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# Preferred place of death for patients with terminal illness: A literature review

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The preferred place of death of patients with terminal illness is a universal topic. Numerous international studies exist. The present narrative literature review aims to examine the preferred place of death for patients with terminal illness and to highlight the factors that play a role in their decision. The search for studies was conducted through PubMed, EBSCO, Ovid, and Cochrane Library databases. Results revealed the home as the preferred place of death of most patients, followed by the hospital and the hospice or nursing homes or the palliative care units. Among the factors affecting the preference for place of death were the support of the family caregiver, the feeling of being a burden to others, and the quality of the relationship with healthcare providers. Discrepancies emerged between the preferred place of death and the actual place of death. Further research is needed to explain this discrepancy.

**Keywords:** End of life, Palliative care, Patients with terminal illness, Preferred place of death, Place to die

## Preferred place of death for patients with terminal illness

Clinical practice and literature have shown that the majority of near to death patients prefer to die at home.<sup>1,2</sup> Nevertheless, there have been clear discrepancies between the preferred place of death and the actual place of death.<sup>3</sup> Decision making for place of death takes many considerations into account such as patients' quality of life, presence and caring ability of family members and caregivers, concerns of being a burden, relationships with general practitioners or other healthcare providers, and quality of healthcare.<sup>1</sup> According to patients with advanced cancer, dying at a preferred place is of high importance for them.<sup>1</sup> Yet, with other considerations, the latter will vary according to the well-being of their family and their safety levels when it comes to being around healthcare providers.<sup>1</sup> Therefore, for those who initially preferred to die at home, this might change according to the care provided for them at end-of-life (EOL) and so creating a change in where patients want to die.<sup>1</sup> The place of care and the place of death are two different concepts, however, it is not accurately addressed the distinction between these two. Preferences assessment for place of care

and place of death is contextual depends on different factors, including the way the patients are approached, the timing of preferences assessment, and the resources available to the patient.<sup>4,5</sup>

Actual place of death is an indicator of the quality of EOL care.<sup>3</sup> According to Pollock, most would prefer dying at home, however many end up in the hospital ward, which can be attributed to the fact that hospitals offer a better option for controlling patients' symptoms, especially when pain and distress are difficult to overcome.<sup>2,6</sup> It is suggested the latter is rooted from an unclear and conflicting understanding of preferences. Normalizing home as the best and natural place for death, advances a feeling of blame and disappointment if death happens elsewhere.<sup>6</sup> Thus, the importance of EOL care reinvention and the need to acknowledge other options that present a middle ground between home and hospital.<sup>6</sup> Other options include hospice, nursing home and palliative care units in hospitals.<sup>6</sup> Most of the studies were done in US, Europe and Japan, while very few studies were done in middle to low income countries. We relied on international data for our deductions, and further drew discrepancies and similarities on which we can base our review. The aim of this literature review is to determine the preferred place of death

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for patients with terminal illness and identify the factors that might play a role in their decision.

## Methods

The review was conducted in April 2020 through PubMed, EBSCO, Ovid, and Cochrane Library databases using the following combination of key terms: EOL or palliative care or patients with terminal illness and preferred place of death or place to die. The primary search for peer-reviewed articles using these keywords within the last 20 years, which is between January 2000 and April 2020, yielded 393 articles. Of the 393 articles, the studies for the review were selected based on the following criteria.

## Eligibility criteria

### *Type of studies*

Cohort studies, cross-sectional and longitudinal survey studies investigating the preferred place of death of patients with terminal illness reported in English.

### *Type of participants*

Studies with participants who have terminal illness, age 18 and above, with no gender restrictions were included. Due to the limited quantity of studies examining the preferred place of death of patients with terminal illness, research studies examining the preferred place of death for patients with terminal illness according to the patients' preferences by caregivers, general practitioners, and community nurses were also considered.

## Results

Of the initial 393 articles screened, 22 met the inclusion criteria. Systematic reviews, meta-analysis, and case reports were excluded. In addition, studies investigating patient-family caregiver congruence on the preferred place of death were excluded.<sup>7,8</sup> Studies examining the actual place of death of patients with terminal illness were excluded as well. Other studies exploring the preferred place of death of pediatric patients or participants below age 18 were excluded.

