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## **The future of end of life care**

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Not much in life is certain, but death is an inevitability we all share. Due to advances in modern medicine and increasing life expectancy, population ageing is affecting developed nations, and increasingly the developing world too. This brings higher prevalence of chronic diseases and multi-morbidity, recently highlighted as an emerging priority for global health research (28 April 2018, p1637).<sup>1</sup> Less often discussed are the implications of these global trends for death and dying, which will become more common, and more complex.

Taking England and Wales as a case in point, the number of deaths are projected to rise to unprecedented levels, with an additional 130,000 deaths each year by 2040, over half being aged 85 or older.<sup>2</sup> All care settings will be affected by the rise in deaths. We have only just begun to acknowledge the impact of these trends and increasing complexity for hospital and community services.

In England, half of the population die in hospital and just under a quarter die at home and in care homes.<sup>3</sup> Projections have shown that if recent trends of declining hospital deaths and rising deaths at home and in care homes continue, by 2040 deaths in the community could double.<sup>3</sup> Who will support those in the community as their health deteriorates in their final months of life?

There has been a recent trend of rising emergency hospital admissions in the year before death.<sup>4</sup> In 2016 there were over 1.5 million such emergency admissions,<sup>4</sup> accounting for a striking one in four of all emergency admissions.<sup>5</sup>

Even if we see no further increase in mean admissions, we have calculated there would be an additional 416,000 emergency admissions for people in the last year of life by 2041; a 27% increase (Fig 1). If the mean number of admissions continues to rise, the number of admissions will increase by over 1.3 million a year to 2.8 million emergency admissions in 2041.

Most people state they prefer home-based care and to have access to care outside of hours towards the end of life. Multiple transitions to hospital in the months before death can be distressing for the patient and family, and is costly for the health system. We need to adapt to this new era of patient and family needs, and find a sustainable way of providing quality care that meets their needs as well as their preferences towards the end of life.

## References

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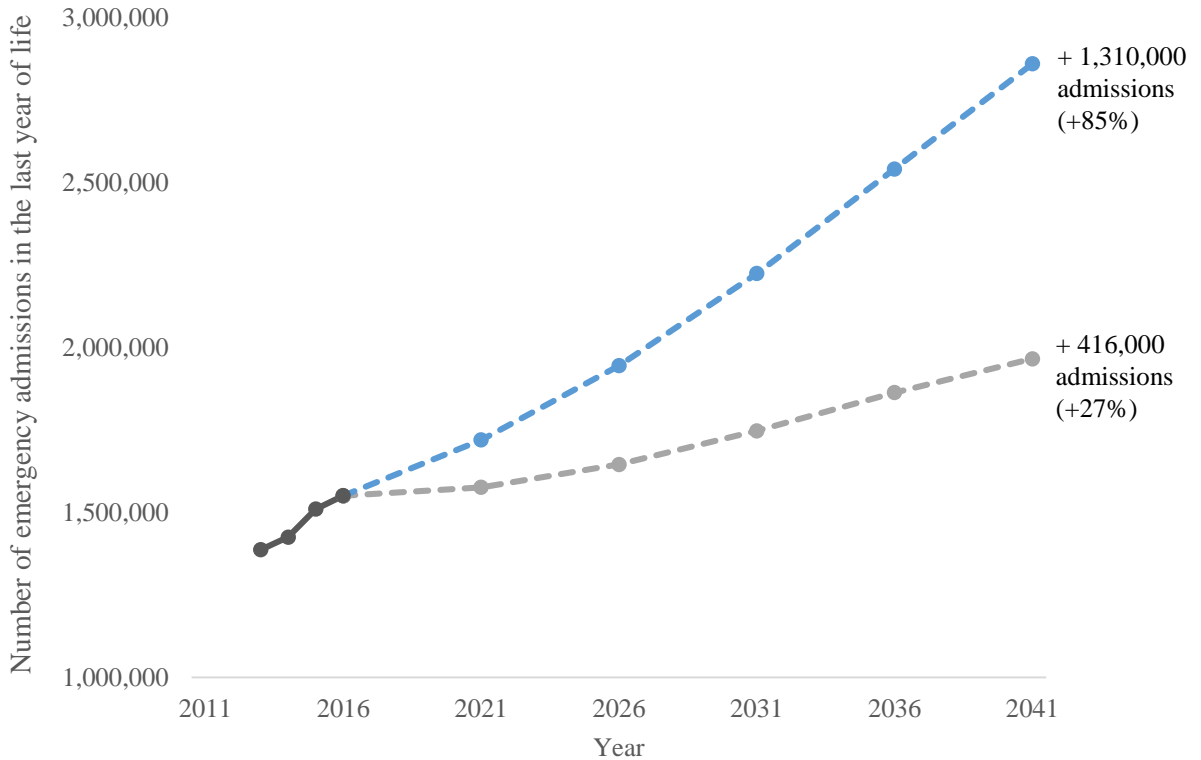
## **Declaration of interests**

We declare no conflicts of interest.

## **Authors' contributions**

AEB completed data analysis and drafted this correspondence. The findings were interpreted by AEB, CJE and IJH. CJE and IJH commented on drafts and all agreed and approved the final manuscript.

**Figure 1. Recent and projected trends in emergency hospital admissions in last year of life in England**



—●— Number of emergency admissions

- -●- - a. Projected number of emergency admissions (mean admissions in 2016 applied)

- -●- - b. Projected number of emergency admissions (trend in mean admissions 2013-2016 applied)