framework Programme (FP7/2007-2013, under grant agreement nr [264697]).