HotPick March 2004

Predictors of site of death of end-of-life patients: The importance of specificity in advance directives

Pekmezaris, R, Bruer, L, Zaballero, MS, Wolf-Klein, G, Jadoon, E, D'Olimpio, JT, Guzik, H, Foley, CJ, Weiner, J, Chan, S.

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This study examined the role of advance directives and other variables associated with hospitalisation of the long-term care end-of-life paient. A consecutive sample of 100 medical records of 100 deceased nursing home residents, stratified by site of death (skilled nursing facility or acute care hospital), were reviewed by a team of geriatric researchers. Factors such as sociodemographic variables, presence of advance directives (and type), transfer and death information, diagnoses at admission, discharge and other time intervals, medications used and signs and symptoms precipitating death were retrieved from the records. The severity of the patient's illness was assessed using the Cumulative Illness Rating Scale –G (CIRS-G). Significantly higher proportions of patients dying in the nursing home had specific advance directives (do not resuscitate, do not intubate, do not artificially feed, do not hydrate, and do not hospitalise), as opposed to those dying in the hospital. The findings of this study demonstrate the impact of the explicit advance directive in the decision to transfer the patient to the acute care setting at the end of life.

Results from this study contradict findings of an earlier study conducted by Fried and Mor (1997), which found a lack of association between do-not-hospitalise orders of long term care residents and lower rates of hospitalisation. The data used by Fried and Mor however, were extracted from assessment data of long-term care residents and excluded those residents who died or were transferred to another facility. The researchers speculated that the differences between the two studies may be accounted for by the fact that this more recent study investigated patients at end of life, and considered all directives and official medical orders, whereas the Fried and Mor study looked only at official physician orders. The researchers propose that considering physician orders alone without other indicators of patient directives located in the medical record may not adequately capture all available information regarding the patient's wishes. It is also possible that the time lapse between studies may account for differences reported if use of advance directives has become more consistently used in recent practice.

The extent to which these advance directives inform the judgement of physicians nurses and family members could not be ascertained from the analysis. As well, the clinical appropriateness of the decision to transfer was not measured. The role of the proxy in the decision making process was also difficult to discern from the results. For example, it was unclear how often proxies may have over-ridden the advance care directives. Further research to examine the decision making process related to place of death in the context of advance care directives is recommended.

Reference: Fried, RTR, Mor V. Frailty and hospitalisation of long-term stay nursing home residents. Journal of the American Geriatric Society 1997;45:265-69.

<u>Reviewer:</u>

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Professor Kristjanson brings approximately twenty years of experience in palliative care research, health care education, and project management to the study. She has successfully completed approximately 50 competitively funded projects, published over 100 refereed articles and book chapters in the areas of palliative care and nursing education. Professor Kristjanson leads a number of interdisciplinary research teams and is committed to a collaborative model of work that embraces expertise from a range of disciplines, specialty areas and interest groups. She is receptive to involvement of consumers in community based projects and Chairs the Consumer Participation Advisory Committee for the Cancer Foundation of Western Australia. Professor Kristjanson has undertaken special palliative care projects for Health Canada, the National Cancer Institute of Canada and for State Health Departments and local agencies. Her knowledge of the impact of progressive, chronic and terminal illness on patients and families is a particular strength and her cAPRACity to synthesise and evaluate evidence will underpin the project. Professor Kristjanson is especially able to translate evidence into practice and ensures that the voice of the clinician, consumer and volunteers are highly respected in development and implementation of community based projects.