

Limited evidence for effectiveness of home-based end-of-life care**Clinical Question**

Compared to inpatient hospital or hospice care, how effective is home-based end-of-life care?

Bottom Line

Home-based end-of-life care increased the likelihood of dying at home compared with usual care (high quality evidence). It was unclear whether home-based end-of-life care increased or decreased the probability of being admitted to hospital. Home-based end-of-life care might slightly improve patient satisfaction at one-month follow-up and reduce it at six-month follow-up (low quality evidence). The effect on caregivers was uncertain (low quality evidence). The intervention might slightly reduce health care costs (low quality evidence). No trial reported costs to patients and caregivers.

Caveat

Trials were unblinded, and participants crossed over between intervention and control groups. There are ethical concerns with randomising people at the end of their life rather than letting them exercise their choice of where they want to be cared for. In addition, measuring symptoms and quality of life is difficult, and may be done by a proxy (for example a nurse, doctor, or caregiver).

Context

The policy in a number of countries is to provide people with a terminal illness the choice of dying at home. This policy is supported by surveys indicating that the general public and people with a terminal illness would prefer to receive end-of-life care at home.

Cochrane Systematic Review

[Shepperd S et al. Hospital at home: home-based end-of-life care. Cochrane Reviews, 2016, Issue 3. Art. No.: CD009231.DOI: 10.1002/14651858.CD009231.pub2.](#) This review contains four studies involving 823 participants.