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Background

Place of death (PoD) is an important indicator for quality of end of life care (EOL). Many people express the desire to die at home. Yet research reports that nearly 40% of patients die in acute care hospitals.

Objective

The study aims to describe differences in the proportion of deaths between hospitals and SOMED institutions (nursing homes, institutions for people with disabilities, addiction and psycho-social problems)

Methods

We conducted a retrospective study of people who died in 2010. Patients were identified from medical statistics of the Swiss hospitals (MedStat) and SOMED institutions. A conceptual framework was developed to guide analysis. We describe interactions between three levels of determinants: (1) individual (e.g. age, gender); (2) clinical (diagnosis); and (3) supply measures (e.g. hospital beds) across 71 health service areas (HSA).

Results

We identified 47,078 people who died in 2010. Deaths occurred more frequently in hospital (39.3%) than in SOMED (36.5%). Number of deaths across HSA ranged between 15–6112. At individual level, we identified age and gender differences in the place of death. We found that people who died in hospital were more likely to be males and younger. Among SOMED deaths 33.5 % were aged 91 + compared to hospital 18.7%. At clinical level, most common reason for hospital admission were neoplasms (28%), circulatory (24%) and respiratory illnesses (9.4%). At health system level, we found an association between place of death and supply measures (number of physicians, nurses, beds). The main department of inpatient care among hospital deaths was internal medicine (63.9 %) followed by surgery (21 %) and geriatrics (8.3 %).

Conclusions

Hospitals remain the most frequent PoD in Switzerland. Sociodemographic factors such as age, gender and supply measures contribute to the difference in the proportion of hospital admission with death.

Key message

• Socio-demographic factors such as age, gender and supply measures contribute to the difference in the proportion of hospital admission with death

Place of death in Switzerland: dying in hospital or non-acute institutions? Xhyljeta Luta

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