

# Study identifies factors for disparities in preoperative goals-of-care documentation rates

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For a cohort of veterans, disparities in preoperative life-sustaining treatment (LST) documentation rates persist based on race and ethnicity,

rurality of residence, and history of mental health disability, according to [a study](#) published online Dec. 19 in *JAMA Network Open*.

Adela Wu, M.D., from the U.S. Department of Veterans Affairs in Palo Alto, California, and colleagues conducted a retrospective cross-sectional study using data from the Veterans Healthcare Administration involving 229,737 veterans who underwent surgical procedures to examine the association of patient- and system-level factors with preoperative LST note documentation or no LST note documentation within 30 days prior to or on the day of surgery.

The researchers found that 5.8% of patients who received surgery completed preoperative LST. Patients who were female, those who were Black or Hispanic, or those from [rural areas](#); those with a history of mental disability; and those who were seen at lowest-complexity facilities tended to complete preoperative documentation less often. Despite the COVID-19 pandemic, patients undergoing surgical procedures completed preoperative LST increasingly more often over time.

Patients of racial or ethnic-minority background and patients from rural regions had lower likelihoods of completing LST compared with white or non-Hispanic patients and those from [urban areas](#) in covariate-adjusted analyses. The likelihood of completing preoperative LST was also lower for [patients](#) with any history of mental health disability.

"Our study reinforces the persistence of racial and ethnic [disparities](#) and highlights other patient-level gaps in goals of care documentation for the surgical patient population," the authors write.

**More information:** Adela Wu et al, Disparities in Preoperative Goals of Care Documentation in Veterans, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.48235](https://doi.org/10.1001/jamanetworkopen.2023.48235)

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