

The impact of an emergency information form on the place of death of palliative care patients



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Background / Relevance

There is a documented gap between palliative care patient's preferred and actual places of death, with few prospective studies available.

Research Question / Hypothesis

This study aimed to assess whether documenting patient preferences in emergency information increases the likelihood of dying in the preferred location.

Participants / Sample

A one-year observational study was conducted involving all mobile palliative care teams for adults in Styria, Austria. A total of 1,425 patients (52.6% men) were included, with a median age of death of 78.1 years (IQR=17.4); 76.9% had cancer. The intervention involved documenting patients' preferences for on-site treatment versus transfer to a hospital. Logistic regression analysis was used to assess the impact of documented preferences on place of death.

Results

Of the 109 patients (7.6%) who took part in the intervention (emergency information), 78.9% opted for on-site treatment without transfer, 7.3% opted for a transfer and 14.7% did not indicate a preference. Of those preferring on-site treatment, 88.2% died at home, compared to 63% in the control group. In contrast, only 37.5% who requested transfer died at home, with the majority dying in a hospital or a palliative care unit. Patients who preferred on-site treatment were five times more likely to die at home ($p < 0.001$). Patients who did not wish to be transferred had twice as many medical contacts ($p = 0.031$), and each additional medical contact increased the odds of dying at home by 7%. Older patients and those without cancer were also more likely to die at home.

Images



Diese Information soll dem behandelnden (Not-)Arzt im Falle eines Einsatzes zur Kenntnis gebracht werden, um die Entscheidung und Therapiefindung zu erleichtern.

NAMEN	VORNAME
ALTER	SOZIALVERSICHERUNGSNUMMER UND GEBURTSDATUM
PLZ UND ORT	STRASSE

DIAGNOSE/GRUNDEKBRANKUNG

Das Mobile Palliativteam betreut oben genannte/n Patient/in und ist unter der Telefonnummer für Auskünfte erreichbar.

MOBILES PALLIATIVTEAM
 ETNETTENKLEBEFELD
 TELEFONNUMMER

Für den Fall der Verschlechterung des Zustandes mit begrenzten kurativen Therapiemöglichkeiten soll hinsichtlich eines Transportes festgehalten werden:

- bevorzugt wird eine Therapie vor Ort ohne Transfer (gewünscht wird eine optimale Symptomenlinderung)
- bevorzugt wird ein Transfer auf eine geeignete stationäre Einrichtung (Krankenhaus)
- keine Präferenzen hinsichtlich Transfer (Entscheidung in der Situation durch den Notarzt)

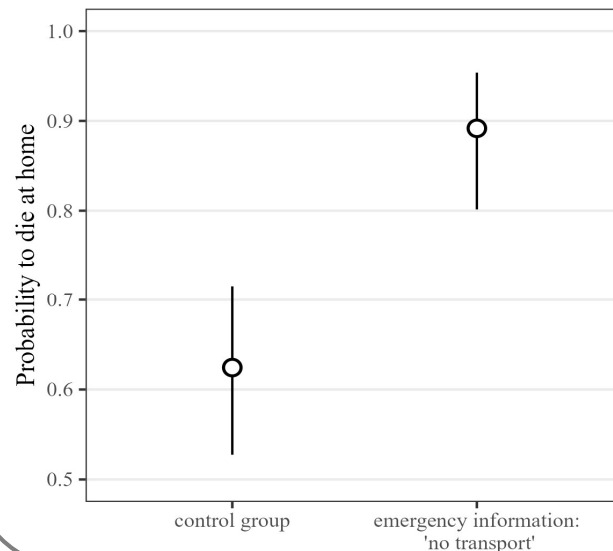
Weitere Anmerkungen/Informationen:

Diese Entscheidung resultiert aus einem Gespräch mit dem Mobilem Palliativteam am:

UNTERSCHRIFT PALLIATIVARZT/-ÄRZTIN UNTERSCHRIFT PATIENT/IN UNTERSCHRIFT PFLEGENDE[N] ANGEHÖRIGE[N]

Version MPT 2024

Results



Conclusion / Summary

This study shows that documenting preferences significantly increases the likelihood of dying at home, fulfilling patient wishes. Moreover, the findings provide clear guidance for mobile palliative care teams, highlighting that frequent, consistent medical visits—regardless of duration—are critical for fulfilling patients' wishes regarding their preferred place of death.

References:

Polt G, Weixler D, Bauer N: Eine retrospektive Studie über den Einfluss einer Notfallinformation auf den Sterbeort von Palliativpatienten. Wien Med Wochenschr. 2019 Feb; doi: 10.1007/s10354-019-0681-3