

Physicians receive less aggressive end-of-life care, less likely to die in a hospital

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Two studies in the January 19 issue of *JAMA* compare the intensity of end-of-life treatment and the likelihood of dying in a hospital between physicians and the general population.

In one study, Joel S. Weissman, Ph.D., of Brigham and Women's Hospital, Boston, and colleagues examined whether physicians receive higher or lower intensity end-of-life treatments compared with nonphysicians.

Non-health maintenance organization Medicare beneficiaries age 66 years or older who died between 2004 and 2011 in Massachusetts, Michigan, Utah, and Vermont were included in this study due to availability of electronic death records and ability to link to Medicare. From Medicare records, the researchers obtained data on 5 validated measures of end-of-life care intensity during the last 6 months of life: surgery, hospice care, [intensive care unit](#) (ICU) admission; death in the hospital; and expenditures. Measures were compared between physicians and the general population (excluding other [health care](#) workers and lawyers), physicians vs lawyers, who are presumed to be socioeconomically and educationally similar, and lawyers vs the general population.

There were 2,396 deceased physicians, 2,081 lawyers, and 665,579 in the general population. In adjusted analyses, physicians were less likely to die in a hospital compared with the general population (28 percent vs 32 percent), less likely to have surgery (25 percent vs 27 percent), and

less likely to be admitted to the ICU (26 percent vs 28 percent). Physicians were also less likely to die in a hospital compared with lawyers (28 percent vs 33 percent), but did not differ significantly from lawyers on other measures.

"The possible reasons physicians received less intense end-of-life care than others could be knowledge of its burdens and futility as well as the benefits and the financial resources to pay for other treatment options, such as palliative care or skilled nursing required for death at home," the authors write.

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Editor's Note: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

In another study, Saul Blecker, M.D., M.H.S., of the New York University School of Medicine, New York, and colleagues compared location of death for physicians with that of other clinicians, non-health care professionals with similar education levels, and the general population.

Although most people report a preference to die at home vs at a medical facility, most deaths occur in a hospital or nursing home. Some articles have proposed that physicians die in a manner more consistent with end-of-life preferences than the general population, although studies on this topic have been lacking.

For this study, the researchers used data from the National Longitudinal Mortality Study, a random national sample of individuals based on U.S. Census Bureau surveys matched to the National Death Index, and

included individuals age 30 to 98 years who died between 1979 and 2011 and excluded those missing the location of death. Decedents were categorized into 4 mutually exclusive categories based on self-report of occupation or education: physician, other health professional (dentist, veterinarian, optometrist, podiatrist, nurse, pharmacist, dietician), other higher education, and all others. Other higher education included decedents not employed in health care who completed 6 or more years of postsecondary education and were therefore comparable with physicians in this marker of socioeconomic status. Two outcomes were assessed: death in an inpatient hospital and, more broadly, death in a facility (i.e., hospital, skilled nursing facility, professional center, physician office, or clinic).

Of the 471,243 decedents in the study, 815 were physicians, 2,635 other health professionals, 15,308 other higher education, and 452,485 all others. The authors found that physicians were slightly less likely to die in a hospital than the [general population](#) (38 percent vs 40 percent), but equally as likely to die in a [hospital](#) as others in health care or with similar educational attainment. In addition, physicians were the least likely group to die at any facility: 63 percent for [physicians](#), 65 percent for other health professionals, 66 percent for other [higher education](#), and 72 percent for all others.

"Our results suggest that familiarity with health care (supported by the subgroup results) and educational attainment may have a small association with experience of [death](#). These results may also be related to socioeconomic differences besides education, which we could not measure, or to differential treatment by clinicians," the authors write.

More information: *JAMA*, [DOI: 10.1001/jama.2015.16976](https://doi.org/10.1001/jama.2015.16976)

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