He died "peacefully" at home

David Veale

*BMJ* 2003;326:792-
doi:10.1136/bmj.326.7393.792

Updated information and services can be found at:
http://bmj.com/cgi/content/full/326/7393/792

*These include:*

**Rapid responses**
One rapid response has been posted to this article, which you can access for free at:
http://bmj.com/cgi/content/full/326/7393/792#responses

You can respond to this article at:
http://bmj.com/cgi/eletter-submit/326/7393/792

**Email alerting service**
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

**Notes**

To order reprints of this article go to:
http://www.bmjjournals.com/cgi/reprintform

To subscribe to *BMJ* go to:
http://bmj.bmjjournals.com/subscriptions/subscribe.shtml
He died “peacefully” at home

I like collecting euphemisms. I found a new one when my father, a retired general practitioner, died “peacefully” at home. That is what the announcements say in the newspapers, and that is what my relatives are telling everyone.

It was a perfectly routine death, in which my 93 year old father had cancer of the prostate. The cancer had been well controlled for many years, and his health had started to deteriorate only in the few months before his death. Four days before his death, he was still able to go out to a celebration lunch. He then had a massive cerebrovascular accident, and there followed a predictable course of death by bronchopneumonia.

The last time I had experienced a death at such close quarters was many years ago as a houseman, but then I was not so personally involved. My family and father received excellent home care, with a hospital bed and visits by the district nurses and his general practitioner. Except that his death didn’t seem to me to be “peaceful” at all. When my patients die they usually do so “violently,” but at least it is sudden and they are spared a hide the painful truth, and this was one.

He died "peacefully" at home

I like collecting euphemisms. I found a new one when my father, a retired general practitioner, died “peacefully” at home. That is what the announcements say in the newspapers, and that is what my relatives are telling everyone.

It was a perfectly routine death, in which my 93 year old father had cancer of the prostate. The cancer had been well controlled for many years, and his health had started to deteriorate only in the few months before his death. Four days before his death, he was still able to go out to a celebration lunch. He then had a massive cerebrovascular accident, and there followed a predictable course of death by bronchopneumonia.

The last time I had experienced a death at such close quarters was many years ago as a houseman, but then I was not so personally involved. My family and father received excellent home care, with a hospital bed and visits by the district nurses and his general practitioner. Except that his death didn’t seem to me to be “peaceful” at all. When my patients die they usually do so “violently,” but at least it is sudden and they are spared a hide the painful truth, and this was one.

Women with pre-eclampsia were 2.2 times more likely (95% confidence interval 1.3 to 3.7) to be admitted to hospital with venous thromboembolism (figure). The proportional hazards assumption was valid for all models.

Comment

Women with pre-eclampsia have a small but significantly higher risk of subsequent venous thromboembolic disease compared with women diagnosed as having other common obstetrical diseases. Our results support the association between pre-eclampsia and thrombophilia.

The absolute risk increase with pre-eclampsia is too small to warrant venous thromboembolism prophylaxis for such patients. The signs and symptoms of venous thromboembolism should be reviewed with women who develop or have had pre-eclampsia so that they can seek appropriate medical care if the need arises.

Contributors: CvW coordinated the study, drafted the paper, and was primarily responsible for data linkage and analysis. MM critically revised the paper, and assisted in data linkage and analysis. AC coordinated the reabstraction study and reviewed the paper. YK coordinated the study. MW and MR devised the study, provided expert content, and critically revised the paper. CvW is the guarantor.

Funding: CvW and MW are Ontario Ministry of Health career scientists.

Competing interests: None declared.


(Accepted 1 August 2002)