

Futile hospital treatments cost millions

October 17 2017, by Niki Widdowson



Credit: Queensland University of Technology

Non-beneficial treatment of patients who are at the end of their life costs Australia approximately \$153.1 million a year, a study published in the *British Medical Journal Open* today has found.

- Australia spends an estimated \$153 million on non-beneficial, end-of life hospital [treatment](#)
- 41,000 acute hospital bed days each year given to non-beneficial

treatment

- Scarce health resources should bring largest benefit to patients
- Alternatives to acute hospital stays need to be considered.

The study, led by researchers from The University of Queensland and QUT, analysed the treatment of 907 adult patients who died in three Australian public hospitals over a six-month period in 2012.

Dr Hannah Carter, health economist from QUT and lead author of the article, said that the incidence, duration and cost of non-beneficial treatment varied among the hospitals.

"But we found that, on average, 12.1 per cent of end-of-life patients received non-beneficial treatment during their hospital stay," Dr Carter said.

"For those patients, non-beneficial treatment was provided for an average of 15 days, including 5 days in intensive care.

"If we extrapolate those figures to estimate the national impact of non-beneficial treatment, it comes to 41,222 bed days per year."

Dr Carter said this was the first study to estimate the economic costs of non-beneficial treatment across the whole of a hospital, not just the ICU.

"A total of 55 consultants from many specialities including emergency medicine, internal medicine, oncology, cardiology and palliative care reviewed the cases and indicated the date they believed non-beneficial treatment had begun," she said.

"Our estimates of the number of days of non-beneficial treatment were based on a consensus by these doctors."

Dr Carter said the study did not take into account emotional hardship or pain and suffering to patients and families.

"These aspects would represent additional costs but increasing awareness of the [economic costs](#) may raise support for alternative end-of-life care that reduces both the financial and emotional [costs](#)."

Previous studies by the researchers, led by Professors Ben White and Lindy Willmott from QUT's Australian Centre for Health Law Research identified reasons hospitals might provide non-beneficial treatment.

"Non-beneficial or 'futile' treatment is a value-laden and contested term," Professor Willmott said.

"This treatment can prevent [patients](#) from experiencing a 'good death', cause distress to family and medical staff besides using up scarce resources.

"Our research found hospital-specific factors contributed to variability in provision of non-beneficial treatment including the [hospital](#)'s degree of specialisation, the availability of routine tests and certain treatments as well as organisational barriers to a palliative pathway.

"To ensure the healthcare system remains sustainable it is important that scarce resources are allocated to treatments that deliver the most patient benefit."

Provided by Queensland University of Technology

Citation: Futile hospital treatments cost millions (2017, October 17) retrieved 25 April 2024 from <https://medicalxpress.com/news/2017-10-futile-hospital-treatments-millions.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.