### *The selected studies*

Eleven of the studies examined the preferred place of death of patients with terminal illness, mostly cancer patients, and their caregivers', general practitioners', and community nurses' awareness of their preferred place of death as well as the factors associated with their choices.<sup>9–19</sup> Three survey studies investigated the knowledge, attitudes and preferences of people regarding EOL care and preferred place of death.<sup>20–22</sup> Two studies were conducted with older patients receiving palliative care.<sup>23,24</sup> Four studies were conducted with patients with terminal illness describing

their experience in the hospital in the course of their illness, their preferred place of death, and the factors influencing their choice<sup>1,25–27</sup>. Finally, two studies conducted in the Middle East, in Qatar and in Egypt, examined the preferred place of death of patients with terminal illness<sup>28,29</sup>. The selected studies are represented in Appendix Table A1.

### *Factors associated with choosing home as a preferred place of death*

In almost all the studies, home was expressed as the preferred place of death for most patients.<sup>10,11,13–18,20–23,25,28,29</sup> According to the 2008 EOL care strategy reports, 'given the opportunity and right help, the vast majority would want to die at home'.<sup>30</sup> A population-based cross-sectional telephone survey in Hong Kong on preferences for place of death if faced with a terminal illness, showed that most people chose home as preferred place of death even if sufficient support was not available.<sup>20</sup> Significant demographic predictors of preference for home as the place of death such as age, place of birth, education, religious beliefs, marital status, self-reported health, suffering from chronic diseases, and diagnosed with a terminal illness were examined.<sup>20</sup> Results indicated that being female and having a postsecondary education were associated with an increased preference to die at home,<sup>20</sup> whereas Foreman *et al.* showed that among 2652 healthy respondents, younger age, male sex, better physical and poorer mental health were associated with preferences to die at home (70% of the respondents).<sup>22</sup> On the other hand, Schou-Andersen *et al.* reported that responses from bereaved relatives showed that male gender and patients with higher income preferred to die at home, particularly at the beginning of palliative care period.<sup>10</sup> Furthermore, a population-based nationwide cross-sectional survey in Japan on preferences for EOL care, showed that most people preferred to die at home.<sup>21</sup> However, they also assumed that home death is impossible because they believed that it is difficult to be cared for and die at home at the EOL.<sup>21</sup> The most common reason of concern was that they do not wish to be a burden on their family.<sup>21</sup>

Studies conducted in China, Italy, Korea, and England with patients with terminal cancer and their caregivers on preferences for place of death showed that home is the preferred place of death, especially in patients with a strong support system.<sup>10,11,14,16,25</sup> As such, the preference of dying at home was more common in patients who lived in rural areas, who lived with their spouse or family, or with a lower education level.<sup>11,15</sup> Similarly, studies with patients with terminal illness receiving palliative care services in London, Dublin, and New York,

demonstrated that home was the most preferred place of death.<sup>23</sup> These studies further confirmed again that having a support system or living with a family member are factors associated with home as the preferred place of death.<sup>23</sup>

Moreover, two studies conducted in Denmark and the Netherlands examining the awareness of general practitioners (GPs) and community nurses (CNs) of the patient's preferred place of death showed that most GPs and CNs were aware that a large number of patient's would prefer to die at home.<sup>12,13</sup> The GPs and CNs were informed of the patients' preferred place of death either by the patient themselves, a family member or a significant relative, a specialist, or some other person.<sup>12,13</sup> Furthermore, a study in Taiwan analyzing the predictors of home death among home palliative care recipients found that physician home visits increased the likelihood of a home death, while frequent hospital visits decreased the likelihood of a home death.<sup>24</sup>

Studies in the MENA Region, have also demonstrated that most patients prefer to die at home.<sup>28,29</sup> A recent study conducted in Egypt on the preferred place of death of patients with incurable cancer found that home was the preferred place of death.<sup>28</sup> However, in some instances the patients' preferred place of death was home whereas their caregivers' preferred place of death was the hospital.<sup>28</sup>

