

Table 20: Abarshi 2011⁵

Study (ref id)	Abarshi 2011 ⁵
Aim	To explore the factors that allow primary care physicians to recognise that someone is entering the last days of life, and how this relates to care during this period.
Population	All sentinel general practitioners who form an epidemiological surveillance system in the Netherlands were asked to provide data on all deceased patients aged over 1 year in relation to the care they received in the last 3 months of their life. Sudden and totally unexpected deaths were not included. n=252
Study design	<p>Twenty one question registration form consisting of multiple choice and open response questions designed to assess factors including:</p> <ul style="list-style-type: none"> • Demographics including presence of dementia and coma • Number of admissions to hospital/ITU in the last 3 months of life, last 2-4 weeks of life and last 1 week of life. • Symptom frequency and distress in the last week of life using the Eastern Cooperative Oncology Group performance status • GP-patient communication about diagnosis, prognosis, incurability of illness, and treatment options, <p>Timing of the GP recognising death in the near future.</p>
Methods and	Univariate and multivariate logistic regression analyses were performed to analyse which patient and care characteristics were related to the

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analysis	<p>recognition of death in the near future.</p> <p>A logistic regression analysis was done to compare care characteristics that took place after recognising dying with recognising death in the near future as the independent variable. Corrected for cancer diagnosis and ambulant functional state.</p>
Themes with findings	<p>Characteristics associated with recognising death in the near future:</p> <p>On multivariate analysis a diagnosis of cancer (OR(95%CI) = 0.18 (0.1-0.4), and low functional states (OR(CI)= 5.21 (2.3-11.7) both increased the chance of recognising death in the near future. Death in the near future was never recognised 3 times as often among people with cardiorespiratory (26%) and other (43%) illnesses compared to cancer (12%).</p> <p>Incidence and timing of recognising dying:</p> <p>Across both home and hospital care settings death in the near future was recognised most in the last week of life (recognised as dying before the last month=15%, within the last month=19% and in the last week of life=34%).</p>
Limitations	<p>Self-reported survey retrospective study design introducing elements of bias. Physician rated symptoms</p> <p>Sudden and totally unexpected deaths were excluded from the study but these were not defined, and given a large proportion were not recognised at 1 week before death that were included this was difficult to judge.</p>
Applicability of evidence	<p>The study included an indirect population as all deaths over 1 years were included and were grouped together with younger adults (1-64 years) forming 20% of the study population.</p>