

Proxies less likely to use interventions when patients are close to death

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Researchers from Hebrew SeniorLife's Institute for Aging Research (IFAR) have discovered that to begin with, proxies are a fairly accurate judge of the length of life left for their loved one with advanced dementia. Secondly, when proxies have judged that their loved one has less than 6 months to live they are more likely to have discussed goals of care with the health care team, and less likely to agree to burdensome interventions.

The results of this study were published today in the *Journal of the American Medical Association Internal Medicine (JAMA IM)*.

To discover these findings, researchers combined data from two studies which prospectively followed nursing home residents with [advanced dementia](#) and their proxies in the Boston area for 12 months. During quarterly telephone interviews, proxies stated whether they believed the resident they represented would live less than one month, 1-6 months, 7-12 months, or more than 12 months.

Researchers then examined the association between the proxies' prognostic estimates and the receipt of burdensome treatments by the residents, such as hospital transfers, intravenous therapy, tube-feeding, blood draws, and insertions of catheters into the bladder. They found that residents whose proxies believed they would die within 6 months, received fewer of these burdensome treatments compared to residents whose proxies thought they would live longer.

Lead author, Andrea Loizeau MSc, a visiting doctoral student at IFAR from the University of Zurich, explains, "Proxies are reasonably good at estimating when nursing home residents with advanced [dementia](#) will die and their prognostic perceptions may influence the type of care the resident receives."

More information: Andrea J. Loizeau et al, Association of Prognostic Estimates With Burdensome Interventions in Nursing Home Residents With Advanced Dementia, *JAMA Internal Medicine* (2018). [DOI: 10.1001/jamainternmed.2018.1413](#)

Provided by Hebrew SeniorLife Institute for Aging Research

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