

CARE ARRANGEMENT AND PLACE OF DEATH IN THE NETHERLANDS

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Object

Description of the care situation of older people in the last three months of life, the transitions in care and a preliminary explanation why some older people die at home and others do not.

Methods

The older persons are selected from participants in the Longitudinal Aging Study Amsterdam (LASA). Because it could not be foreseen which older persons were in the last stage of life data were obtained retrospectively after the death of the LASA-sample member. Interviews were held with 270 significant others of the sample members (79% response rate), mostly children and female spouses of the sample members.

Results

In the course of the last three months the use of formal care increased heavily. Half of the community living sample moved to an institutional care facility, in most cases to hospitals. The group that had received a combination of formal and informal care three months before death seemed rather stable: fewer admissions compared to the other care arrangements groups.

Dying at home or in an institution is associated with sex and partner status. Men were more often able to die at home than women because women have higher life expectancies and are more often care givers. Additionally the chance for single men to die at home is also greater than for single women. Adjusted for sex and partner status, the subjects with both informal and formal home care were almost three times more likely to die at home than subjects with informal care only. Regional differences and education level seem to be of some influence.