

Dying cancer patient visits to emergency departments can be avoided

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Many visits by dying cancer patients to the emergency department can be avoided with effective palliative care, states an article in the *Canadian Medical Association Journal (CMAJ)*. In Ontario, about 40% of cancer patients visit the emergency department in the last 2 weeks of life.

A study was conducted to examine how often and why people dying of cancer visit the emergency department near the end of life. These visits are an ordeal since wait times are long and uncomfortable. They are also disruptive, distressing and exhausting for patients and their families. Emergency room visits at the end of life are considered an indicator of poor quality care for cancer patients.

"Patients who are near death should have their symptoms controlled and cared for in a setting of their choice, instead of on an emergency basis," write Dr. Lisa Barbera, Odette Cancer Centre (Toronto, Ontario) and coauthors. "While some people have unexpected urgent medical problems that need an emergency department visit, the rest of the visits are likely avoidable."

In Ontario, 91 561 patients died of cancer between 2002 and 2005 and were included in this study. In the last six months of life, 76 759 patients had 194 017 visits to the emergency department and 31 076 patients had 36 600 visits to the emergency department in the last two weeks of life.

[Abdominal pain](#), breathing difficulties, pneumonia, malaise and fatigue

and fluid in the chest were the most common reasons for visits to the emergency department both in the last six months and two weeks of life. Lung cancer was the most common primary cancer.

"Understanding why patients visit the [emergency department](#) near the end of life offers insight into the nature of the problems they experience and provides direction for possible interventions," write the authors.

"With comprehensive and coordinated palliative care, individuals could be managed in the clinic, at home and in palliative care units or residential hospices without the need for an emergency visit. The majority of the reasons for visits are within the scope of palliative care expertise."

Provided by Canadian Medical Association Journal

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