

# Home palliative care services double people's chances of dying at home and reduce symptoms

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(Medical Xpress)—A new Cochrane review led by King's College London has found that providing home palliative care doubles the odds that someone with a terminal illness can die at home if they want to, and leads to better control of their symptoms.

Based on this evidence the researchers are calling for the development of specialist home [palliative care services](#) to be included in national healthcare strategies, to ensure people who wish to die at home receive the best possible care. Researchers also say that providing [palliative care](#) at home could reduce avoidable and often expensive [hospital admissions](#).

Previous studies show that most people with a terminal illness would prefer to die at home if possible. However, often multiple severe

symptoms such as pain, breathlessness, nausea, fatigue, or a lack of home support means that they are admitted to hospital as their disease progresses. Earlier research from the Cicely Saunders Institute at King's found that people with diseases such as advanced cancer, [respiratory failure](#) and late stage [neurological diseases](#), can suffer as many as 12-14 different symptoms that need treatment and care.

In this new study, funded by Cicely Saunders International and the Calouste Gulbenkian Foundation, King's researchers analysed and combined studies from across the globe that compared home palliative care services with usual care, such as that from general practitioners, district nurses and hospital outpatients. The research team at the Cicely Saunders Institute collaborated in this work with colleagues at the King's Centre for the Economics of Mental and Physical Health and at the geriatrics unit of the Princess Grace Hospital Centre in Monaco. The review gathered information about over 37,500 patients who suffered from [terminal illnesses](#) including cancer, [heart failure](#), [respiratory diseases](#) and [neurological conditions](#), such as multiple sclerosis. In addition information and views from over 4,000 [family caregivers](#) were analysed.

The results showed that expert home palliative care teams improved the odds of dying at home by 2.21 – i.e. more than double. This result was highly significant and so is not likely to have occurred by chance. In addition, home palliative care services improved symptom control and reduced the burden of symptoms for patients. These palliative care teams were working from hospices, home care services and hospitals, and comprised doctors, nurses, and other professionals specially trained in delivering palliative care to ensure that they have the right expertise, skills and experience.

Dr Barbara Gomes from King's, who led the study, said: 'These are important findings as they show for the first time clear and reliable

evidence of benefits that justify the provision of home palliative care to allow more people to die at home and to reduce patients' symptoms. Home palliative care is key to narrowing the gap between where people wish to die and where they actually die, which we know exists in many countries. The research shows these services work. Their development must therefore be central in national strategies to improve the care people receive towards the end of their life."

Professor Irene J Higginson, Director of the Cicely Saunders Institute at King's, added: 'With the number of deaths in England and Wales expected to increase by 17 percent by 2030, we need to find ways of improving palliative care for our ageing population.'

'This review shows the need to provide specialist, dedicated home palliative care services to provide an additional layer of individualised support for people reaching the end of life, and their families. Specialist care teams should work with existing services, and people with progressive and far advanced illness or their families should be able to ask for these services, which should be made available where they are lacking. The goal is to control symptoms, improve quality of life and support individual patients and families where they want to be cared for at the end of life.'

'As well as providing better care for patients, this approach could minimise unwanted and often expensive hospital admissions, reducing the burden on the NHS.'

**More information:** [onlinelibrary.wiley.com/doi/10.1002/1469-7580.2020007760.pub2/abstract](https://onlinelibrary.wiley.com/doi/10.1002/1469-7580.2020007760.pub2/abstract)

Provided by King's College London

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