

Preferences and practices for location of death: A narrative literature review

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Context: Cultural safety is necessary for all medical care and especially when patients are approaching end-of-life. At that time, cultural traditions and the presence of family and friends are vital to patients at their most vulnerable.

Objective: To describe what is currently known about location of death and patients' preference regarding location of death, comparing Indigenous and non-Indigenous populations within Canada and globally.

Design: Narrative (non-systematic) literature review of research articles from 2010 to March 2021. Databases searched include PubMed, CINAHL and PsychInfo, using combinations of: "place of death or dying location or location of dying or location of death"; "Indigenous or Aboriginal or First Nations"; "terminal care and/or palliative care or hospice care"; "preferred place death and actual place of death". Google Scholar, Google and OneSearch were also searched generally. Reference lists of selected articles were scanned for relevant articles. A total of 21 articles were accepted after title, abstract, and full-text review.

Results: The proportion of hospital deaths in Canada steadily increased since 1950 to peak at 80.5% in 1994, thereafter declining to 43.9% by 2015. By contrast, the proportion of home deaths in Canada has increased over 2006-2015. International trends vary, as Britain has demonstrated an increasing proportion of home deaths, compared to Norway and Germany where nursing home/hospice deaths are increasing, or Portugal where hospital deaths continue to rise. While most people prefer to die at home, the actual location of death suggests barriers to this exist. Several Indigenous populations in Canada and Australia have demonstrated a preference for dying at home in their community; however, the Māori in New Zealand did not. Many rural/remote Canadian populations have higher proportions of hospital deaths compared to urban. A community-based palliative care program in an Alaska Native community helped increase the proportion of home deaths from certain causes from 33% to 77% over a 5-year period.

Conclusions: Many but not all populations studied show a majority of patients would prefer a home death to a hospital death. However, the proportion of actual deaths occurring in hospital is widely higher than that of home deaths for most populations.