

# Potentially burdensome care at the end-of-life for cancer decedents: A retrospective population-level cohort study

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## BACKGROUND

End-of-life-care (EOLC) can be complex to navigate. Multiple hospital, palliative care, community support, patient and clinical factors can influence EOLC quality. Some people with cancer undergo care viewed as 'potentially burdensome' in their last weeks of life (e.g., multiple hospital or intensive care unit (ICU) admissions) that does not significantly improve health and could have a negative impact on quality of life.

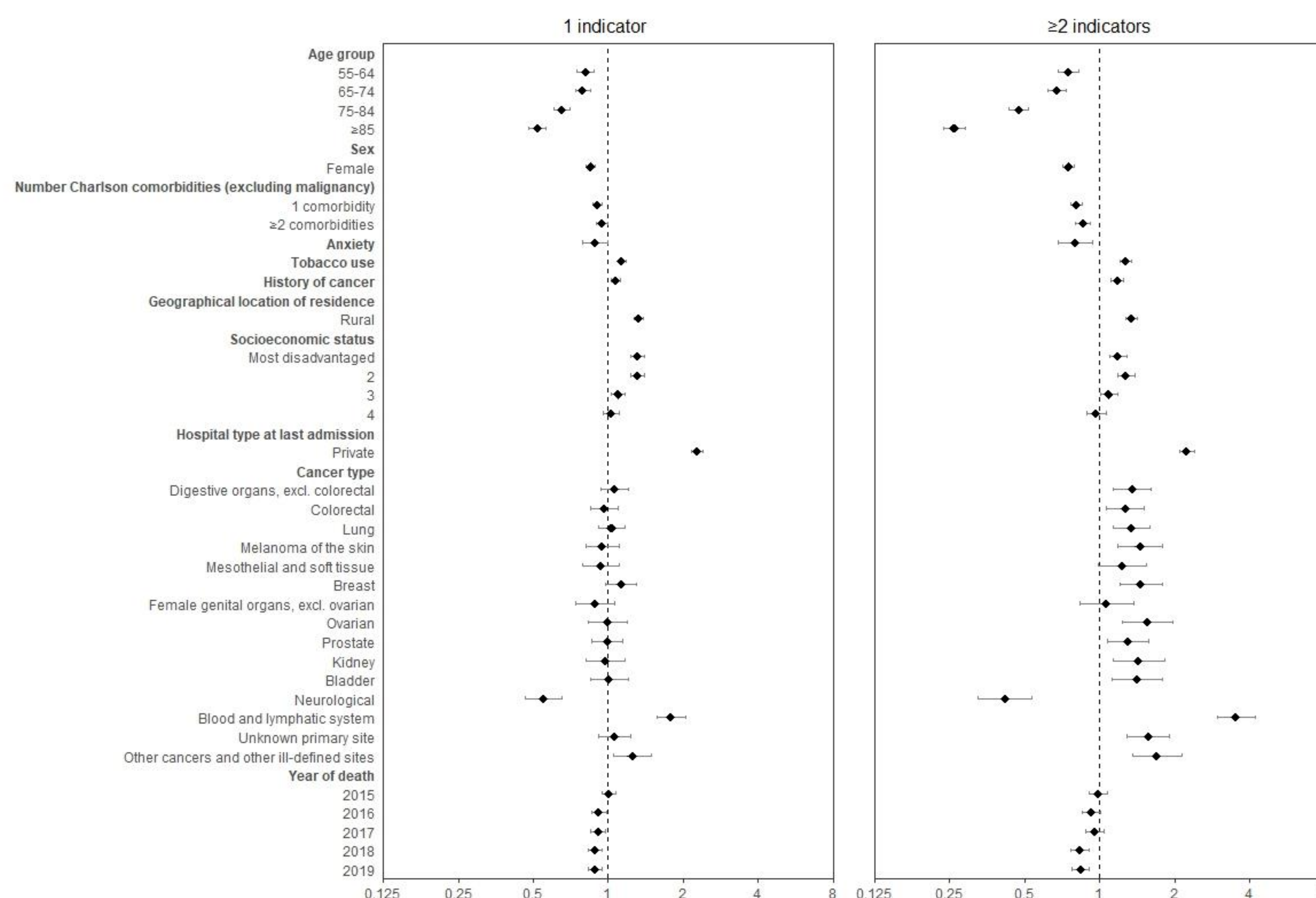
**This study examined factors associated with indicators of potentially burdensome hospital-based care, and use of hospital services in the last 12 months of life for people who had died from cancer.**

## METHOD

A population-based retrospective cohort study of people aged  $\geq 20$  years with a cancer-related cause of death during 2014-2019 in New South Wales, Australia using linked hospital, cancer registry and mortality records. Ten indicators of potentially burdensome care were examined. Multinomial logistic regression examined predictors of a composite measure of potentially burdensome care, derived by summing 4 indicators (scored as 0, 1,  $\geq 2$ ):  $>1$  emergency department (ED) presentation;  $>1$  hospital admission;  $\geq 1$  ICU admission within 30 days of death; died in acute care.

## RESULTS

Of the 80,005 decedents, 86.9% were hospitalised in the 12 months prior to death. The proportion hospitalised were lowest in the 12 months before death (41.3% including and 60.0% excluding palliative care) and highest in the month before death (86.9% including and 86.7% excluding palliative care). The potentially burdensome care composite measure identified 69.1% had none, 20.0% had 1 indicator, and 10.9% had  $\geq 2$  indicators of potentially burdensome care. Compared to having no indicators of potentially burdensome care (Figure 1), people who smoked, lived in rural areas, were most socially economically disadvantaged, and had their last admission in a private hospital were more likely to experience potentially burdensome care. Older people ( $\geq 55$  years), females, people with 1 or  $\geq 2$  Charlson comorbidities, people with neurological cancers, and people who died in 2018-2019 were less likely to experience potentially burdensome care.



Note. Odds ratios.

Reference categories were: Nil composite indicators of potentially burdensome care, 20-54 years, males, nil comorbidities, no history of cancer, urban location, most advantaged socioeconomic status, public hospital, head and neck cancer, and death in 2014.

Figure 1

Multinomial model of characteristics associated with potentially burdensome care at the end of life

## DISCUSSION

Delivering health services at end-of-life creates challenges. Gaining an understanding of the factors that affect potentially burdensome care may allow for service delivery changes to be made to better address these needs.

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