A study conducted in Qatar showed that, by the time an Acute Palliative Care Unit (APCU) was launched in 2009, a drop in the rate of patients who died in Oncology ward coincided.<sup>29</sup> However, rates fluctuated as the unit was new and there was a lack of awareness among caregivers and practitioners.<sup>29</sup> In addition, a poll conducted among the public citizens of Qatar showed that 48% of people preferred dying at home with frequent doctors and nurses visits.<sup>29</sup> Several factors have been associated with preferring home death such as the ability to complete basic needs, the presence and strength of home care and family support.<sup>29</sup> In brief, external factors had the biggest weight when it came to preferred place of death.<sup>29</sup> Qatar has a low rate of death at home because of the unavailability of palliative care services.<sup>31</sup> Thus, patients see the hospital as a potentially safer place for EOL.<sup>31</sup> The study presents two valid explanations behind the elevated risk of death in general ward and ICU. The first explanation is cultural, since it is a Middle Eastern society, relatives are given the permission to make decisions for the older patients family member and therefore affecting the place of death.<sup>29</sup> It happens most often when family members disagree with the practitioners' recommendations, and the patient gets transferred to ICU in the occurrence of a major risk event such as a cardiac arrest.<sup>29</sup> The second explanation is that the

patient suffering from many co-morbidities, renders the treatment of their terminal illness unbearable, and hence makes death at the medical ward more plausible.<sup>29</sup> Another related reason is that the patient could be at a late stage of their illness and therefore, a more rapid deterioration of their health condition demanding hospitalization.<sup>29</sup>

### *Factors associated with choosing hospital as a preferred place of death*

There were no too little studies that portrayed the hospital as the preferred place of death. However, some patients with terminal illness chose the hospital as their preferred place of death. A study conducted by Wright *et al.* demonstrated that patients receiving palliative chemotherapy were more likely to die in an intensive care unit.<sup>26</sup> They were also less likely to die in their preferred place.<sup>26</sup> Three studies showed the hospital as the second preference for place of death of patients with terminal illness.<sup>11,14,15</sup> Some of the reported reasons for preferring the hospital were: not to be a burden for the family and to prefer a safer setting that can provide the necessary care.<sup>14,15</sup> Of the studies conducted in Egypt, poorer performance status and availability of family caregivers due to employment were significantly associated with patients' preference to die in hospital, while poorer performance status and non-referral to palliative care unit were associated with family caregivers' preference of hospital death.<sup>28</sup>

For some patients with terminal illness, hospital can mean diminished control, terrible nights of rest, loud sounds, no privacy and a weakened feeling of dignity.<sup>1</sup> Yet, for others, there are instances where they develop a strong and trusting relationship with health caregivers such as nurses and doctors, especially with cancer patients undergoing chemotherapy for a period of time.<sup>1</sup> These patients are more likely to choose the hospital as their preferred place of death.<sup>1</sup> One other important factor that might lead patients to select the hospital as their preferred place of death is the concern of being a burden to others.<sup>1,15,23</sup> In a study by Tang conducted in the USA, consideration of the demands that are associated with taking care of a dying patient at home led patients with advanced cancer to choose hospital instead of home as a preferred place to die.<sup>1</sup>

Conversely, favoring treatments expected to enhance quality of life were related with passing away at home.<sup>23</sup> In fact, a study done by Dzul-Church *et al.* that included underserved patients including homeless, ethnic, racial minority and immigrant populations, showed that many wanted to die at home even if 'home' for them was marginal housing.<sup>27</sup>

Some solutions have been proposed to address the shortcomings of palliative care and satisfy patient's

needs. These solutions include ‘welcoming’ features crucial to the patients such as having interdisciplinary palliative care benefits, encouraging a close to home environment, and a less hurried correspondence with patients, who may see the health care staff as an increasingly critical piece of their EOL experience.<sup>27</sup>

Studies conducted in the US, Italy, Korea and Japan, indicated the hospice, the public nursing home, the private nursing home, and the palliative care unit as the third preferred place of death of patients with terminal illness.<sup>1,14,15,21</sup>

