

ALMOST A THIRD OF WATERFORD DEATHS RECORDED AT HOME



A map detailing the percentage rates of deaths in the home per county

A new research report commissioned by the Irish Hospice Foundation (IHF) reveals that the chances of dying at home or in hospital are dictated by where you live in Ireland.

The research highlights the wide difference in home deaths across the country ranging from 18 per cent of people in Dublin dying at home compared to a high of 34 per cent in Donegal.

Here in Waterford, 31 per cent of deaths occur at home.

This is despite the findings of a recent national survey showing that 74 per cent of Irish people want to die at home, up from 66 per cent in 2004.

The report, the third in the IHF Perspective Series, was launched on Thursday last by oncologist and Independent Senator, Professor John Crown.

Titled 'Enabling More People to Die at Home; Making the Case for Quality Indicators as Drivers for Change on Place of Care and Place of Death in Ireland', it sets out the case for key quality indicators on place of care and death, and calls for health policy to focus on providing more care in the home and communities.

The report suggests that people's preference to be cared for and die at home is not being facilitated by the health system, arguing that quality indicators are one way to monitor how well health policy is being implemented.

"If it is possible for 34 per cent of deaths to take place at home in Donegal why is it that about half of that proportion die at home in Dublin?" the report asks.

The report, supported by a paper written by social and economic research consultant Dr. Kieran McKeown, draws on data published by the CSO which shows people living in Donegal are more likely to die at home, (34 per cent), followed by Kilkenny and Kerry, (both 33) and Mayo (32).

At the other end of the scale only 18 per cent of people in Dublin die at home, followed by Louth and Sligo next, (24), Kildare and Wicklow (25) and Roscommon and Galway, (26), which is the national average.

The report finds that areas with no hospice that deliver Specialist Palliative Care (SPC) Services through home care teams - including the South East, the Midlands and the North East - have a higher proportion of deaths in the usual place of residence (home or long-stay places of care) compared to areas with a hospice.

Irish Hospice Foundation CEO, Sharon Foley, said that quality indicators on place of care and death will show how well the health services are meeting the deepest wishes of people approaching the end of life.

She said the data presented by Dr McKeown suggesting that patients in areas without a hospice are more likely to die at home raises the question of what more can be done in areas with a hospice to facilitate a higher proportion of home deaths. "It may be that those areas without hospices have better developed home care teams. Other reasons may be at play, such as urban/rural differences in allocation of community supports. But we need to find out."

Ms Foley added: "The IHF believes that enabling people to fulfil their wish to die at home is not just a matter of effective

health services and flexible, responsive, people-centred systems. It is fundamental to the very basis of humanity in an evolved society.

“Allowing choice and dignity in end of life care, and in the experience of dying, is a strong indication of how we care for Irish society as a whole.”

The IHF is recommending that: 1 - The Department of Health, in partnership with the HSE, establishes a project group to consider key influences for care at home at the end of life and the introduction of performance measures on end of life care and place of death. 2 - The HSE and the Department of Health update the 2001 report of the National Advisory Committee on Palliative Care and 3 - That the CSO develops a more systematic solution to the problems concerning timeliness of data on place and classification of place of death.

Dr McKeown states: “The idea of monitoring the place where people are cared for and die is timely in the context of the reconfiguration of health services in Ireland. It is also consistent with the overall thrust of health policy which aims to provide more care in the homes and communities where people live while also reducing the inappropriate use of hospitals.”