In 2007, the famous Swiss actress Lilo Pulver (well-known for the Billy Wilder film *One, Two, Three*) decided to move into a residential home in Bern. At this time, she was neither disabled nor dependent on care, but rather wanted to share her memories and fears with other ageing people. Her decision could be seen as a significant starting point for a broader debate about how we would like to live in old age.

At present the mantra seems to be that everyone should be looked after at home, although this is often socially and economically challenging. However, is the situation in a care home always worse than at home?

Interestingly, Eisele and colleagues in this issue of the *BJGP,* show us that, although 30 years ago about 15% of all deaths in Switzerland took place in a care home, it is now more than 50% among those aged ≥75 years. Looking at the population aged >90 years, this figure increases to 75%. This is the case even though three-quarters of the Swiss population want to die at home, and the quality of care delivery in nursing and residential homes has been criticised for years.

Nowadays, slight changes in institutionalised care are taking place. The journal *The Gerontologist* published a supplement last year entitled ‘Transforming nursing home culture: evidence for practice and policy.’ In it, the authors discussed the aim of improving care quality by de-institutionalising the nursing home culture and focusing on person-centred care. This intended transformation from a conventional nursing home environment into more resident-centred homes with long-term care facilities should take place by changing the physical environment, values, norms, and supporting organisational structure.

**WHO ENTERS CARE HOMES TODAY?**

The wish to remain independent and autonomous for as long as possible, better health care, a longer disability-free life expectancy, as well as better outpatient care lead to the fact that people enter care institutions later, older, and sicker than before. Mortality statistics in Switzerland show us that, although 30 years ago about 15% of all deaths in Switzerland took place in a care home, it is now more than 50% among those aged ≥75 years. Looking at the population aged >90 years, this figure increases to 75%. This is the case even though three-quarters of the Swiss population want to die at home, and the quality of care delivery in nursing and residential homes has been criticised for years.

**WHAT CAN GPs CONTRIBUTE IN THIS CONTEXT?**

First, GPs often know patients and their needs for many years. Based on research results and their own experience, they should be able to identify patients who could benefit from a stay in a care home and those for whom home care is best.

Minney and colleagues described frail, older, but not cognitively limited patients, who prefer residential care in old age over living in their home environment. However, Nikmat and colleagues show that people with cognitive impairment perceive a better quality of life as long as they can stay in their home environment. Hence, diligent judgement is needed.

Second, dying in an institution usually has negative connotations. It is typically associated with loneliness, isolation, and helplessness in dealing with death and dying. Dying at home, in contrast, is considered positive for reasons such as the proximity of relatives, a familiar environment, and the possibility of better medical control. This is also the point where the role of the GP becomes more important. It has been shown that the more a GP is involved in end-of-life care, the more likely a patient will die in their preferred place and avoid unnecessary hospital transitions.

Hence, it is part of a GP’s role to discuss advance care planning with care home residents in good time, to find out if they would accept another hospitalisation if necessary, to learn about their preferred place of death, and to prepare an advance care plan.
... GPs require communicative expertise: they need to be skilled in exploring the patient’s wishes regarding their end of life ...

In the future, the need for care for older people will increase, in both in- and outpatient care. The generation of future care-dependants will look back at an individualised life and patient history, and have high expectations concerning professional care. Integrated care models will provide smoother transitions from care in a home environment to a care home setting.

Those people should receive excellent individualised care according to their needs with their pathways not being defined by institutional deficiencies. It is here where GPs will have to take a crucial part of the responsibility.

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