Original Article

Use of Palliative Care Services and General Practitioner Visits at the End of Life in The Netherlands and Belgium

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Abstract

Context. At the end of life, some personalized and specialized care is required. The way that general practitioner (GP) visits and palliative care services at the end of life are organized in different countries may impact the frequency of care provision. However, nationwide data on the prevalence of these interventions and comparisons among countries are scarce.

Objectives. To compare the frequency of GP visits and use of palliative care services at the end of life in two European countries and identify the associated factors.

Methods. In 2007, two mortality follow-back studies were conducted simultaneously in The Netherlands and Belgium, using existing Sentinel GP networks and similar standardized procedures. Within the one-year period, all registered patients who died at home or in a care home were selected.

Results. From the data of 543 registered patients, GP visits were more frequent at the end of life in The Netherlands than in Belgium: the mean number of GP visits in the last week of life was 5.1 vs. 3.2 (home) and 4.4 vs. 2.3 (care home). Conversely, palliative care services in the last three months of life were used more frequently in Belgium than in The Netherlands: 78% vs. 41% (home) and 39% vs. 5% (care homes). The differences between countries remained consistent despite correcting for possible confounders. Having more frequent GP visits at home was associated with cancer-related deaths both in The Netherlands and Belgium.

Conclusion. Independent of the differences in patient populations (at home and care home) between countries, there are more frequent GP visits at the end of life in The Netherlands and greater use of palliative care services in

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Key Words

Palliative care, general practitioners, GPs, GP home visits, sentinel network, home deaths, care homes, end-of-life care, The Netherlands, Belgium

Introduction

Patients with life-threatening diseases have unique needs that may require personalized [1,2] and specialized care on a continuous basis,[3–5] till death. The ultimate goal of palliative care is to ensure the best possible quality of life for such patients through the entire duration of their illnesses.[6,7] Given the current aging trend in most Western populations,[8] the rise in nonacute deaths[9] and the fact that the home is the preferred place of death for many,[10,11] general practitioners (GPs) play a key role in end-of-life care.[12] Their tasks include managing interpersonal relationships among the incurably ill, their families, and a host of care providers;[12–16] providing adequate support to their staff;[2] and maintaining continuity of information and care.[17] Home visits, which traditionally are a part of their normal routine,[18,19] become more strategic[12] and often are done more frequently as conditions worsen.[20] To improve overall health outcomes and guide quality efforts, collaborations are encouraged with multidisciplinary palliative care teams,[3,7,21,22] even before death becomes imminent.[7] Such multidisciplinary teams comprise specially trained professionals who are well equipped to relieve patients of pain and refractory symptoms and support primary carers in other meaningful ways.[7,23] In the United Kingdom and the United States, GPs may function within standardized frameworks or policies that enable the fusion of end-of-life initiatives and resources into primary care practices.[4,7] In spite of the recent proliferation of palliative care services and initiatives in developed nations, specialized palliative care teams are still unevenly distributed in some regions,[24–26] between patient groups [25,27] and across care settings,[28,29] and when present, patient needs,[4,14] insufficient physician knowledge and misconceptions,[14,15,30] and existing care policies [31,32] could dictate the frequency and extent of their use.

In The Netherlands and Belgium, there is a strong emphasis on primary care, with GPs of the former having a more restrictive gatekeeper function to secondary care access. About 95% of the entire population in both countries have a regular GP, including residential care home residents.[33,34] There is a relatively low availability of care home beds in Flanders (Belgium) compared with The Netherlands, and the patients dying in hospital and nursing homes in the two countries have different profiles. In 2006, 57% of the Dutch population died of chronic progressive illnesses, and almost a third of all deaths occurred in a home setting.[9] There was a 6% rise in nonacute deaths between 1996 and 2006,[9] and in 2008, the national statistics reflected a switch in paradigm, with the proportion of cancer deaths exceeding those from heart diseases.[35] Comparative data from a 2001 death certificate study in northern Belgium (Flanders) produced a similar pattern of results, with about a quarter of all the deaths occurring at home that year.[36] Although some data on traditional GP home visits do exist,[18,19] the frequency of GP visits at the end of life and use of palliative care initiatives is largely unknown. Furthermore, cross-country comparisons can be limited by differences in study design, making the results difficult to compare.

In this study, we examined terminal care in the setting where most people prefer to die, which is at home or in a regular place of residence.[10,11] Using the same research instrument in The Netherlands and Belgium, we explored:

1. The characteristics of terminally ill patients who die at home (and in care homes), the frequency of GP visits at the end of life, and use of palliative care services toward death; and
2. The associations among these characteristics and having frequent GP visits in