

Factors related with deciding on a place of care for terminal cancer patients after consultation with a palliative care team



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BACKGROUND

- Utilization of hospice palliative care (HPC) is promoted by national policy in Korea.
- However, few studies have sought to identify patterns of HPC utilization among terminal cancer patients.
- We aimed to investigate patterns of deciding on a place of care for terminal cancer patients and factors related therewith after consultation with a palliative care team (PCT).

METHOD

- Retrospective medical records analysis
- 1,028 terminal cancer patients who were referred to the PCT of the National Cancer Center
- January to December in 2010 and 2014
- We compared the characteristics of the patients who decided to utilize HPC units (HPCUs) and those who did not. We also analyzed factors influencing choices for a medical institution and reasons for not selecting an HPCU.
- Descriptive statistics, logistic regression analysis

RESULTS

- The percentage of referred patients who utilized an HPCU was 53.9% in 2014, increasing from 44.6% in 2010.
- The most common reason for not selecting an HPCU was “refusing hospice” (34.9%), followed by being “near death” (34.7%), “poor accessibility to an HPCU” (17.7%), and “caregiving problem” (12.7%).

Table 2 Factors associated with choosing an HPCU

	Adjusted OR (95% CI)	p-value
Year		
2010 ¹⁾	1.00	
2014	1.43(1.10-1.86)	0.007
Age (per 10 years)	1.14(1.03-1.27)	0.012
Patients' awareness of terminal status		
Unaware ¹⁾	1.00	
Aware	1.35(1.04-1.77)	0.026
Caregivers' awareness of terminal status		
Unaware ¹⁾	1.00	
Aware	15.40(2.03-117.00)	0.008

HPCU, Hospice-palliative care units; OR, Odds ratio; CI, Confidence interval.

¹⁾References

Binomial logistic regression analysis with backward selection.

Table 1 General characteristics of the patients

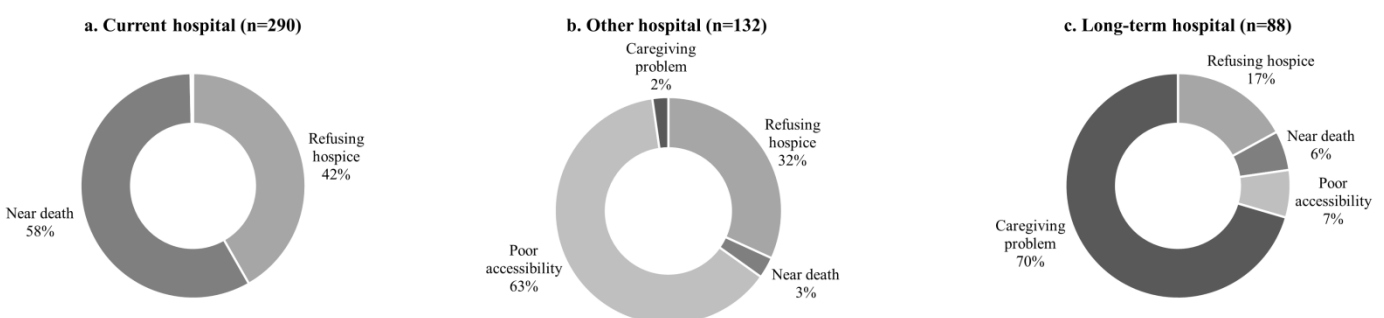
	Total N(%)	HPCU N(%)	Non-HPCU N(%)	p-value
N	1,028	518(50.4)	510(46.6)	
Year				
2010	388(37.7)	173(44.6)	215(55.4)	
2014	640(62.3)	345(53.9)	295(46.1)	0.004*
Age				
Mean±SD (years)	61.0±12.2	61.9±11.8	60.1±12.4	0.017*
Sex				
Male	566(55.1)	287(55.4)	279(54.7)	
Female	462(44.9)	231(44.6)	231(45.3)	0.822
Primary site of cancer				
Lung	250(24.3)	125(24.1)	125(24.5)	
Stomach	142(13.8)	78(15.1)	64(12.5)	
Liver	123(12.0)	62(12.0)	61(12.0)	
Pancreaticobiliary	123(12.0)	68(13.1)	55(10.8)	
Colorectal	112(10.9)	50(9.7)	62(12.2)	
Gynecologic	78(7.5)	39(7.5)	39(7.6)	
Others	200(19.5)	96(18.5)	104(20.4)	0.635
Education				
Middle school or less	455(44.2)	241(46.5)	214(42.0)	
High school or over	559(54.4)	269(51.9)	290(56.8)	0.125
Residential area				
Gyeonggi ¹⁾	618(60.1)	305(58.9)	313(61.4)	
Seoul	218(21.2)	120(23.2)	98(19.2)	
Chungcheong	70(6.8)	39(7.5)	31(6.0)	
Gyeongsang	58(5.7)	24(4.6)	34(6.7)	
Jeolla/Gangwon/Jeju	64(6.2)	30(5.8)	34(6.7)	0.272
Marital status				
Unmarried	247(24.0)	118(22.8)	129(25.3)	
Married	781(76.0)	400(77.2)	381(74.7)	0.346
Having a religion				
No	444(43.2)	220(42.5)	224(43.9)	
Yes	573(55.7)	291(56.2)	282(55.3)	0.696
Interviewee				
Spouse	481(46.8)	240(46.3)	241(47.2)	
Children	393(38.2)	202(39.0)	191(37.5)	
Others	140(13.6)	74(14.3)	66(12.9)	0.799
Patients' awareness of terminal status				
Unaware	369(35.9)	171(33.0)	198(38.8)	
Aware	645(62.7)	345(66.6)	300(58.8)	0.029*
Caregivers' awareness of terminal status				
Unaware	18(1.8)	1(0.2)	17(3.3)	
Aware	988(96.1)	511(98.6)	477(93.5)	< 0.001*

HPCU, Hospice-Palliative care units; SD, Standard deviation.

¹⁾Where the National Cancer Center is located.

*p-value<0.05.

Fig. 1 Reasons for deciding on non-HPCU according to the chosen places of care



CONCLUSION

- Compared to 2010, HPC utilization by terminal cancer patients in Korea increased in 2014.
- Earlier discussion of end-of-life care with patients and family caregivers may help further promote utilization of HPCUs.