

Prevalence and Determinants of the Wish to Die among Elderly Patients Hospitalized in an Internal Medicine Ward: a Cross-sectional Study

Marc-Antoine Bornet,¹ Eve Rubli Truchard,² Gérard Waeber,¹ Peter Vollenweider,¹ Mathieu Bernard,³ Laure Schmied,¹ Pedro Marques-Vidal¹ ¹ *Internal medicine;* ² *Geriatric palliative care and* ³ *Palliative and supportive care, Lausanne university hospital, Lausanne, Switzerland.*

Background: Elderly people frequently develop a wish to die, ranging from a simple passive wish that death occurs naturally to an explicit request to die. However, the frequency with which this wish is expressed and the factors associated with it have not been assessed in an acute hospitalization setting. We investigated the prevalence and determinants of the wish to die among elderly patients (≥ 65 years) hospitalized in an internal medicine ward. We also assessed the psychological impact on patients after querying their wish to die.

Methods: Cross-sectional study conducted between May 1, 2018 and April 30, 2019 in an acute care internal medicine ward. Patients with cognitive impairment were excluded. Wish to die was assessed using the Schedule of Attitudes Towards Hastened Death-senior and the Categories of Attitudes toward Death Occurrence scales. Quality of life (QoL) was assessed using a visual scale ranging from 0 to 10. Psychological impact was assessed by the degree of stress induced and the need to start psychiatric treatment after the interview.

Results: Data from 232 participants (44.8% women, 79.3 ± 8.1 years) were analysed. The prevalence of the wish to die was 8.6% (95% CI: 5.3–13.0%). Most of the time, this was a passive wish to die. In a bivariate analysis, patients expressing the wish to die were significantly older (83.6 ± 6.4 vs. 78.9 ± 8.2 years, $P = .014$), had a lower QoL (4.8 ± 2.6 vs. 7.1 ± 1.6 , $P < .001$) and more depressive symptoms (CES-D score 16.0 ± 7.8 vs. 12.2 ± 6.5 , $P = .044$). Multivariable analysis showed increased age to be positively (odds-ratio [OR] for a 5-year increase: 1.43, 95% CI 0.99–2.04, $P = .048$) and QoL to be negatively (OR for a one unit increase: 0.54, 95% CI 0.39–0.75, $P < 0.001$) associated with the likelihood of wishing to die. No participant exhibited a worsening of psychological status following the interview.

Conclusions: The prevalence of the wish to die among elderly patients admitted to an acute hospital setting is low, but highly relevant for clinical practice. Aging increases while better quality of life decreases the likelihood of wishing to die. Discussing the issue of dying appears to be well tolerated by patients.