

# Life-sustaining treatment ends sooner for uninsured trauma patients

August 3 2024, by Lori Solomon

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Early withdrawal of life-sustaining therapy (WLST) is more likely among uninsured trauma patients, according to a study published online July 24 in *JAMA Network Open*.

Graeme Hoit, M.D., from the University of Toronto, and colleagues assessed if patient insurance type ([private insurance](#), Medicaid, and uninsured) is associated with time to WLST in critically injured adults treated at U.S. [trauma](#) centers. The analysis included 307,731 patients injured between Jan. 1, 2017, and Dec. 31, 2020.

The researchers found that 4.2 percent of patients underwent WLST during their admission. Earlier WLST was significantly more likely among patients who were uninsured versus those with private insurance (hazard ratio, 1.54) and Medicaid (hazard ratio, 1.47). When excluding patients who died within 48 hours of presentation and after accounting for nonwithdrawal death as a competing risk, findings persisted.

"In this cohort study of U.S. adult trauma patients who were critically injured, patients who were uninsured underwent earlier WLST compared with those with private or Medicaid insurance," the authors write. "Based on our findings, a patient's ability to pay was likely associated with a shift in [decision-making](#) for WLST, suggesting that socioeconomic status affects patient outcomes."

One author disclosed ties to the medical technology industry.

**More information:** Graeme Hoit et al, Insurance Type and Withdrawal of Life-Sustaining Therapy in Critically Injured Trauma Patients, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.21711](#)

Zara Cooper, Does a Patient's Ability to Pay For Health Care Make Their Life Worth Saving?, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.29146](#)

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Citation: Life-sustaining treatment ends sooner for uninsured trauma patients (2024, August 3)  
retrieved 3 August 2024 from

<https://medicalxpress.com/news/2024-08-life-sustaining-treatment-sooner-uninsured.html>

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