Quality of Dying – A Retrospective Analysis

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PIZOLCARE

Introduction

How do people in the Werdenberg-Sarganserland region die? And what is the relationship between the doctors who are brought in to the deceased? In a retrospective analysis we systematically interviewed all post-mortem doctors in the region about the quality of dying.

Method

From January 1, 2015 to September 30, 2017, doctors in the Werdenberg-Sarganserland region who were brought in after the death of patients were asked to answer questions about the place of death, the relationship to the dead and the quality of the process of dying, using a questionnaire enclosed with the official cause of death statistics form. The anonymized data was recorded and evaluated in an Excel file.

Results

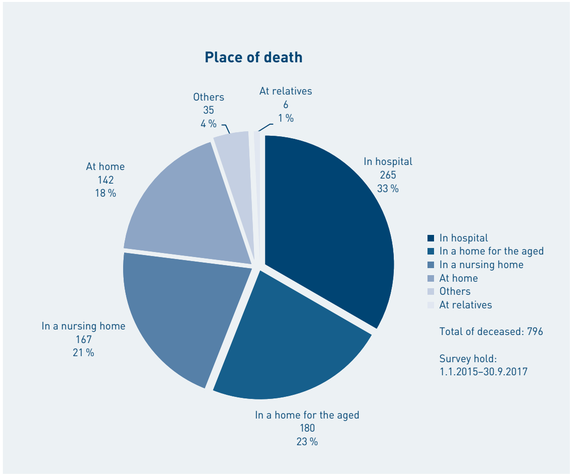
In the 33 months of the study a total of 796 deceased were registered. The vast majority died either in a hospital (33 %), in a home for the aged (23 %) or in a nursing home (21 %). Only 18 % died at home [Graph 1]. The relationship of the doctor who was brought in after death was described as close in only 7 %, in 59 % of the cases there was no relationship between the doctor and the deceased [Graph 2]. However, three quarters of the doctors surveyed could designate a person who had looked after the deceased before death [Graph 3]. Two thirds of all doctors surveyed said they had spoken to a relative before or after death [Graph 4]. The effort in relation to medical care increased significantly in the days before the patient's death for the doctor who was brought in after death [Graph 5].

Discussion

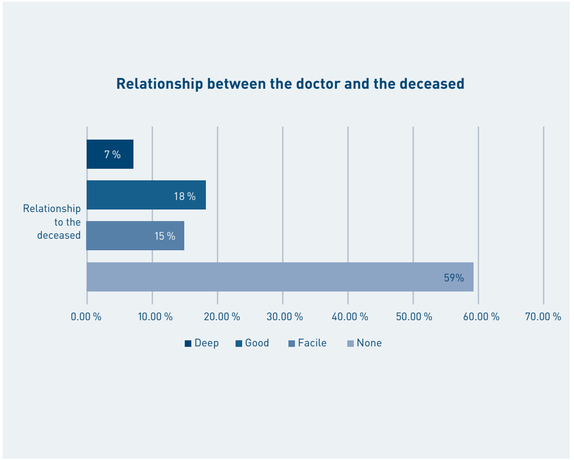
The places of death observed in our study coincide with the figures from the Swiss Health Observatory. Contrary to the widespread desire among people to die at home, it is only 18 % of all deceased in our rural area who are granted this. Since doctors working in hospitals and nursing homes were also consulted after death, there is a bias in the display of the relationship of the doctor to the deceased. It can be assumed that the relationship between the deceased at home and their general practitioners can be described as good or even close. It is encouraging that in the majority of the cases the physicians brought in after death knew carers of the deceased and could speak to relatives immediately before or after death. The analysis of the medical care efforts one year and immediately before death reflects the fact that the majority of the patients did not die at home, but rather in a hospital or nursing home, with 50 % of the doctors claiming no effort the days before the patient's death.

Conclusion

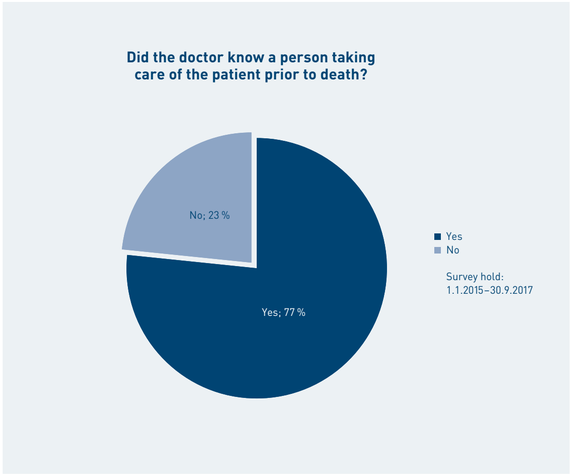
We believe there is potential to improve the quality of dying in our region to match the patient's wishes. Further studies in this regard would be appreciated.



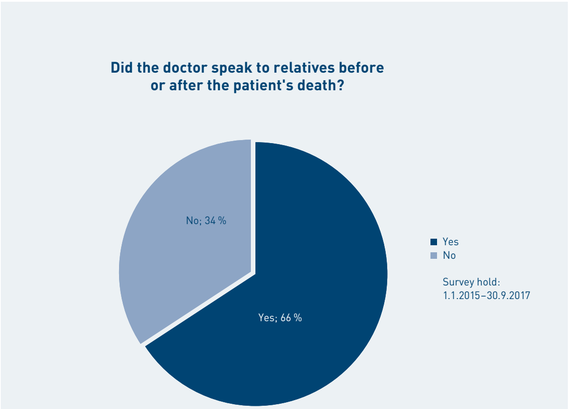
Graph 1



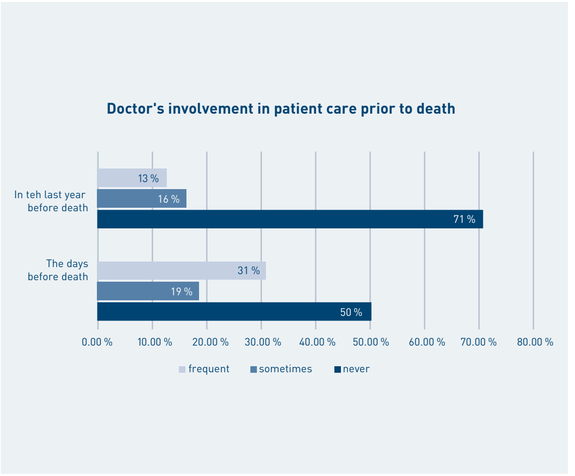
Graph 2



Graph 3



Graph 4



Graph 5