

Study in 32 countries shows a rise in home deaths during the COVID-19 pandemic

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Added value of the study

- This is the largest study of international time trends in place of death to date and the first showing a rise of home death in COVID-19 pandemic across countries.
- In most countries the rise was greater in cancer and women.
- The findings matter because they signal a critical shift not seen before in end-of-life care globally, towards dying at home.
- Policy initiatives are needed to ensure that palliative and end-of-life care resources are appropriately allocated to support the growing trend of home death.

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What is the issue and why is it important?

Home has always been a relevant dying place globally. This is where most patients with life-threatening conditions wish to be cared for and to die. However, decisions are shaped by a combination of illness-related, individual and environmental factors. The COVID-19 pandemic may have altered reality on this matter, due to the profound impact it had on societies and care.

Study methods

Data on place of death for all adults (18 years and over) that died from 2012 to 2021 were obtained from 32 countries. The classification of place of death varied widely between countries, but “home” was the most consistent category. Place of death was analysed by sex, age group and selected underlying causes of death (with a focus on cancer, dementia and COVID-19).

Summary of findings



100.7

million people deceased in
2012-21 in **32** countries



32%

death at home during pandemic
years, rising in **23** countries

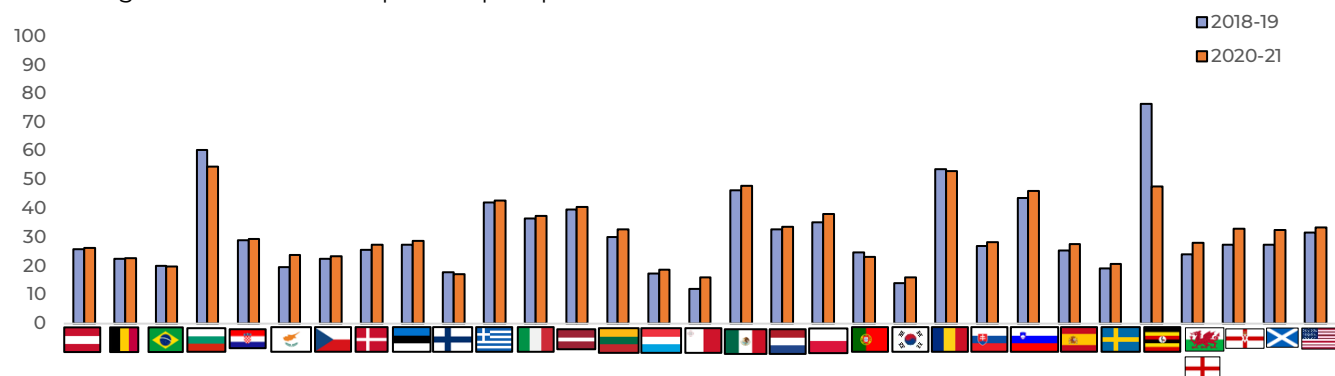


Home death rise highest in
cancer in **20** countries



Home death rise highest in
women in **17** countries

Percentage of deaths at home pre and post pandemic



Main implications

If the shift towards dying at home is adequately supported, aligned with preferences and associated with good outcomes, countries are in the right track facing a complex health transition. If, on the other hand, deficits in end of life care are found, with the risk of failing patients and families, policy makers must rethink and improve home support, considering reallocation of resources from other places.

Recommendations

1. To monitor whether the trends in your country are kept or revert post-pandemic.
2. To allocate adequate palliative and end-of-life care resources according to place.
3. To help develop an international classification of dying places, which is underway.

Acknowledgments

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Disclaimer

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Authors can be contacted: barbara.gomes@uc.pt and silvia.lopes@ensp.unl.pt