

Book review: Het sterfbed in België. Resultaten van de SENTI-MELC studie 2005-2006

by

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An important instrument to collect health data in Belgium is the Sentinel Network of General Practitioners, coordinated by the Scientific Institute of Public Health. Throughout the past 30 years this network has allowed to study many health problems in the Belgian population. In 2005 and 2006 information was collected on the circumstances of death and the quality of the end of life. The study, called the SENTI-MELC study, was part of a large scale interuniversity project on 'Monitoring End-of-Life Care' (MELC).

This book describes the results of the SENTI-MELC study. It is written by researchers from the End-of-Life care group of the Vrije Universiteit Brussel (VUB) and the Unit of Epidemiology of the Scientific Institute of Public Health (IPH).

The first chapter gives an overview of the background of the study. The authors describe the main difficulties to study end-of-life care, highlight the lack of existing information, especially in Belgium and explain why epidemiological data on end-of-life care are important. The objectives of the MELC and the SENTI-MELC study are specified and ongoing follow-up activities are presented. Although concise, the chapter gives a comprehensive view on the relevant issues in relation to the theme.

In a second chapter the concepts, the research questions and the research method of the SENTI-MELC study are described. This information is essential to interpret the results correctly. The description of the methods is very complete. Registration forms are included as annexes at the end.

The results section starts with a description of the study sample. Next, place of death and place of care are discussed, including the patient's wish for place of death, transitions between care settings at the end of life and hospitalisations and length of stay. Another chapter elaborates on the caregivers at the end of life and discusses the end-of-life care provided by the GP and other formal and informal caregivers as well as access to specialist multidisciplinary palliative care services. The book also dedicates a chapter to the symptoms experienced by the patients, in-

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cluding treatment, treatment goals and content of end-of-life care. The final chapter of the results section discusses the prevalence, types and decision-making process of medical end-of-life decisions with certain or possible life-shortening effect. Detailed results are presented for each of these topics and per topic a concise summary is presented in which the main results are highlighted, interpreted and commented.

Chapter 8 gives a global summary of the main results. It also lists the strengths and the weaknesses of the study.

A last chapter focuses on conclusions and recommendations and provides a look into initiatives that are planned in the near future.

This book gives very interesting information on an actual theme that is relevant both from a public health perspective and within a broader societal context. Due to the ageing of the population an increasing number of people die from chronic diseases or after a longstanding illness. On the other hand, population-based studies concerning end-of-life care delivery are scarce because gathering systematic information across care settings and diagnoses is quite challenging in terms of costs and organisation. The book thus really fills a gap and it is definitely a good baseline for the study of further evolutions in the domain. The relevance of the research presented in the book is demonstrated by the fact that partial replicas of the study have now been implemented in the Netherlands and similar plans exist in Switzerland, Italy and Spain.

With this book the authors have aimed to inform professional and non-professional care givers, policy makers and the public opinion on the way in which presently end-of-life care is organised. They have succeeded in this very well. The book reads easily and is accessible for a broad readership, including readers who are not familiar with epidemiological and statistical terms. It goes well beyond the reporting of the study results and also includes reflections and recommendations to improve the end-of-life care. Indisputably this book is a must for all those who are interested in end-of-life care in Belgium.

At present the book is only available in Dutch, but a French translation will be published by the end of October 2008.

References

Several international publications on the SENTI-MELC study have been published in peer-reviewed journals:

1. Van den Block L., Deschepper R., Drieskens K., Bauwens S., Bilsen J., Bossuyt N., Deliens L. Hospitalisations at the end of life: using sentinel surveillance network to study hospital use and associated patient disease and healthcare factors. *BMC Health Services Research* 2007, 7:69. <http://biomedcentral.com/>

2. Van den Block L., Van Casteren V., Deschepper R., Bossuyt N., Drieskens K., Bauwens S., Bilsen J., Deliens L. Nationwide monitoring of end-of-life care via the Sentinel Network of General Practitioners in Belgium: the research protocol of the SENTI-MELC study. *BMC Palliative Care* 2007, 6:6. <http://biomedcentral.com/>
3. Van den Block L., Deschepper R., Bilsen J., Van Casteren V., Deliens L. Transitions between care settings at the end of life in Belgium. *The Journal of the American Medical Association* 2007, 298(14):1638:9. <http://jama.ama-assn.org/>