

# A recorded do-not-resuscitate directive significantly increases the likelihood of dying where one chooses

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An end-of-life plan that includes a recorded do-not-resuscitate directive significantly increases a person's chances of dying where she chooses. A brief research report is published in *Annals of Internal Medicine*.

Most persons report that they would prefer to die at home or in [hospice care](#), but more persons in England die in a hospital than in these settings (48 versus 29 percent). Researchers at The Royal Marsden NHS Foundation Trust and Imperial College London analyzed routinely collected electronic [health records](#) (EHR) to identify the determinants of achieving preferred place of death.

Initially developed as the Electronic Palliative Care Co-ordination System for London, United Kingdom, the Coordinate My Care (CMC) service enables persons to create a digital urgent care plan with their clinicians that is electronically accessible to all health and social care professionals involved in a patient's care. The researchers analyzed health records for more than 9,000 patients with CMC plans and found that more than 75 percent of them died in their preferred place and almost all of them (97.8 percent) preferred to be cared for and die outside of the hospital. In addition, clear limits to treatment were associated with achieving preferred place of death. Those with a recorded do-not-resuscitate order were 76 percent more likely to die in their preferred place than those with a recorded for-resuscitation status.

According to the researchers, these findings suggest that conversations about [end-of-life care](#), including care limits, can be considered a positive gateway to achieving a patient's wishes for their future care.

**More information:** *Annals of Internal Medicine* (2017).  
[annals.org/aim/article/doi/10.7326/M17-0695](https://annals.org/aim/article/doi/10.7326/M17-0695)

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