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PATIENTS WHO DO NOT NOMINATE A PREFERRED PLACE OF DEATH ARE MORE LIKELY TO DIE IN HOSPITALL. Arnold¹, A. Finucane¹, D. Oxenham¹ ¹Marie Curie Hospice Edinburgh

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Introduction National end of life care strategies encourage the discussion and recording of the preferred place of death (PPD) of patients approaching end of life. Surveys suggest that the majority of the general population would choose to die at home or in a hospice, with hospital being least preferred.

PPD information is assessed on an ongoing basis, as part of standard care for all patients referred to Marie Curie Hospice Edinburgh. However, not all patients are able to nominate a PPD.

Aims and Methods We explore where patients receiving specialist palliative care would choose to die; the reasons why

some patients do not have a documented PPD; and whether patients without a documented PPD are more likely to die in hospital. Case notes were reviewed retrospectively for 1,127 patients, who died in any location whilst under the care of the service during 2009 and 2010. The majority of patients had cancer as their primary diagnosis (94%). The patient's last recorded PPD was used in this study. The median time between final PPD assessment and death was 6 days.

Results Seventy-seven percent of patients were able to nominate a PPD ($n=863$), and a further 21% of patients had documented reasons for PPD remaining unknown ($n=233$). Patients who did not have a documented PPD were three times more likely to die in hospital, compared to those with a known preference ($\chi^2(1)=37.21$, $p<0.001$).

Conclusion Patients without a nominated PPD were significantly more likely to die in hospital.