

Should we increase the provision of home palliative care for patients and their families?

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Introduction

Current evidence shows that most people would prefer to die at home¹, and countries such as the UK have developed national strategies to support this wish². Trends show that home deaths are slowly increasing in the US, Canada and the UK^{3,4,5,6}. However, with the ageing of populations and growing needs for palliative care, a stronger shift from hospitals and other institutional settings to patients' homes and home-like environments is required, respecting preferences⁷. In this context, it is crucial to assess the impact of home palliative care services on death at home and other health outcomes for patients and their families, and the cost-effectiveness of these services.

Summary of research

We aimed to quantify the effect of home palliative care services on patients' chances of dying at home, analyse their effect on other patients and family caregivers' health outcomes, and also examine the cost-effectiveness of such care. To do so we searched 12 databases, specialist books, conference proceedings, reference lists and consulted with experts in the field of palliative and end of life care⁸. We reviewed 84 publications (corresponding to 23 studies) and carried out meta-analysis when appropriate. Studies reported data from over 37,000 participants and over 4,000 family caregivers, from the USA, UK, Sweden, Norway, Italy, Spain, Canada and Australia.

Research findings

We found that expert home palliative care teams improve the odds of dying at home by 2.21 – i.e. more than double. We also calculated numbers needed to treat to benefit (NNTB) showing that for one additional patient to die at home, five patients would need to receive home palliative care.

Another important finding was that the provision of home palliative care reduced symptom burden for patients, while symptom burden increased over time for patients who received usual care. We also found evidence of no impact of home palliative services on caregiver outcomes such as grief.

There were areas in which the evidence was conflicting or inconclusive. We found conflicting evidence on the impact of home palliative care on specific symptoms such as pain, breathlessness and sleep disturbance. Importantly, evidence on the cost-effectiveness of home palliative care was inconclusive. A diversity in the models of home palliative care, a lack of clarity on defining usual care, and the usage of different tools to assess health outcomes across studies were challenges when analysing the data, and are important aspects to improve in future studies.

Key findings

- Receiving expert home palliative care doubles the odds of dying at home
- For one additional person to die at home, five more need to receive home palliative care
- Home palliative care can also reduce symptom burden in patients with advanced illness
- There was evidence of no impact on family caregivers' grief
- Evidence on cost-effectiveness is inconclusive
- Models of home palliative care varied, usual care was not always defined and studies often used different tools to assess health outcomes

Policy recommendations in next page 

Policy recommendations

Based on the evidence from this systematic review, we here present out three top recommendations for policy.

1. Invest in home palliative care services

The evidence justifies investment in home palliative care services. This could mean start investing, continuing to invest or reconsidering plans of withdrawing funding from these services. Decisions depend on the existing service provision in the region, and the socio-economic context.

2. Include home palliative care development in national health policies and strategies

Based on the evidence we are calling for the development of specialist home palliative care services to be included in national health policies, to ensure that people who wish to die at home do so with the best possible care. Levels of home palliative care provision vary widely across countries, in Europe and beyond⁹. Their development must be central in national strategies to improve care for people towards the end of life.

3. Apply findings to your local population in order to plan future home palliative care

We have produced a measure (numbers needed to treat to benefit - NNTB) which enables policy makers and health services planners to apply to their local mortality statistics and calculate what home death rate would be achieved if all people who are dying received home palliative care. This information can help decide the extent to which current home palliative care services need expansion to increase home death rates according to needs and preferences.

Examples showing how this can be applied to populations with different home death rates are available at the Cicely Saunders Institute website: www.csi.kcl.ac.uk. This was done for cancer for illustrative purposes. However, future care must also accommodate patients with advanced conditions other than cancer.

Conclusions

Our review shows clear and reliable evidence from meta-analysis that home palliative care services work by doubling the chances of people to die at home (which is where most people would prefer to die) with reduced symptom burden for patients with advanced illness.

We hope the review gives impetus for countries to take action, investing in services that make a difference and benefit patients with advanced illness, while caring for them in the place where they want to be. Meanwhile, we will focus on understanding better the current gaps in evidence, developing powered studies and carrying out full economic evaluations to be able to assess the cost-effectiveness of care.

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The review is available at the [Cochrane Library](#)

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