

Study examines racial differences in quality of end-of-life care

October 9 2017

An analysis of survey data found no significant racial differences in various aspects of the quality of end-of-life care, although survey respondents reported deficiencies in the quality of end-of-life care for both black and white patients who died, including unmet symptom needs, problems with communication and less than optimal decision-making, according to an article published by *JAMA Internal Medicine*.

The research letter by Rashmi K. Sharma, M.D., M.H.S., of the University of Washington, Seattle, and coauthors analyzed <u>survey data</u> collected from 2011 to 2015 for the National Health and Aging Trends Study, which provides information on late life functioning using a national group of Medicare enrollees 65 or older.

Of the 1,726 interviews, 1,106 were completed by a family member or close friend of a white (n=825) or black (n=281) patient who died.

According to the results:

Black <u>patients</u> were more likely than <u>white patients</u> to die in the hospital, specifically in the <u>intensive care unit</u>.

Fewer black patients than white patients used hospice services in the last month of life.

Survey respondents for white patients who died were more likely to report the person was not always treated with respect.



About 1 of 5 survey respondents for both black and white patients who died reported that family members were not always kept informed.

While overall ratings of quality of care did not differ significantly, fewer than half of the survey respondents for both black and white patients who died reported the patient had received excellent end-of-life care.

"Nevertheless, that overall care quality was rated good, fair or poor (rather than very good or excellent) for approximately 1 of 5 included decedents adds to previously reported concerns that the quality of end-of-life care may be worsening for older people in general and suggests that improvements are needed for all patients in the United States," the research letter concludes.

More information: *JAMA Internal Medicine* (2017). <u>DOI:</u> 10.1001/jamainternmed.2017.4793

Provided by The JAMA Network Journals

Citation: Study examines racial differences in quality of end-of-life care (2017, October 9) retrieved 20 March 2024 from https://medicalxpress.com/news/2017-10-racial-differences-quality-end-of-life.html

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