

More Americans Are Choosing to Die at Home

For the first time in more than half a century, more people are dying at home than in hospitals, according to a report published in the New England Journal of Medicine (*Dec, 2019). And experts say the trend – fueled by the availability of hospice and a cultural movement to “reclaim” and “demedicalize” death – is expected to continue.

Between 2003 and 2017, the number of deaths in hospitals dropped from 39.7 percent to 29.8 percent. During that same time, home deaths increased from 23.8 percent to 30.7 percent. The percentage of deaths in hospice facilities also rose during the 14-year stretch.

Hospice delivers end-of-life care at home or in a facility through an interdisciplinary team of doctors, therapists and counselors who focus on a patient's comfort.

[Study findings](#) point to a need to improve patient and family support as health care responsibilities shift “from medical professionals to informal caregivers and loved ones,” says study coauthor Haider Warraich, especially as the population ages and the country braces for a “substantial rise” in the number of deaths over the next 30 years.

The study also points to a need to reexamine hospice enrollment and reimbursement requirements so that people with a terminal illness can get the medical and nonmedical services they need, adds Warraich, a cardiologist at Brigham and Women's Hospital and the VA Boston Healthcare System.

"I think this sets up the stage for thinking about, ‘What does hospice 2.0 look like?’ “ he says.

Choosing home over hospital



Home Care for The Dying Patient
Reflections from Hospice Klang

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* Use Volume Button to adjust volume or stop music
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Home can be the either the very best place or the very worst place to die!

Comments from a blog:

... I am very clear that there comes a time to accept the inevitability of death. But patients don't just die." They often linger in distress, and the care that can be provided at home may not be enough (although hospice care is wonderful).

Nursing homes are expensive for many, and if I understand the system, patients need to be admitted from the hospital for costs to be covered.

... Dying at home sounds wonderful, but some family members can't handle that. I know that we need to change that admission to the hospital in order to save costs, but I also know that families often need the help that a hospital can provide at those final days.

Dying at home isn't new. It was the norm until critical care technologies “that could keep us alive even after a heart stopped beating” were introduced in the 1960s, '70s and '80s, Warraich says.

But now the trend in health care is returning to the home.

Home birth rates have increased in recent years, as have physician house calls. [Telehealth](#) technologies are making it easier for patients to connect with their medical providers from the comfort of their couch.

"Oftentimes, in the health care system we have today, patients are treated as a cog in the machine, and I think this move toward wanting more care in the home is pushback against this," says Edo Banach, president and CEO of the National Hospice and Palliative Care Organization (NHPCO). “Folks have been realizing that in order to have the kind of death that they want to have, the experience that they want to have and the control that they want to have, then they're going to want to get the care in their home environment surrounded by their loved ones, not just during visiting hours.”

The popularity of [hospice care](#) has grown steadily in the past decade. Between 2012 and 2017, the number of Medicare beneficiaries in hospice care increased by about 17 percent, from 1.27 million to 1.49 million; the majority of that was care in the home, NHPCO data shows."I think, psychologically, people have gotten more comfortable with [death at home] and perceive it less as a weird, uncomfortable thing and more as a way to honor their loved one's wishes," says Paula Lester, a geriatrician at NYU Langone on Long Island.

Patients with cancer were the most likely to die at home, while stroke patients had the lowest odds, the study found. Younger patients, female patients and racial and ethnic minorities were more likely to die in a hospital than at home.