Changes in place of death of patients who die of pelvic cancers in England: A population based study

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INTRODUCTION

Cancer is the underlying cause of 29% of all deaths in England (2004-2013). Pelvic (gynaecological, urological and colorectal) cancer accounts for 5% of all deaths in England. 18.6% of all cancer death is due to Pelvic cancer.

There are various published articles that cancer patients prefer to die at home rather than hospital1, although a small percentage go on to change their mind in response to their circumstances. A review of choice in end of life care published in Feb 2015, mentions that there are too many people still do not receive good quality care which meet their individual needs2. A best example is: only half the respondents of the National Survey of Bereaved people(VOICES) felt that their relative had died in their place of choice3.

Patients who die of pelvic cancer have similar complications which includes bowel obstruction, renal failure, fistula formation etc. which lead to multiple hospital admissions and various interventions . They face new fears and uncertainties and have to undergo unpleasant and debilitating treatment. Ultimately many patients die in the hospital.

Since the adaptation of End of Life Care Strategy in England in the year 2008 there have been changes in the place of death distribution of patients; better community support is helping patients to die in their preferred place. We explore the variation place of death of pelvic cancer patients with age, sex, deprivation quintile, origin of cancer and strategic clinical network. There is a Key Performance Indicator (KPI) for end of life care called Death in the Usual Place of Residence (DIURP). This has been monitored since 20104.

METHODS

Design

Data definition
ONS data is coded using ICD version 10. The study included underlying cause of deaths coded as: Specific colorectal cancers
• Recto-sigmoid (C19), Rectum ampulla (C20), Anus and anal canal (C21)
• Specific gynaecological cancers
• Cervix cancer (C53), Uterine cancer (C54, C55), Ovarian cancer (C56), Unspecified female genital cancer (C57)
• Specific urological cancers
• Cancer from under (C66), Bladder (C67), Prostate (C61), Unspecified urinary organ (C68)

Cancer originating from vulva, vagina, tests and scrotum has been excluded as these structures lie outside the true pelvis.

RESULTS

On an average 23,929 people die due to an underlying cause of pelvic cancer (England, 2004 to 2013). An additional 5,728 people died from another underlying cause but with pelvic cancer mentioned elsewhere on their death certificate. The proportion of deaths from an underlying cause of pelvic cancers that occur in hospital has declined from 46% (2004) to 34% (2013); deaths occurring at home or in a care home have increased 33% to 48%. There is significant variation between Strategic Clinical Networks.

Three quarters of the people who died were more than 70 years of age. 68% of people who are resident of a care home died in a care home. Among the deaths of people who live in their home only 26% died at home. In 2013, 49% of the patients who have urological cancer died in either home or care home, more than the proportion of deaths from colorectal and gynaecological cancer patients; 44% and 40% respectively. The percentage of deaths in a hospice varies by cause of death: colorectal 21%, gynaecological 25% and urological 14%.

CONCLUSIONS

• There has been a steady reduction in death in hospital consistent with the end of life care strategy. The specific pelvic cancer still seems to be a major factor in determining place of death.
• There is no significant difference in the place of death based on the sex.
• Patients with gynaecological cancers tend to die more in hospitals than patients who die of urological or colorectal cancers.
• Mortality statistics is the best available tool to study national trend in the place of death and to learn various factors influencing the place of death and allow compare with international statistics.
• Further work will help us understand the relation of various factors like comorbidity, hospital admissions, procedures etc., on the place of death.
• Better understanding and identification of various factors influencing the place of death in pelvic cancer patients will help the government to formulate policy which will help the patients to help them to die in their place of preference.

ACKNOWLEDGEMENTS

We thank ONS for supplying the data.

REFERENCES