

Blacks more likely to opt for life-sustaining measures at end of life

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When faced with a terminal illness, African-American seniors were two times more likely than whites to say they would want life-prolonging treatments, according to a University of Pittsburgh study available online and published in the June issue of the *Journal of General Internal Medicine*.

The study, led by Amber E. Barnato, M.D., M.P.H., associate professor of medical, clinical and translational science and [health policy](#), University of Pittsburgh, was based on interviews and surveys with more than 2,800 Medicare beneficiaries 65 years and older, making it the largest nationally representative sample of U.S. seniors' end-of-life treatment preferences. Overall, the majority of Medicare beneficiaries surveyed preferred not to die in a hospital or to receive life-sustaining measures at the end of life.

During interviews, study respondents were asked about their treatment preferences in the event they were diagnosed with a terminal illness and had less than a year to live. More African-Americans (18 percent) than whites (8 percent) reported that they would prefer to die in a hospital. African-Americans (28 percent) also were more likely than whites (15 percent) to report that they would opt for life-prolonging drugs, even if the treatment made them feel worse all of the time.

Only 49 percent of African-Americans compared to 74 percent of whites responded that they would want potentially life-shortening palliative drugs (for pain and comfort only). Lastly, when asked whether

they would opt for mechanical ventilation to extend their lives for a week, 24 percent of African-Americans said they would, compared to 13 percent of whites. When mechanical ventilation would extend life by one month, this percentage rose to 36 percent in African-Americans, compared to 21 percent in whites.

"We collected detailed information about personal and [social factors](#) that might explain the relationship between African-Americans and preference for more intensive end-of-life treatment. An overly optimistic view of the ability of mechanical ventilation, a breathing machine, to save lives and return people to their normal activities explained some, but not all, of this difference," said Dr. Barnato.

Although the study looked at differences in treatment preferences by race, Dr. Barnato cautions it should not be viewed as an invitation to generalize. "As doctors, we should ask each patient and family about their goals of treatment, then offer the treatments that meet those goals, rather than making assumptions about treatment preferences based on race," she said.

Source: University of Pittsburgh Schools of the Health Sciences ([news : web](#))

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