

Session 16: Palliative Care 2

Time: 04/Feb/2020: 11:45am-12:45pm · Location: Lecture Hall BMW2

12:00pm - 12:15pm

Care of the dying – The last health service Diakonhjemmet hospital, 1897-2017 (Oslo, Norway)

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Abstract

Introduction

The purpose of this study is to describe the historical.

development of treatment and care at the end of life. In the late 1800s, major societal changes occurred. Increased population growth in the big cities created the basis for tight living conditions, infectious diseases and increased malnutrition. Both public and non-profit organizations had to help. In 1890, a diaconal institution starts a nursing home for older men, and few years later a hospitalMethod

This survey includes archival and research data from the Deacon hospital (1897-2017). We obtained permission according to legal and ethical rules. We used both qualitative and quantitative data, including the medical record. The resident assessment tool for nursing home (www.interrai.org), was used in 1997 and 2007. The assessments from 1977 and 1987 contain comparable basic data as in the two last decades. For the archive data, (1897-1967 we used a constructed questionnaire. We have used a descriptive content analysis of documentation for the last three days of life at the hospital.

Results

The documentation in the medical record was limited in the first decades. The hospital had spare equipment's at startup. Lack of professional skills, examination tools, surgery and drugs gave few opportunities to prolong life. The medical treatments improved after the World War II. It was not until the 1950s that nursing reports became part of the medical record. Electronic patient records from about 1980' helped to provide a quick overview of the patient's situation. In the same decade, the hospice philosophy and the development of palliative medicine emphasize "total care".

The increased standard of living and medical development have increased the proportion of aged at death 80+ in Oslo, from 0 - 63%. The immediate cause of death changed from tuberculosis, cancer diseases in the respiratory system.

Conclusion

In archive material, the staff did not record conversation about death and spiritual care, and optimal symptom control were rare. About 1980', the hospice philosophy reached Norway. However, it is difficult to document that it is easier to face death in 2017 than in 1897, despite good palliative care.

Summary of Abstract

We studied death and dying in a 130 years period using RAI-LTCF retrospectively. At start, the doctors had few diagnostic aids. The standard of living and medical development gradually increased. Age 80+ at death, changed from 0-63%. However, it rarely seems easy to face death, despite better palliative care.