

**THE QUALITY OF DEATH AND DYING OF PATIENTS UNDER AT HOME
PALLIATIVE CARE, EVALUATED BY FAMILY AND FRIENDS OF THE PATIENT**

Abstract

Introduction. *The study has an innovative character. In Poland, there are no researches on the quality of dying and the moment of death. Studies described in literature involve mostly the quality of life, care and treatment. Results of public surveys show that people have a lot of expectations of both the process and the moment of death. People pay attention to more and more widely known phenomenon of „good death and quality of dying”, especially in patients whose prognosis isn't positive and the causative treatment process was terminated.*

Aim. *The main objective of the work was to research the quality of the process of dying, and the moment of death within patients in terminal state, that were under free, at-home palliative care.*

Material and methods. *The work has research qualities. Work material was gathered with a validated, translated into polish language, anonymous sheet QODD - The Quality of Dying and Death . The group of recipients are families and friends who took care of a dying patient, who was taken care of by a home hospice that employs the author. Research material was being gathered since the beginning of 2016-2018. The original QODD questionnaire consists of 31 questions, although modified versions with 17 questions exist. Questionnaire with 31 questions was used in the research.*

Results. *150 questionnaires were collected. Most of the respondents are women between the age of 30 and 50. Higher education dominates. Most of the people perform a non medical profession and live in a city. Within patients in palliative care, men with secondary education and living in the city were dominating. Within the deceased, the diagnosis of cancer prevails.*

It was shown that there is a statistically significant, weak, negative correlation between age and the results of the Symptoms and Personal Control subscales ($R = -0.184$; $P = 0.024$) and Family ($R = -0.206$; $P = 0.012$). In addition, there is a statistically significant, weak, positive correlation between age and the results of the Preparation for Death subscale ($R = 0.176$; $P = 0.031$). It was shown that men in the study presented significantly higher results for the Family subscale than women (50.67 ± 13.36 vs 43.33 ± 13.45 ; $P < 0.001$; Cohen's $d = 0.73$) - this means that the quality of death and dying in men in this respect it was significantly better than

in women. It has been shown that people who caregivers practice a non-medical profession present significantly better quality of death and dying in the scope of the Holistic approach subscales. (54.40 ± 17.9 vs 61.54 ± 19.01 ; $P = 0.042$; Cohen's $d = 0.53$). People with different education differed significantly in quality of death and dying in the Family subscale ($F(2; 147) = 5.99$; $p = 0.003$; $\omega^2 = 0.06$). Posthoc comparisons made with the Scheffe test showed that people with secondary education presented a significantly better quality of life in this respect than people with primary education ($p = 0.029$) and higher ($p = 0.015$).

The patients very often controlled the situation they were in, were able to independently consume a meal. In most cases they did not feel dyspnoea, which is a measurable indicator of symptom control and improves the quality of life. Very frequently the patients were not at peace with death, but in most cases they did not feel fear. Very frequently spent time with spouses, close ones and children. In most cases the patients did not want to talk about the funeral ceremony but mostly they got to say goodbye to their loved ones. In most cases the patients never felt the need to hurry the process of death but they also did not want to use life supporting options. Regardless of their awareness of death the patients still had a purpose in life.

Conclusions. *Conclusions can be separated into 2 areas: (1) medical: - improving the quality of life, ability to contract benefits as a result of evaluation of the care process in at-home palliative care; (2) research: - comparison of the quality of dying in patients of an at-home palliative care with stationary care, comparison of individual providers among each other, researching the quality of death within various illnesses, researching the quality of death and dying in children.*