Home death for children - does inequality exist?

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The Doctor. Sir Luke Fildes 1843-1927
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Background

• Previous studies indicate that terminally ill children and their families prefer for the child to die at home

• Yet, in Denmark, as in most countries, the majority of children who die from natural causes die at hospital

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<thead>
<tr>
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<tbody>
<tr>
<td>Home</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Hospital</td>
<td>76%</td>
<td>89%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>5%</td>
</tr>
</tbody>
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Lykke C et al, 2018
Background

• Previous studies indicate that inequality exist in place of death among adult cancer patients in Denmark

• Knowledge is needed to determine whether inequality exists in place of death among children
Aim

• The aim of this study was to examine if inequality exist in place-of-death among children concerning age, gender, diagnose and urbanicity.
Methods

• All children referred to *The Child & Youth Palliative Care Team* in Central Denmark Region (1.3 million inhabitants) since 1\textsuperscript{st} April 2016 were included

• Age, gender, diagnose (cancer/noncancer), urbanicity (hospital in the municipality or not) were retrieved in medical files

• Adjusted associations with home death were analysed mutually adjusting for the independent variables

• Logistic regression were assessed in STATA-software
Results

In total, 40 children were referred

• 23 children died in the study period with a mean age of 6.3 years (95% CI: 3.7;8.8)

• Nearly one third of these children were under one year of age

• 15 (65.2%) died from cancer

• 13 (56.5%) lived in a municipality with a hospital

• 13 (56.5%) died at home
Results / Conclusion

• No differences in place-of-death were found according to children's age, gender or diagnosis, but living in municipalities without a hospital was found to increase the possibility of dying at home: Adjusted OR: 14.4 (95% CI: 1.2;166.3)
Conclusion

• However, only 23 children were included, and CIs are wide, which means that the results must be interpreted with caution.

• This study stresses the need for larger, population-based studies with focus on inequality in pediatric palliative care.
Further studies

• A systematic review and meta-analysis: *Predictors of place of death among terminally ill children*  
  *(Poster 91)*

  • **Lower age** - increased odds of hospital death  
  • **Female gender** - reduced odds of home death  
  • **Having a non-cancer diagnose** - reduced odds of home death  
  • **High socio-economic status** - increased odds of home death

• We are currently doing a large, nationwide, population-based study with focus on inequality in pediatric palliative care including socio-economics and urbanicity
EQUALITY
• Preferences
• Palliative symptoms and needs
• Ressources within the family
Not all terminally ill children should die at home –
But they should have equal opportunities to do so…

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