

Earlier palliative care at home linked to fewer hospital admissions

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Offering palliative care earlier to dying patients at home is linked to fewer hospital admissions at the end of their lives, raising questions about the time restrictions placed on accessing community-based



palliative care in some parts of the world, new research led by Curtin University has found.

The paper, published in the March edition of the *Journal of Pain and Symptom Management*, found offering community-based palliative care to a person before the last six months of their life was linked with a lower rate of unplanned hospitalisations in that last six months, as well as lower <u>healthcare costs</u>.

The research examined the care of 16,439 people who died from cancer in Western Australia between January 1, 2001, and December 31, 2011, and accessed community-based <u>palliative care services</u>.

Lead author Mr Cameron Wright, from the School of Public Health at Curtin University, said the findings were important given the ageing population and the wish among many <u>palliative care patients</u> to die at home.

"This study suggests a link between accessing community-based palliative care earlier and fewer unplanned hospitalisation and emergency department presentations, as well as lower associated healthcare costs in the final 12 months of a person's life," Mr Wright said.

"In some parts of the world, including the United States of America, access to community-based palliative care is restricted to a certain expected time before death but this study suggests there may be a benefit for both the patient and the health system for this support to be provided at home earlier.

"As populations age, strategic planning of palliative care will be important to ensure the quality and sustainability of end-of-life care."



Mr Wright said the research showed the difference in associated healthcare costs was significant, with \$12,976 (2012) for those who had accessed community-based palliative care before the last six months of life, compared to \$13,959 (2012) compared to those who had accessed it within the six months before death.

In this study, community-based palliative care is provided by a single non-government provider free of charge at the point of care.

More information: Cameron M. Wright et al. Earlier Initiation of Community-Based Palliative Care Is Associated With Fewer Unplanned Hospitalizations and Emergency Department Presentations in the Final Months of Life: A Population-Based Study Among Cancer Decedents, *Journal of Pain and Symptom Management* (2017). <u>DOI:</u> <u>10.1016/j.jpainsymman.2017.11.021</u>

Provided by Curtin University

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