



# LETTERS



## PLACE OF DEATH

# Problems with preference and place of death for children too

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The problems raised by Pollock about preference and place of death also apply to seriously ill children, even though choices about care are made with or by a person other than the patient and children typically have one or more devoted carer.<sup>1</sup> Our systematic review of empirical research on preference for place of death for seriously ill children found, as Pollock does for adults, a lack of evidence for the oft repeated claim that most parents and children would prefer home as the place of death.<sup>2</sup>

Other problems are that preferences change over the course of illness, some people delay or do not wish to express a preference, and some children die without a conscious choice of location having been made.

The proportion of seriously ill children who die at home or who attain a preference for place of death is not a useful outcome measure; neither reliably reflects the success of a team or of a system to provide quality healthcare or a good death. Perhaps

what is most important for seriously ill children and their families is to have some discussion about priorities and options for current and future care, rather than to have made a particular choice<sup>3</sup>—one that is not easily taken in the face of often uncertain and changing circumstances.

Competing interests: None declared.

- 1 Pollock K. Is home always the best and preferred place of death? *BMJ* 2015;351:h4855. (7 October.)
- 2 Bluebond-Langner M, Beecham E, Candy B, et al. Preferred place of death for children and young people with life-limiting and life-threatening conditions: a systematic review of the literature and recommendations for future inquiry and policy. *Palliat Med* 2013;27:705-13.
- 3 Dussel V, Kreicbergs U, Hilden JM, et al. Looking beyond where children die: determinants and effects of planning a child's location of death. *J Pain Symptom Manage* 2009;37:33-43.

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