

Aggressive care at end of life for advanced lung cancer patients linked to poorer outcomes

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Mary Ersek, Ph.D., RN, FPCN, holds a joint appointment at the Department of Veterans Affairs and Penn Nursing. Credit: Penn Nursing

For patients with advanced cancer, aggressive care—chemotherapy, mechanical ventilation, acute hospitalizations and intensive care unit

admissions—at the end of life is commonplace. Yet until now, little is known about the relationship between patients' and families' satisfaction with this aggressive care within the last 30 days of life.

A new study, from the Department of Veterans Affairs and University of Pennsylvania School of Nursing (Penn Nursing), suggests that such care is not likely to contribute positively to patients' and families' experiences in the final days of [life](#). Furthermore, the study results support the view that aggressive care at the end of life for patients with [advanced cancer](#) is an indicator of poor-quality end-of-life care. The findings of the study are set for publication in an upcoming issue of the journal *Cancer*. A digital version of the study has been published online first and is accessible here. The study was conducted by an interdisciplinary group of investigators led by Mary Ersek, PhD, RN, FPCN, who holds a joint appointment at the Department of Veterans Affairs and Penn Nursing, and Vince Mor, PhD, from Brown University and the Providence VA Medical Center.

The researchers examined the care and outcomes for 847 Veterans with non-small cell lung cancer who died in a VA inpatient setting from 2010-2012. The study described rates of aggressive care and the association of aggressive care with bereaved families' evaluations of care in the final month of life. The investigators found that almost three-quarters of the sample had at least one episode of aggressive care in the last 30 days of life, which they defined as receipt of injectable chemotherapy or [mechanical ventilation](#), or more than two hospitalizations or admission to an [intensive care unit](#). These high rates of aggressive care were not associated with younger age. However, they may have reflected the VA's adoption of "concurrent care," which, unlike Medicare, allows patients to receive disease-modifying treatments along with hospice/palliative care.

The results also show that for Veterans dying in acute care or nursing

home settings, aggressive care was associated with lower overall ratings of care than when patients did not have any aggressive care. However, for patients dying in VA inpatient hospice units, the difference in outcomes were not significant between patients receiving aggressive care and those who did not receive any aggressive care.

"It is important to give patients with advanced illness options for care, including concurrent care. However, we need to be mindful that aggressive care at the end of life is not associated with better patient outcomes, and guide patients accordingly," said Ersek. "Regardless of the treatment that [patients](#) choose, we need to be offering hospice and [palliative care services](#)."

Provided by University of Pennsylvania School of Nursing

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