

End-of-Life Care Discussions Between Patients With Advanced Cancer and Doctors

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The full report is titled “End-of-Life Care Discussions Among Patients With Advanced Cancer. A Cohort Study.” It is in the 7 February 2012 issue of *Annals of Internal Medicine* (volume 156, pages 204-210). The authors are J.W. Mack, A. Cronin, N. Taback, H.A. Huskamp, N.L. Keating, J.L. Malin, C.C. Earle, and J.C. Weeks.

What is the problem and what is known about it so far?

When patients are near the end of life (EOL), the goals of care often move from attempting to cure disease to making the patient comfortable. Patients who have discussed their preferences for EOL care with a doctor are more likely to choose less-aggressive treatment measures, to die at home or under hospice care rather than in the hospital, and to receive care that is consistent with their preferences. National guidelines advise doctors to discuss EOL care planning with patients with cancer who are expected to live less than 1 year. Information is lacking on which types of doctors conduct EOL care discussions with patients and the incidence, timing, and location of these discussions.

Why did the researchers do this particular study?

To learn how often patients with stage IV lung or colorectal cancer had EOL care discussions and where, when, and with whom those discussions took place.

Who was studied?

2155 U.S. adults diagnosed with stage IV lung or colorectal cancer from 2003 to 2005.

How was the study done?

Using computer-assisted telephone interviewing software, the researchers interviewed patients or their surrogates (family members or other primary caregivers) about EOL care discussions of hospice or resuscitation with a doctor or other health care provider. Interviews occurred at 4 to 6 months and approximately 15 months after diagnosis. The researchers also analyzed patient medical records for documented discussions about advance care planning (do-not-resuscitate order, hospice, or palliative care) or a venue for dying (hospice, home, hospital, or nursing home) through the 15 months or until the patient died (if that occurred first). The researchers recorded the date of each discussion, the topics discussed, the health care provider involved, and whether the discussion took place during a hospitalization.

What did the researchers find?

Overall, 1569 of the patients (73%) had EOL care discussions, including 87% of 1470 patients who died during the study period. Most conversations took place a median of about 1 month before death. The initial EOL care discussion occurred most often with a medical oncologist or general medical physician, but in some cases with a palliative care physician or other medical specialist, radiation oncologist, or surgeon. Oncologists cared for most patients but documented EOL care discussions with only 27% of their patients. Discussion topics included resuscitation (46%), hospice care (82%), palliative care (13%), or venues for dying other than hospice (3%). More than half took place during short-term hospitalizations rather than during more stable periods of outpatient care.

What were the limitations of the study?

The depth and quality of the discussions were not evaluated. Much of the information came from surrogates of patients who died before baseline interviews could be obtained. The surrogates may not have been present for all discussions.

What are the implications of the study?

Earlier EOL care discussions could give patients with incurable cancer a better chance to make decisions about their care.

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