

Improvements needed in end-of-life care for patients with organ failure

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Historically, efforts to improve end-of-life care have focused primarily on patients with cancer. But few studies have looked at the quality of end-of-life care for patients with other serious illnesses, such as lung, kidney or heart failure or dementia. In a study of patients who died at 146 inpatient facilities within the Veteran Affairs health system, a research team led by investigators from Brigham and Women's Hospital has found that family-reported end-of-life care was significantly better for patients with cancer or dementia than for patients with other serious illnesses. The team's findings were presented today at AcademyHealth's Annual Research Meeting and simultaneously published in *JAMA Internal Medicine*.

"We need to broaden our attention to improve the quality of [end-of-life care](#) for all [patients](#), not just those with cancer or dementia," said lead author Melissa Wachterman, MD, MPH, MSc, an assistant professor of medicine at Harvard Medical School and a physician both in the Department of Psychosocial Oncology and Palliative Care at Dana-Farber/Brigham and Women's Cancer Center and at VA Boston Healthcare System. "Our study shows that while there is room for improvement in the quality of end-of-life care for all patients, this is particularly true for patients dying of heart failure, [chronic lung disease](#) and renal failure."

The study examined medical records and family surveys for more than 34,000 patients who died in the VA health system between 2009 and 2012. The researchers found that patients with end-stage renal disease,

cardiopulmonary failure (congestive [heart failure](#) or chronic obstructive pulmonary disease) and frailty were far less likely to receive palliative care consultations than patients with cancer or dementia. Approximately one-third of these patients died in the [intensive care unit](#), more than double the rates for those with cancer or dementia, and they were less likely to have do-not-resuscitate orders.

In general, the research team found that patients who had been seen by a palliative care doctor - a physician who specializes in symptom management and support around medical decision-making for seriously-ill patients -received better end-of-life care, according to their families.

"Increasing access to [palliative care](#) at the end of life may improve the quality of end-of-life care for those with heart, lung, and kidney diseases - a group that is rapidly growing with the increasing number of aging Americans dying of these conditions," said Wachterman.

More information: *JAMA Internal Medicine*, [DOI: 10.1001/jamainternmed.2016.1200](#)

Provided by Brigham and Women's Hospital

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