

# Outcomes of communication about end-of-life care appear to differ between black and white patients

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While both black patients and white patients appear to benefit from end of life discussions with their physician, black patients are less likely to experience end-of-life care that accurately reflects their preferences, according to a report in the September 27 issue of *Archives of Internal Medicine*.

"Although [black patients](#) are also more likely than white patients to desire life-prolonging measures, receipt of life-prolonging care at the end of life is associated with greater distress and with poorer quality of life," the authors write as background to the study. "These findings raise the concern that black patients receive inferior end-of-life care, a possibility underscored by disparities between black patients and white patients in certain objective care measures, such as [pain management](#)."

Jennifer W. Mack, M.D., M.P.H., of the Dana-Farber Cancer Institute, Boston, and colleagues studied 332 patients who were recruited between October 2002 and September 2007, were self-identified as non-Hispanic white or black, had cancer with distant [metastases](#) with failure of first-line [chemotherapy](#), were 20 years of age or older and died during the course of the study.

The authors found that black patients reported similar rates of end-of-life discussions to white patients, but were less aware that their illness was terminal. Compared with white patients who had not had end-of-life

discussions with their healthcare clinician, those that had end-of-life discussions tended to have a shorter survival time from baseline assessment. Additionally, the authors found that compared with black patients with fewer years of education, black patients with more education were marginally more likely to report having end-of-life discussions with their physician.

"Despite similar rates of end-of-life discussions, white patients were more likely than black patients to prefer symptom-directed care over life-prolonging end-of-life care and to have DNR [do not resuscitate] orders in place. White patients were also less likely to receive life-prolonging care in their last week of life." The authors also found that, "although end-of-life discussions and communication goals assist white patients in receiving less burdensome life-prolonging care at the end-of-life, black patients tend to receive more aggressive care regardless of their preferences." Additionally, black patients without DNR orders are just as likely to receive life-prolonging treatment as black patients with a DNR.

Based on the findings, the authors conclude that, "although the reasons for our findings are not fully understood, [white patients](#) appear to have undefined advantages when it comes to receiving end-of-life care that reflects their values."

**More information:** Arch Intern Med. 2010;170[17]:1533-1540.

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