### *Factors associated with choosing hospice/palliative care wards as a preferred place of death*

In a study by Higginson *et al.* conducted in London, Dublin and New York, examining the factors associated with preference of place of death and treatment in older patients receiving palliative care services, participants chose the palliative care unit as their second preferred place of death following home.<sup>23</sup> In this study, cancer patients with terminal illness who received advanced home care that matched the standards of hospital care were significantly less likely to die in the hospital than those who received conventional hospital care.<sup>23</sup> Tang *et al.* reported that less than 5% of terminally ill cancer patients chose hospice as their preferred place of death while the majority preferred to die at home. On the contrary, Arnold *et al.* showed that the majority of patients – as reported by a specialist palliative care service in accordance to patient’s notes before they die – preferred to die at the hospice. Further analysis revealed that in this sample studies, 79% of patients who had at least one hospice stay, or admission chose the latter as their preferred place of death versus less than 20% for those who had never been to a hospice.<sup>19</sup> Non-cancer patients and participants from the general sample that consisted of adults aged 65 years and above receiving palliative care services, who scored high on the cognitive functioning test, specifically the Short Orientation Memory and Concentration Test (SOMCT) were more likely to pick palliative unit/inpatient hospice as the most favored place of death.<sup>23</sup> In addition, Foreman *et al.* reported that 10% of the general population of South Australia preferred to die in a hospice. Analysis of their responses revealed that predictors associated with this preference included but not limited to older age, female, metropolitan sectors, being single, and higher education and household income.

### *Factors associated with choosing nursing homes as a preferred place of death*

The factors associated with choosing public nursing homes as the preferred place of death were: old age,

living in a rented house, not expecting their partner to care of them at the end of their life, and awareness of the lower cost associated with spending EOL there.<sup>21</sup>

## **Discussion**

The aim of the current review was to determine the preferred place of death of patients with terminal illness and to highlight the factors that influence their decisions. The initial search yielded 393 articles, of which 22 met the inclusion criteria. Of these 22 studies, most demonstrated that the patients’ preferred place of death was home, followed by hospital, hospice, palliative care unit and nursing homes as their third choice in some cases.

To note, the authors of this review did not include the studies reporting patient-family caregiver congruence. In fact, caregiver preferences do not reflect patient’s preference regarding place of death and can affect patient’s choice as well if the latter was aware about their caregiver’s choice.

Considerations behind choosing the preferred place of death differs for each person, this goes without saying that each has lived through different events, has different support systems, and different perspectives.<sup>1</sup> According to a study conducted in USA with patients with terminal cancer, the major considerations that influenced the decision regarding place of death were quality of life, availability and ability of family caregivers, concerns of being a burden to others, the nature of relationship with healthcare providers, and quality of healthcare.<sup>1</sup> Thinking of the wellbeing of their families seemed recurrent in most studies, especially among terminal cancer patients where death was a potential near reality.<sup>1–14,15,23</sup> Some patients as well have been through a difficult life history, which has been presented through the patient’s interpersonal relationships, concerns about death, and approaches to coping with EOL.<sup>27</sup>

People who had what was deemed to be difficult life events, were not able to build solid relationships through their life and thus yearned for support in their EOL.<sup>27</sup> This provides a rationale of why their relationships with the health care providers is important to them and a source of comfort.<sup>27</sup> Patients have concerns regarding the slow process of death and some prefer dying instantly so as to not suffer through pain.<sup>27</sup> In cases where patients lack social support, palliative care seems to be a source of comfort.<sup>27</sup> Each wants to be treated as a unique case, as a whole person, as some patients do not feel welcomed at a hospital.<sup>27</sup>

