



He died "peacefully" at home

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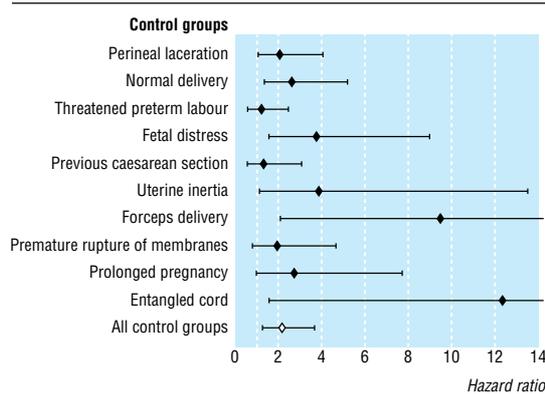
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Independent risk of venous thromboembolism for women with pre-eclampsia. The adjusted hazard ratio for admission to hospital with deep vein thrombosis or pulmonary embolism is presented for women with pre-eclampsia compared with the 10 most common obstetrical discharge diagnoses. The hazard ratios (shown here with 95% confidence intervals) are adjusted for patient age and whether a caesarean section was performed at the index admission

heparin. This ensures that virtually all such patients were admitted to hospital and identified in the hospitalisation database (appendix C). Dates of death were determined from the registered patient database that records all deaths in Ontario.

During the study period, 297 912 women were discharged from hospital with one of the study diagnoses. Some were excluded because they were under 15 or had previous thromboembolic disease ($n=703$ and $n=172$, respectively). This left 12 849 women in the pre-eclampsia group and 284 188 women in the control groups (range 11 188 to 22 883). Patients with pre-eclampsia were younger (mean 27.8 v 28.1) and more likely to have had a caesarean section (20.0% v 10.6%). Mean follow up was three years.

Venous thromboembolism was more common in the pre-eclampsia group (0.12%, 41.7 events per 100 000 person years observation) than in any of the control groups (range 0.01% to 0.08%, rates of 3.0 to 33.8 events per 100 000 person years observation). We used proportional hazards modelling to control for patient age and caesarean section, and showed that, compared with all control groups combined,

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 reabstraction study. MW and MR devised the study, provided expert content, and critically revised the paper. CvW is the guarantor.

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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 potentially drawn out course perhaps over many weeks.

We experienced a relatively short three days and nights of distressed breathing and bubbling in his lungs. Most of the time he was unable to communicate other than by raising his right hand and grasping any proffered hand. The final day was followed by seizures and increasing cyanosis, as he finally suffocated from his sputum. My mother wailed and implored him not to leave her. Leaving aside my mother's distress, surely there must be a better way of dying "peacefully"? Euphemisms always hide the painful truth, and this was one.

David Veale