

Where the Dying Live: A Systematic Review of Determinants of Place of End-of-Life Cancer Care

Mary Ann Murray, RN, MScN, CON(C), GNC(C), CHPCN(C), Valerie Fiset, RN, MScN, Sandra Young, RN, CHPCN(C), and Jennifer Kryworuchko, RN, BScN

Cancer is the second-leading cause of death in the United States and Canada. About 1.5 million Americans will be diagnosed with cancer in 2009 and, despite increased survivorship, more than 1,500 people will die every day (American Cancer Society, 2008). In Canada, men have a 45% risk of developing cancer during their lifetimes, and women have a 40% risk (National Cancer Institute of Canada [NCIC], 2008). An estimated 29% of Canadian men and 24% of Canadian women will die from the disease (NCIC). Most will receive end-of-life (EOL) care in an institution despite a preference for home palliation (Cantwell et al., 2000; Murray, O'Connor, Fiset, & Viola, 2003; Stajduhar & Davies, 2005; Steinhäuser et al., 2000). This paradox has not been well explained; therefore, this article will investigate the influencing factors that differentiate preferred and actual place of EOL care for patients with cancer.

Factors affecting place of EOL care are under reported, limiting the provision of comprehensive, holistic, palliative care (Gomes & Higginson, 2006; Higginson & Sengupta, 2000; Last Acts Palliative Care Task Force, 2002; Romanov, 2000). Increasing awareness of the practical, social, and psychological considerations affecting place of EOL care for patients with cancer would help clinicians and healthcare leaders develop relevant, responsive, evidence-based interventions to better meet the needs of EOL patients and their families. At the healthcare systems level, an enhanced understanding of the factors linked to place of EOL care for patients with cancer could enhance policy and decisions regarding resource allocation.

Establishing what is known about the determinants of place of EOL care for patients with cancer is a starting point. A number of narrative reviews regarding place of EOL care have been published (Grande, Addington-Hall, & Todd, 1998; Tang, 2000; Thomas, 2005); however, information regarding the quality of the studies, scope of the reviews, and potential selection bias is limited and restricts the use and generalizability of the reviews. Because no systematic reviews exclusively focused on patients with cancer and because the shelf life for systematic reviews directly relevant to clinical practice is

Purpose/Objectives: To describe the determinants of place of end-of-life (EOL) care for patients with cancer.

Data Sources: A systematic literature review of primary research studies (1997–2007) was conducted. Studies that investigated place of EOL care or identified place of EOL care in relation to outcomes were examined, their critical quality was appraised, and references were mapped.

Data Synthesis: Of the 735 articles identified, 39 (representing 33 studies) met inclusion criteria. Two main research designs emerged: large-scale epidemiologic reports and smaller descriptive studies. Findings suggest that factors related to the disease, the individual, and the care and social environment influence place of EOL care for patients with cancer. Social support, healthcare inputs (from services and programs and healthcare provider contact), and patient preferences were the most important factors.

Conclusions: Most patients with terminal cancer prefer home palliation; however, most die in an institution. The reasons are complex, with various determinants influencing decisions regarding place of EOL care.

Implications for Nursing: Findings may highlight evidence-based interventions to assist patients and families facing decisions regarding place of EOL care. A clearer understanding of factors that influence place of EOL care for patients with cancer could enhance healthcare policy and guide needs-based modifications of the healthcare system.

relatively short (Shojania, Sampson, Ansari, & Ducette, 2007), a systematic review was conducted to identify which factors, under what circumstances, are associated with place of EOL care for patients with cancer. To reflect a more up-to-date context of EOL care, research focused on articles from 1997–2007. To provide insight about knowledge development related to place of EOL care, bibliometric analysis also was undertaken.

Methods

Theoretical Model for Study and Analysis

Gomes and Higginson (2006) modeled a network of influencing factors related to place of EOL care. In the model, variations in place of death are explained by