

Board of examiners

**Prof. Bregje Onwuteaka-Philipsen**

Department of Public and Occupational Health  
Amsterdam UMC

**Prof. Robert Vander Stichele**

Department of Basic and Applied Medical Sciences  
Ghent University

**Prof. Sylvie Gadeyne**

Department of Sociology  
Vrije Universiteit Brussel

**Prof. Kurt Barbé**

Department of Mathematics and Data Science  
Vrije Universiteit Brussel

**Prof. Johan Bilsen**

Mental health and wellbeing  
Vrije Universiteit Brussel

**Prof. Lieve Van den Block, Chair**

End-of-life Care Research Group  
Vrije Universiteit Brussel

**Prof. Joachim Cohen, Promoter**

End-of-life Care Research Group  
Vrije Universiteit Brussel

**Prof. Tinne Smets, Co-Promoter**

End-of-life Care Research Group  
Vrije Universiteit Brussel

**Prof. Luc Deliens, Co-promoter**

End-of-life Care Research Group  
Vrije Universiteit Brussel



PhD in Social Health Sciences  
2019-2020

INVITATION to the Public defence of

**Robrecht DE SCHREYE**

To obtain the academic degree of '**DOCTOR IN SOCIAL HEALTH SCIENCES**'

**Population-level evaluation of the appropriateness of end-of-life care in Belgium.**

The defense will take place on Wednesday, 2<sup>nd</sup> September 2020 at 3 p.m.

and will be organised online

via Zoom meeting, accessible through the following link:

[https://gf.vub.ac.be/redirects/PhD\\_defense\\_Robrecht\\_De\\_Schreye.php](https://gf.vub.ac.be/redirects/PhD_defense_Robrecht_De_Schreye.php)

and in Auditorium Vanden Driessche

**ADMITTANCE** to the auditorium will only be granted upon presentation of the personal invitation from the PhD candidate.

## Summary of the dissertation

With a growing proportion of the population suffering from life-limiting diseases such as cancer, COPD or dementia, appropriateness of care near the end of life is an increasingly important concern for health care researchers, practitioners and policy makers. In this study, we develop and measure population-level quality indicators of appropriate and inappropriate end-of-life care. These indicators represent different domains of care: aggressiveness of care, pain and symptom treatment, palliative care, place of treatment and place of death, coordination and continuity of care. An example of an indicator of possible inappropriate end-of-life care could be 'the percentage of people with cancer being submitted to diagnostic testing in the last 14 days of their life'. To measure the quality indicators on a full-population level in Belgium (N = 100.000+ deceased each year), we used linked administrative databases, managed by the Intermutualistic Agency, the Belgian Cancer Registry and Statistics Belgium.

Measuring all indicators and comparing them across health care regions, we found several opportunities for improvement, for example: across the population, continuity of care could be improved by investing in advance care planning and implementation of care plans. For people with COPD, more and earlier palliative care could improve the quality of end-of-life care. For people with dementia, deprescribing of medication and support for palliative care by general practitioners and in nursing homes would be useful. We suggest the government supports high quality end-of-life care by reimbursing appropriate end-of-life care interventions.

## Curriculum Vitae

Robrecht De Schreye was born on May 9th, 1984. He graduated in 2010 as Master in Philosophy and Master of Science in Psychology at KULeuven. In 2014 he joined the End-of-Life Care Research Group at VUB, where he worked as a doctoral researcher on the FWO-project "A population-level evaluation of the quality and cost-effectiveness of end-of-life care". He was supervised by Prof dr. Joachim Cohen, Prof. dr. Tinne Smets and Prof. dr. Dirk Houttekier. From 2018 until 2020, he was involved in the research project "Het Vlaams indicatoren project woonzorgcentra", developing quality indicators for Flemish nursing homes. He collaborated on several other projects within the End-of-Life Care research group involving the use of administrative data and quality indicators. He also collaborated in an international working group on the use of big data in end-of-life care research. He presented his research at several national and international conferences, including the 2017 Health Affairs conference in Washington DC. He is currently working for Sciensano, at the Health Services research department.