

Background

Over the past decade there has been a growing interest in dying in a preferred location. In some countries achievement of such is a measurable outcome and an indicator of a quality death. However, not all patients have or express a preference.

In a population-based mortality follow-back study among bereaved family members, questions were asked about end of life care among those dying of an advanced disease. This poster addresses the questions as to whether or not the decedent had spoken of or 'voiced' a preferred location of death.

Objective

To identify factors associated with having voiced a preferred location of death during the last month of life.

Method

Design

- Population-based mortality follow-back survey, administered by telephone.

Setting

- Nova Scotia, Canada (population ~950,000).



Participants

- 1316 death certificate identified Informants (next-of-kin) of Nova Scotians who died from June 2009 to May 2011.

Exclusions

Decedent

- Under 18 years of age at death
- Death due to causes other than known advanced disease, either medical, surgical, pregnancy complications or self-harm.

Informants

- Missing or incomplete contact information
- No knowledge of the care provided to decedent.

Process

- Initially by mail through Nova Scotia Vital Statistics
- Onus was on the informant to contact researchers
- Telephone survey interviews arranged.

Survey Instrument

- Adaptation of the 'The 'After-death bereaved family member interview' (Teno J et al. 2004).

Acknowledgements

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Measures

Outcomes

- Whether or not the decedent had 'voiced' a preferred location of death.

Independent variables of interest:

- Decedent characteristics
- Informant characteristics
- Knowledge of the decedent's death approaching
- The decedent talked openly about their dying.

Analysis

- Descriptive statistics, Pearson's Chi-square
- Unadjusted and adjusted logistic regression.

Results

- 48% of decedents (n=622) voiced a preferred location
 - 74% preferred to die at home, 16% hospital, 10% LTCF

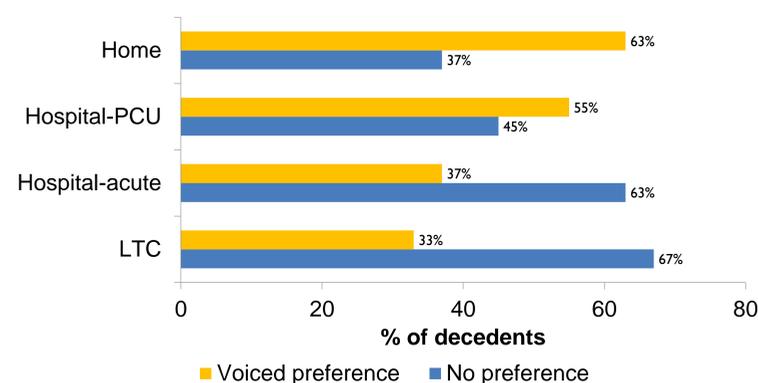
Decedent characteristics

- 51% female
- 14% aged (yrs.) 19-64, 45% 65-84, 41% 85+
- 38% died of cancer
- 48% were married or with a partner
- 83% lived with others
- 57% had an advanced directive/living will
- 49% were aware they did not have long to live
- 40% talked openly about their dying
- 39% spent the majority of their care during the last month at home, 29% in long-term care (LTC), 23% in hospital acute units, 9% in a hospital palliative care unit (PCU).

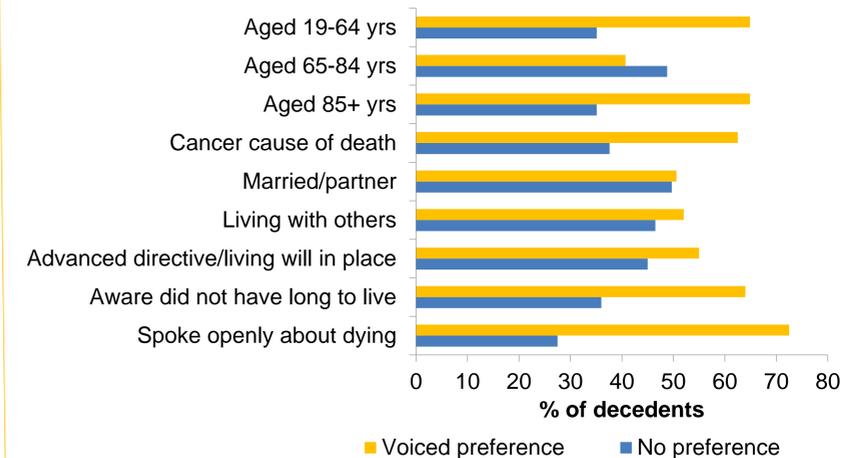
Informant characteristics

- 70% female
- 55% 19-64 yrs.
- 49% were the decedent's child; 36% their spouse/partner
- 56% were aware the decedent did not have long to live.

The proportion of decedents who did or did not voice a preference for any location of death by where they received the majority of care during the last month of life



Decedent characteristics by a voiced preference



Characteristics associated with the likelihood of having made a voiced preference for any location of death

Characteristic	Adjusted Odds Ratio (95% Confidence Interval)
Decedent knew they did not have long to live (vs did not)	
Not sure	1.1 (0.7-1.6)
Yes	1.9 (1.4-2.6)
Decedent spoke openly about the fact they were dying (vs no)	
Not sure	2.2 (1.3-3.9)
Yes	4.2 (3.2-5.6)
Location of care (vs Home)	
Hospital	0.4 (0.3-0.6)
PCU	0.6 (0.4-0.9)
LTC	0.4 (0.3-0.6)
Age (vs 19-64 years)	
65-84	0.5 (0.3-0.7)
85+	0.7 (0.5-1.1)
Cause of death (vs non-cancer)	
Cancer	1.4 (1.0-1.9)
Relationship of informant to decedent (vs partner/spouse)	
Child	1.8 (1.3-2.5)
Other	1.0 (0.7-1.5)

Note: Findings in red are statistically significant. 'Adjustment' indicates that all the characteristics listed in the table are taken into account.

Conclusions

- Awareness of one's approaching death, speaking openly about it, dying of cancer and most care provided in the home were all significant predictors of having voiced a preferred location of death**
- Older adults, particularly those 65-85 yrs. and with a spouse or partner were less likely to voice a preference**
- These results highlight the importance of discussing location of dying preferences among all, particular older, non-cancer patients. Having children involved in their care may help promote these conversations.**