

Home-based Palliative End-of-Life Care in Newfoundland & Labrador

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The Issue

Access to home-based end-of-life palliative care might improve the likelihood of a home death for patients who would prefer this choice. Given current strategies to improve access to care at home, our provincial healthcare system asked CHRSP to find out what the health evidence says about whether home-based palliative end-of-life care can improve the likelihood of a home death and improve patient and caregiver experiences in other ways, including reduced symptom burden and quality of life.

The Question

“What does the scientific evidence tell us about the effectiveness of home-based palliative end-of-life care in maximizing the likelihood of death at home and in minimizing symptom burden? What does the evidence tell us about the resources required for the effective delivery of such care?”

The Results

- ✓ Patients receiving home-based palliative end-of-life care have a greater likelihood of dying at home when compared to patients receiving usual care.
- ✓ Receiving home-based palliative end-of-life care tends to reduce overall symptom burden for patients.
- ✓ Competent home-based palliative end-of-life care teams tend to provide patients with a sense of security. Patients view home-based palliative end-of-life care teams as being competent when such teams effectively manage symptoms and communicate skillfully.
- ✓ Both quality of life and caregiver outcomes are notoriously hard to measure, and the evidence is inconclusive about the impact of home-based palliative end-of-life care on these outcomes. However, there is no evidence to indicate that patients and their caregivers are worse off when they receive home-based palliative end-of-life care.
- ✓ Limitations in the evidence about the resources required to provide effective home-based palliative end-of-life care make it difficult to draw firm conclusions; however, the following health human resources are mentioned in the highest-quality research literature: nurses, medical professionals, social workers, allied health professionals, and mental health professionals. Reported service components include: educating patients and caregivers, providing psychosocial services, symptom and disease treatment, telehealth, and conducting patient assessments.

Evidence in Context

- ✓ More training in palliative care is required for healthcare professionals for both home-based and institutional care.
- ✓ Adequately trained and compensated homecare workers are needed, particularly in rural and suburban areas.
- ✓ Quality home-based palliative end-of-life care requires sufficient government-subsidized homecare.
- ✓ Patients and families need clear and consistent access to information about accessing homecare.
- ✓ Palliative care patients need improved access to physicians on evenings, weekends and holidays.
- ✓ Good communication across disciplines and care contexts is critical for effective palliative care.
- ✓ Access to transportation is a key consideration for homecare workers and patients.
- ✓ Healthcare professionals need to understand the benefits of palliative care and to be willing to discuss palliation with their patients not only at the end of life but proactively, at earlier stages of disease development.
- ✓ Care providers need improved awareness of the effectiveness of palliative care for conditions other than cancer.
- ✓ Allowing patients and families to self-refer to palliative care may improve the utilization of palliative care.
- ✓ Given the important benefits of hospice care for end-of-life patients, decision makers may wish to consider how to provide more access to hospice care across the province.

Read the full report here: www.nlcahr.mun.ca/chrsp