It is also important to look into the factors influencing the preferred place of death as opposed to the factors influencing the actual place of death. In an extensive study done in England, the factors that

had the greatest influence on the actual place of death for cancer patients were the following: vicinity to services and the ability of the carers to support the patient through to the EOL.<sup>16</sup> Other factors included: symptom management, social circumstances, perspective towards death, importance of preferred place of death, gender, age, financial status, and lastly tumor type.<sup>16</sup> While, the factors supporting the preferred place of death were: patient's concern about the well-being of their family, their fear of losing dignity, social conditions, whether the patient lives alone or with others, attitude towards the hospice, nursing home, and hospital, perspective of death, religious faith, and caregivers' ability to provide support.<sup>16</sup> In this particular study, a relationship between gender, age, and place of death was found.<sup>16</sup> Men were more likely to die at home, but there was no specific data that showed who is more likely to die at a hospice.<sup>16</sup> Women were more likely to die in nursing homes and younger patients were more likely to die at home or in a hospice, while older cancer patients were more likely to die in hospital.<sup>16</sup>

The patient's financial and social status determines their ability to cope with their EOL final stages and ask for supportive resources.<sup>27</sup> Generally, caregivers are more aware of their patient's preferred place of death when the care is focused on comfort rather than cure.<sup>13</sup> As such, cancer patients are more likely to discuss with their caregivers their preferred place of death as compared to non-cancer patients; caregivers are also more likely to refer cancer patients to palliative care.<sup>13</sup> Caregiver's awareness of patients preferred place of death was accomplished more often when the care was psychologically and spiritually oriented.<sup>10</sup> Some patients do not have a preferred place to die however, they often choose a setting that resembles home and includes family members, familiarity and comfort.<sup>13</sup>

In addition, culture seems to play an important role in a patient's preferred place of death. This was evident in the study by Mohsen *et al.* conducted in Qatar. The study highlighted a cultural explanation regarding the increased number of deaths in the general medicine ward or the ICU.<sup>29</sup> In the Mediterranean culture, often times when the older patients become sick, they give the permission for their immediate family members, such as their eldest sons, to make decisions related to their care.<sup>29</sup> Since there is also a lack of palliative care services in Qatar to provide patients with the required EOL needs, families tend to think of the hospital as the ideal place, where trained physicians can provide the adequate and specialized care to their elders.<sup>31</sup> As a result, the culture and the family's preference may influence their relatives' place of death.<sup>28</sup> Future

research should examine the effects of culture on the preferred place of death of patients with terminal illness. In particular, it would be interesting to note the differences between collectivistic and individualistic cultures and how each affects the preferred place of death of terminally ill patients. Individualistic cultures such as those in the US and Western Europe, emphasize personal achievements regardless of the expense of group goals. While collectivistic cultures such as those in China and Japan, emphasize family and group goals above individual needs or desires.

It is also worth mentioning that the Middle East cannot be grouped when discussing the preferred place of death of patients with terminal illness. In the Middle East, each country has its own rules, resources, personal, familial, and religious values and beliefs, that may play a role in determining the patients' preferred place of death or actual place of death. Additionally, in some countries the common belief that home care is inferior to hospital care and the lack of services in providing advanced home care has led to an increase in seeking professional medical care. Currently, there are no studies examining these factors and their effects on the preferred place of death of terminally ill patients.

Finally, there are instances in which the general practitioners are not aware of patients' preferred place of death.<sup>12,13</sup> This is simply because the healthcare provider did not ask or assumed it was too early to ask, or patients were too sick to provide information, or the healthcare provider has not been around for a very long time and has not yet build a relationship with their patient, this may also be due to the patient changing treatment settings.<sup>12,13</sup>

## Conclusion

In conclusion, all studies have shown that the majority of patients with terminal illness would choose home as their place of death. As discussed above, there are several factors that affects these decisions.<sup>1,15,16,23,27</sup> In addition, there are significant factors that influence the preferred place of death and the actual place of death.<sup>14,28,29</sup> Studies in the Middle East were very limited.<sup>28,29,32</sup> The literature and actual preferences of the patients present dissimilarities; as well as what the patients' family assumes versus what the patient actually wants. Although there are a lot of confusions, the latter tell us that the bigger weight must be placed on the patients' preference rather than their socio-economic status. More studies must be conducted in the Middle East to determine the preferred place of death and the factors that influence this decision. Worldwide, a high rate of cancer patients prefers dying at home however, numbers show otherwise where death occurs most often in hospitals. Additionally, a study by Skorstengaard *et al.*

comparing the preferred place of care and death between patients with terminal lung and heart diseases, and cancer patients, demonstrated that regardless of their diagnosis most patients wished to be cared for and to die at home.<sup>25</sup> Having patients with terminal illness at the hospital becomes unsustainable for both the patient and the hospital in term of capacity, cost and provision of a high-quality EOL care. Therefore, palliative care should strongly advocate for the patients' preferred place of death to secure a better EOL care.

