

# FATE results prove to be useful in end-of-life care

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Though there have been significant improvements in the treatment of head and neck cancer, there is still a lack of data on the experience of end of life care for head and neck cancer patients, according to a new study published in the May 2011 issue of *Otolaryngology-Head and Neck Surgery*.

As discussed in this study, the United States Department of Veterans Affairs group has developed the Family Assessment of Treatment at the End of life (FATE) survey, which is administered to families of deceased veterans. The purpose of the survey is to assess the quality of treatment at the end of patients' lives, in an effort to provide better end-of-life care to [head and neck cancer](#) patients.

The study accessed patient information from the Head and [Neck Cancer](#) Specialized Program of Research Excellence database (SPORE) established by the University of Michigan. The overall response rate was 20%.

The majority of the patient population included those with advanced stage tumors, with T3 or T4 primaries. Of these patients, 55% had laryngeal cancer at the time of death, which included those with disease in the head and neck, and approximately one third died of distance [metastases](#) (tumor stage). The study results show that in comparison to the patients who died at home or in hospice, the approximately one third of those who died in the hospital had a significantly lower FATE score, indicating less satisfaction with end of life care.

Since many advanced tumors are given a poor prognosis, palliative care is provided to allow for timely management of pain. It is important to note that, not all patients with head and neck cancer will receive exceptional care at the end of life. Studies show that 22% of patients had family members present at the time of death, with only 33% stating they felt comfortable with their primary care provider, and only a small number stating symptom control was adequate. The data received from patients receiving palliative care resulted in a higher FATE score, suggesting that treatments may improve the quality of patients' lives. It is important to note that when social factors or further circumstances impact care, [palliative care](#) may be beneficial even when death is not imminent.

The evidence in the study suggests that changes in care standards may benefit future patients. Author Andrew G. Shuman, MD, writes, "This study, with its utilization of a validated survey instrument, coupled with a large, prospectively collected database of head and neck cancer patients, facilitated a concrete and valid analysis of the end-of-life experience of head and neck cancer patients."

Provided by American Academy of Otolaryngology - Head and Neck Surgery

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