

General practitioners' home visit habits determine where patients die

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The probability of dying at home, which the majority of the seriously ill patients wish to do, grows with the general practitioner's general propensity to come out on home visits.

This is the main result in a scientific article "Propensity for paying [home visits](#) among [general practitioners](#) and the associations with [cancer patients](#)' place of care and death: a register-based cohort study", which has [medical doctor](#) and PhD Anna Kirstine Winthereik as primary author. The article was recently published in the journal *Palliative Medicine*.

In the study, Winthereik shows that the more frequently a doctor visits [patients](#) at [home](#), the shorter the time that the doctor's terminally ill cancer patients will spend in hospital, which is where most people die in Denmark. The number of hospitalisations is also reduced. With this, the statistical probability of cancer patients ending up dying at home grows, and according to Anna K. Winthereik, this ought to give us food for thought.

Both for the [doctors](#) personally and in relation to the remuneration systems that apply to home visits and consultations at the doctor's surgery, respectively.

"We know from previous studies that most very ill patients would like to spend the last part of their life at home, and now we have evidence to say that the general practitioner's prioritisation of home visits helps to determine whether this wish will be met. This is something that both the doctor and the region can decide to act on," says Anna K. Winthereik, who is affiliated with both the Department of Clinical Medicine at Aarhus University and the Department of Oncology at Aarhus University Hospital.

In her PhD dissertation on which the article is based, she has looked into medical doctor's familiarity with palliative treatment. The general result is that doctors are familiar with the role of "anchorman".

Nevertheless, both Anna K. Winthereik and Professor Peter Vedsted,

who is one of the article's co-authors, highlight that there is a large difference between holding consultations in a doctor's surgery and making home visits and meeting the patient and his or her family in their own homes in their everyday lives.

"The large majority of doctors find it natural to meet their patients at eye level, which is an important tool for creating optimum courses of treatment for terminally ill cancer patients. But not all doctors have quite so much desire, or the same opportunities, for prioritising home visits," says Peter Vedsted. As professor he is affiliated with both the Research Unit for General Medical Practice and the Department of Public Health at Aarhus University.

The study shows that those doctors who are most likely to make home visits are out in the local community 6.6 times as often as those doctors who make the fewest visits.

"There is a small, non-significant tendency for patients in rural areas to get slightly more home visits than patients in urban areas, and that general practitioners in the Greater Copenhagen area visit patients slightly less often, but the numbers are small. Our assessment is therefore that this is largely about the individual doctor's preferred approach to basic palliative treatment," says Anna K. Winthereik.

The study was conducted as a register-based cohort study in which all practice in Denmark was categorised in relation to making home visits in general. This was then compared to the extent to which cancer patients died in their own home or in hospital and how many bed days they had at the hospital during their final time.

More information: Anna K Winthereik et al, Propensity for paying home visits among general practitioners and the associations with cancer patients' place of care and death: a register-based cohort study, *Palliative*

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