### Limitations

In this review, we did not address the distinction between place of care at end of life and place of death. These two terms are usually used interchangeably in the literature, so it is not made clear the factors that contribute to each separately. In addition, studies in terminally ill patients are scarce so studies with a healthy population were included.

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## Appendix

Table A1. The selected studies for the systematic literature review

Title of the Study	Author (Year)	Country	Type of Study	Sample Size (N)	Sample characteristic (patients)	Preferred POD & associating factors
General Practitioner Awareness of Preferred Place of Death and Correlates of Dying in a Preferred Place: A Nationwide Mortality Follow-Back Study in The Netherlands	Abarshi <i>et al.</i> (2009)	The Netherlands	Survey Design	N = 65–70 GPs		Home
The Preference of Place of Death and its Predictors Among Terminally Ill Patients with Cancer and Their Caregivers in China	Gu <i>et al.</i> (2015)	China	Survey Design	N = 522 Patients (n = 522) and Caregivers (n = 522)	Male = 279 Female = 243 Age < 60 = 211 Age > 60 = 311	Home; living in rural areas, having a support system, low level of education.
Preference for place-of-death among terminally ill cancer patients in Denmark	Neergard <i>et al.</i> (2011)	Denmark	Population-based, Cross-Sectional Survey Design	N = 599 Bereaved Relatives, GPs, CNs of Deceased Cancer Patients		Home
It all depends! A qualitative study of preferences for place of care and place of death in terminally ill patients and their family caregivers. Factors associated with preference for dying at home among terminally ill patients with cancer	Gerber <i>et al.</i> (2019)	Australia	Semi-structured interviews	N = 17 Patients (n = 8) Caregivers (n = 9)	Male = 5 Female = 3 Age < 60 = 0 Age > 60 = 8	Home
Actual and preferred place of death of cancer patients. Results from the Italian survey of the dying of cancer (ISDOC)	Schou-Andersen <i>et al.</i> (2015)	Denmark	Population-Based, Historic Cohort Survey Design Study	N = 282 Bereaved Relatives		Home; socio-economic factors such as gender, level of income and size of Community.
Knowledge, Attitudes, and Preferences of Advance Decisions, End-of-Life Care, and Place of Care and Death in Hong Kong. A Population-Based Telephone Survey of 1067 Adults	Beccaro <i>et al.</i> (2005)	Italy	Follow Back Survey Design	N = 1900 Caregivers of Cancer Deaths		Home; having a support System.
Japanese People's Preference for Place of End-of-Life Care and Death: A Population-Based Nationwide Survey	Chung <i>et al.</i> (2016)	Hong Kong	Population-Based, Cross-Sectional Survey Design	N = 1067	Male = 398 Female = 669 Age < 60 = 552 Age > 60 = 415	Home; being female and having a postsecondary education.
	Fukui <i>et al.</i> (2011)	Japan	Cross-Sectional, Nationwide Survey Design	N = 2000 n = 1042 Respondent	Male = 408 Female = 503 Age > 65 = 369 Age < 65 = 543	Preference to be cared for at home; belief that home death is impossible; not wanting to be a burden on others.

