

Summary of Survey RESULTS

A Mixed-Methods Policy Research Study of Dying at Home: A SSHRC-Funded Project



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THANK YOU

The research team would like to thank all participants for their time and interest. This first report focuses on the online survey. Survey participants have helped us explore the complexity of public preferences for place of death. If you participated in this survey and have further questions about the results, please contact Dr. Laura Funk, lead researcher, at laura.funk@umanitoba.ca.

THE SURVEY

The survey focused on Canadians' attitudes about place of dying. In this first analysis, we have examined how age and sense of duty to look after family members are related to these preferences, and how preferences change depending on available support and symptom intensity.

2500 people from across Canada participated online between August 2019 and January 2020. Participants read 3 scenarios (mild, moderate or severe, based on symptom intensity and available support) and rated their preference to die at home, in an ICU, in a hospice or palliative care unit, or in a long-term care facility, for each scenario.

RESULTS

In summary, we found that:

- In scenarios where the person would have only a few symptoms and would have family and health care support, most people prefer to die at home.
- As severity of a situation worsens (more pain, less support) participants express less preference to die at home and relatively more preference for other options.
- Comparing younger adults (18-44) and older adults (65+):
 - Younger adults tend to prefer home as the place to die even in the severe scenario.
 - Older adults tend to rate death at home or in hospice/palliative care unit as similar in the moderate scenario, but prefer hospice/palliative care and even ICU over home in the severe scenario.
- When comparing participants expressing high or low sense of family duty/obligation:
 - Those with high sense of duty prefer to die at home, or in the severe scenario, a hospice/palliative care setting.
 - Those with low sense of duty prefer ICU, or in the severe scenario, hospice/palliative care.

WHAT THIS MEANS

Our results helped us learn more about where Canadians would like to die. Not all people prefer to die at home, and moreover, people's preferences are conditional upon symptom intensity and how much support is available. Preferences for place of death also vary depending on people's age and sense of family obligation.

These results can aid in the development of public policy and health systems that recognize the ways our preferences for place of death are conditional (i.e., dependent on situation). The findings suggest funding and support should be distributed equitably across formal home-based palliative supports, hospices and palliative care units.

Note: We conducted a 2nd version of our survey after the onset of the Covid-19 pandemic. Stay tuned for future reports of findings from this and other aspects of our project: <http://www.dyingathome.ca/>