Author's response to reviews

Title: Destined to die in hospital? Systematic review and meta-analysis of place of death in haematological malignancy.

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Author's response to reviews: see over
Response to comments:

Thank you for the comments we received from the reviewers; we will respond to each individually and point-by-point.

Reviewer 1: Kyriaki Mystakidou

Point 1 ‘some statements are made without supporting references, and appear to simplify a complex problem’.

P3 line 18: “Although patients with haematological malignancies…” References have been inserted of the studies that have reported haematology patients being more likely to die in hospital. This represents all the studies included in this review.

Page 5 line 6: “It is often assumed that…” This sentence has been amended and now relates to UK Government initiatives introduced to give patients the opportunity to discuss their place of death.

Page 5 line 17: “Further factors influencing…” We have inserted a reference to our previous work which includes an examination of the patient pathway and illustrations demonstrating the prolonged nature of the pathway with multiple, intensive treatment episodes.

Page 5 line 33: “There is a dearth of information…” We have changed this to read that our review indicated a dearth of information.

Page 5 line 40: “End of life care is a complex…” We have inserted a reference for this comment and have amended the paragraph so the multidisciplinary nature of this activity is clearer.

Reviewer 2: Lieve Van den Block

Point 1: Search Strategy

We are extremely grateful to the reviewer for drawing our attention to the search strategy used in our study. Unfortunately, in order to increase the specificity of our search we combined each of the phrases examined. Thus ‘place of death’, ‘place of care’ and ‘end of life’ were combined with ‘haematology’, ‘lymphoma’, ‘leukaemia’, ‘myeloma’, ‘cancer’. Place of death was not searched alone. Also our search did not include specific places of death including hospital, home, hospice or nursing home. On this occasion, our strategy appears to have been too specific, thus our search did not identify the two papers by Cohen et al.

In order to rectify this situation we have added the following title-word PubMed searches to our initial process:

- Place of death
- Death in hospital
- Nursing home death
- Hospice death
• Death at home
• Place of/end of life
• Dying in hospital
• Dying at (nursing)home
• Dying in a hospice

This has increased the scope of our search considerably. In fact, we have now identified a total of 2,007 papers, 80 of which were scrutinised and finally 3 added to the systematic review. The results of these 3 studies have been included on the meta-plot, which as expected has confirmed and indeed strengthened our original conclusion. We now consider our search to be exhaustive.

Point 2: The Scope of the Paper

The review intended to examine place of death in patients with haematological malignancy. However, we also thought it would be important to attempt to explain why patients were more likely to die in hospital, particularly as it is unlikely that all readers would be familiar with haematological malignancies. We therefore used the studies included in the review and a number of small, retrospective studies identified during the course of this review that explored factors associated with place of death. These latter studies did not meet the criteria to be included in this review, mainly because they were qualitative studies, or collected information about individual deaths from medical records. It was felt that formally reviewing these papers alongside the meta-analysis would have obscured the main findings of the paper.

A sentence has been added in the last line of the introduction stating that the paper ‘also explores factors reported in the wider literature that are considered to lead to hospital deaths in (haematological malignancy) patients’.

Point 3: Age of subjects included

Our review excluded studies examining patients under the age of 18 for several reasons. Initially, current UK initiatives and recommendations about end of life care are generally aimed at adult services and it was these, along with interest from our associated steering group (which also focuses on adult haematological malignancies) that provided the incentive to conduct this review. Also, the issues associated with place of death in children were considered to differ substantially from those associated with place of death in adults. In addition to different disease types, treatment regimens and pathways, the infrastructure associated with place of death in this group (for example in terms of hospice provision) and the wishes of parents, were considered to be important factors that would be best explored within a separate, detailed review.