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Title of the Study	Author (Year)	Country	Type of Study	Sample Size (N)	Sample characteristic (patients)	Preferred POD & associating factors
Factors influencing preferences for place of terminal care and of death among cancer patients and their families in Korea	Choi <i>et al.</i> (2005)	Korea	Survey Design	N = 652 Patients (n = 371) and Caregivers (n = 281)	Male = 178 Female = 193	Home; having a support system, living in rural areas, low level of education.
Patterns of and preferences for place of final care and death among terminally ill cancer patients and their carers	Thomas <i>et al.</i> (2004)	England	Survey Design	N = 57 Patients (n = 41) and Health Professionals (n = 16)	Male = 17 Female = 24 Age Range = 41–88 years	Home; having a support system.
Patterns in Place of Cancer Death in the State of Qatar: A Population-Based Study	Mohsen <i>et al.</i> (2014)	Qatar	Retrospective, Population-Based Survey Design	N = 1224 Cancer Patients	Male = 674 Female = 550 Age < 65 = 779 Age > 65 = 445	Home; having a support system.
"I'm Sitting Here by Myself ...": Experiences of Patients with Serious Illness at an Urban Public Hospital	Dzul-Church <i>et al.</i> (2010)	USA	Survey Design	N = 32 Eligible n = 20 Consented to Participate	Male = 13 Female = 6 Transgender = 1 Age Range = 38–78 years	Home; favoring treatments expected to enhance QoL associated with dying at home.
Social and clinical determinants of preferences and their achievement at the end of life: prospective cohort study of older adults receiving palliative care in three countries	Higginson <i>et al.</i> (2017)	London, Dublin, New York	Survey Design	N = 138 (n = 64 London, n = 59 Dublin, n = 15 New York)	Male = 33 Female = 67 Age > 65 = 138	Home; living with family/having a support system
Preferred and actual place of death in haematological malignancy	Howell <i>et al.</i> (2015)	UK	Retrospective population-based patient-cohort design	N = 323	Male = 178 Female = 145 Age > 60 = 265	Home
A retrospective analysis of preferred and actual place of death for hospice patients	Laura Holdsworth, Simon Fisher	UK, London	Retrospective screening of the hospice electronic and paper records	N = 298		Home
When Death Is Imminent Where Terminally Ill Patients with Cancer Prefer to Die and Why	Tang (2003)	USA	Survey Design	N = 180 Patients with terminal cancer	Male = 89 Female = 91 Age Range = 32–88 years	Hospital; not wanting to be a burden on others.
Preferred Place of Death for Patients with Incurable Cancer and Their Family Caregivers in Egypt	Al Sirafy <i>et al.</i> (2019)	Egypt	Survey Design	N = 272 Dyads of Patients (n = 274) and Caregivers (n = 278)	Male = 137 Female = 137	Home
Factors predicting a home death among home palliative care recipients	Ko <i>et al.</i> (2017)	Taiwan	Population Based Survey Design	N = 488	Male = 244 Female = 244 Age < 65 = 158 Age > 65 = 330	Increased physician home visits.

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Title of the Study	Author (Year)	Country	Type of Study	Sample Size (N)	Sample characteristic (patients)	Preferred POD & associating factors
Preferred Place of Care and Death in Terminally Ill Patients with Lung and Heart Disease Compared to Cancer Patients	Skorstengaard <i>et al.</i> (2017)	Denmark	Cross-Sectional Survey Design	N = 167 Patients	Male = 83 Female = 84 Mean Age = 69.1 years	Home; Patients with cancer and heart diseases chose hospice as their 2nd preference, patients with lung diseases chose nursing home and hospice equally frequent as their 2nd most common preference.
Associations between palliative chemotherapy and adult cancer patients' end of life care and place of death: prospective cohort study	Wright <i>et al.</i> (2014)	USA	Prospective, Longitudinal Survey Design	N = 386 Patients	Male = 215 Female = 171	Receiving palliative chemotherapy increasing the likelihood of a hospital death.
Preferred place of death for patients referred to a specialist palliative care service	Elizabeth Arnold <i>et al.</i> (2013)	Scotland	Retrospective review of patients' case notes	N = 1096		Hospice particularly the patients who had been at least once to a hospice setting
Factors predictive of preferred place of death in the general population of South Australia	Foreman <i>et al.</i> (2006)	South Australia	General population Survey design	N = 2652	Male = 1272 Female = 1380	Home

GP: General Practitioners; CNs: Community Nurses