INTRODUCTION

Background: Place of death is considered an important proxy quality marker of patient choice and quality of care. In England the proportion of deaths which are in hospital has reduced with corresponding increases in deaths at home or in care homes.

Aim: To highlight variation in place of death by leading causes of death, so that implications for end of life care can be considered in more detail.

METHODS

Underlying cause of death was categorised using Office for National Statistics (ONS) leading causes of death1 (50 categories, 408,997 deaths, 83% of deaths registered in 2015).

RESULTS

Deaths from all causes, in England in 2015, occurred in hospital (47%), care homes (23%), and home (23%), with less than a tenth in hospices (6%) and other places (2%) (Figure 1a).

Place of death proportions varied widely by leading cause of death category. Most (18) of the top 20 leading cause groups (and 5 of the excluded leading cause groups) had more than half of deaths in hospital (Figure 1b).

For deaths from the selected 44 leading causes of death (Figure 2):
- The range in proportion of deaths was between zero and 91% across all places of death.
- The range was greatest for deaths in hospital (71%) and least for hospices (28%)
- Median results by leading cause and place of death vary from all causes, except for other places

Note: proportions (%) are rounded to integers and may not appear to add up to exactly 100%

DISCUSSION

Delivery of high quality end of life care is important, regardless of the setting or cause of death. It involves sensitive communication and takes into account the needs and wishes of those who are dying and of the people who are close to them1-4. We currently lack national data in England to relate cause and place of death to patient wishes. Investigation of the reasons for wide variation in the proportion of deaths by places of death for selected leading causes may help us to work with others, including patients and carers, to identify and promote areas of good clinical and administrative practice in end of life care and, reduce unwarranted variation.

CONCLUSIONS

Despite reductions in the England value there is still wide variation in the proportion of people who die in a hospital, by cause of death. We need better evidence to inform care and planning, but relating clinical information to other key aspects of care is still very challenging because of underdevelopment of national datasets. Variation in recognition of the likelihood of death, sensitive communication, including the needs and wishes of the person who is dying and involvement of those who are close to them is poorly understood through current administrative data in England.

ACKNOWLEDGEMENTS

REFERENCES

1. Leading causes of death in England (ONS); revised 2015
2. Trends in leading causes and place of death; England 2005 to 2014, National End of the Life Care Intelligence Network, PHE
3. Top 5 leading causes by sex and age group - 2015 registrations (ONS)
4. One chance to get it right
5. Ambitions for palliative and end of life care