

Study: Doctor-patient conversations at end of life associated with lower medical expenses

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Few physicians are eager to discuss end-of-life care with their patients. Yet such conversations may result in better quality of life for patients and could lower national healthcare expenditures for cancer care alone by tens of millions dollars each year, according to a study led by researchers at Dana-Farber Cancer Institute.

As reported in the March 9 issue of the [Archives of Internal Medicine](#), investigators interviewed 603 advanced cancer [patients](#) about whether they had an end-of-life (EOL) conversation with their physician. The researchers calculated the final week health-care [costs](#) of patients who reported such conversations and compared them to those of patients who did not.

They found that patients who reported having an EOL conversation had an estimated average of \$1,876 in health-care expenses during their final week of [life](#), compared to \$2,917 for those who didn't, a difference of \$1,041, or 36 percent. Higher costs -- typically the result of more intensive, life-prolonging care -- were also associated with a worse quality of death during patients' final week. In addition, patients typically did not live longer if they received intensive care.

"We refer to the end-of-life discussion as the multi-million dollar conversation because it is associated with shifting costs away from expensive, burdensome, non-curative care, like being on a ventilator in an ICU, to less costly comfort care provided at home or in hospice, which most patients and their families say they would prefer," says the

study's senior author, Holly Prigerson, PhD, of Dana-Farber. "As the nation looks to ways to improve patient care and reduce costs of healthcare, end-of-life conversations should be considered. Policies that promote increased communication, such as incentives for end-of-life conversations, may be cost-effective ways to both improve care and reduce some of the rising health care expenditures."

Previous studies have shown that a disproportionate share of health-care spending in the United States is incurred at the end of life and that patients who speak with their physicians about end-of-life preferences have fewer life-sustaining procedures and lower rates of intensive care admission. The study by Prigerson and her colleagues suggests a direct link between communications at the end of life with lower health care costs and better quality of life for patients with advanced cancers.

The paper is part of a multi-institutional study called Coping With Cancer. Funded by the National Institute of Mental Health and the National Cancer Institute, the study tracks the health and psychological state of 627 patients nationwide with advanced cancer.

Although the study doesn't purport to show a cause-and-effect relationship between EOL conversations and lower medical costs, it does suggest a strategy for reducing such costs and for improving patients' quality of life as death approaches, notes Prigerson, who is also on faculty at Brigham and Women's Hospital and Harvard Medical School. If the national proportion of patients reporting EOL discussions was increased to 50 percent, the annual cost savings could be more than \$76 million dollars, researchers estimate, based on the annual number of cancers deaths in the U.S.

Source: Dana-Farber Cancer Institute

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