

Palliative care experts call for better home care

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Improved home care resources for people with conditions such as dementia, who would prefer to die at home, are key to providing better end of life care and reducing the strain of the UK's ageing population on the NHS, according to researchers at King's College London.

A new study, carried out by researchers from the Cicely Saunders Institute at King's and funded by the National Institute for [Health Research Health Services](#) & Delivery Research (NIHR HS&DR) Programme, found that 42 per cent of patients with advanced non-malignant conditions reported a preference for home death, yet only 12 per cent of deaths from respiratory and neurological conditions occur at home, and only 6 per cent for [dementia](#).

The research, a systematic review of existing literature on preferences regarding place of care and death, and factors influencing place of death, also found that living alone consistently reduced the chance of home death. Support at home from family carers without professional care made the chance of hospital death three times more likely than when professional carers were also involved. In these cases, the provision of professional home care support, either to support family carers or to provide direct care, would ensure that more patients with advanced non-malignant conditions die at home.

Improving care towards the end of life is an important priority for the public and for health professionals, with 10-20 per cent of all healthcare expenditure spent on this area.

Lead author of the report, Dr Fliss Murtagh, from the Cicely Saunders Institute, said: 'Although palliative care and hospices have done much to improve the care of those with advanced cancer, only about one in four of all UK deaths are due to cancer. Many more people die of other conditions, such as heart or respiratory failure, kidney failure, stroke or dementia.'

'Our research found that these patients spend more time in acute hospital care and are less likely to die at home in familiar surroundings.' Dr Murtagh suggests that 'enhanced [home care](#) and family support' could reduce the number of expected deaths which occur in hospitals. She added: 'The increase in our [ageing population](#), with correspondingly higher levels of co-morbidity, will likely mitigate against home deaths and in favour of hospital deaths, unless innovative approaches can be developed to support those with complex co-morbidities in the community.'

The research also found that:

- A preference for home death among patients with advanced non-malignant conditions is less prevalent than for cancer patients, so attention should be given to achieving preferred place of care and death.
- The presence or absence of a family or informal carer is a key component in enabling dying at home. Effective and sustained carer support, especially within the context of non-cancer illnesses with longer trajectories, is likely to increase rates of death at home.
- Advance care planning is especially important for older people as their preferences are complex and may evolve over time. The advance care planning they require needs skilled professionals who can revisit preferences and plan sensitively and frequently in

response to change.

- For patients with chronic heart failure and chronic obstructive pulmonary disease, whose pattern of illness is harder to predict, deterioration is often not discussed, preventing people from planning ahead to ensure their preferred place of care and death is achieved.

Provided by King's College London

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