Present status of End of Life (EoL) management in Belgian centers: a survey by the BSMO supportive care taskforce.

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Background

1. The ESMO guidelines define EoL as the last weeks and days of a patient with incurable advanced cancer.
2. EoL care should be holistic focusing on symptom control and person-centered assisted by psychological support for patients and their relatives.
3. EoL care should therefore be provided by a multiprofessional palliative care team.
4. Early integration of supportive and palliative care is essential.

Ref: Care of adult cancer patient at the end of life: ESMO Clinical Practice Guidelines. https://doi.org/10.1016/j.esmoopen.2021.100225

Primary objective

Within the BSMO supportive taskforce we wanted to assess EoL management in the Oncology Units in Belgium between 2023 and 2024. We are still recruiting.

Patients and Methods

A structured questionnaire was developed by a writing committee consisting of 1 medical oncologist, 1 general doctor, 1 palliative care specialist, 1 palliative nurse specialist and 2 supportive care specialists. The content was driven by the ESMO, WHO, NCCN Clinical Practice guidelines for EoL management in adult patients. Thirty-seven health professionals received the questionnaire and twelve replied (32%). In total 7 centers from Flanders, 2 from Wallonia and 3 from Brussels participated in the survey.

Results

You will find ***the institution characteristics*** summarized in Table 1. Two thirds of the centers do have a palliative care center, but only a quarter have a separate supportive and palliative center. Most residents are Caucasian followed by Africain Americain and Hispanic and are older than 18 yrs.

Table 1 Institution characteristics

Institution characteristics	Numbers	Percentage
Supportive unit	6	50
Palliative unit	8	66,6
Both	3	25
ESMO designated care center	7	58,3
Type of patients		
Adults	11	91,6
Adolescents	4	33,3
Children	2	16,6
Ethnicity of patients		
Caucasian/white > 80%	10	83,3
African American/Black <10%	7	58,3
Hispanic/Latino <10%	6	50
Asian <10%	5	41,6
Middle Eastern <10%	5	41,6
Other <10%	3	25
North Africain >10%	2	16,6

The number of palliative beds varied between 5 and 14. ***The diagnose of an EoL situation*** is made by different colleagues based on the clinical condition and half of them uses specific tools as mentioned in Table 2.

Table 2 Diagnosis of EoL

How do you diagnose an EoL situation?	Numbers	Percentage
Specific tools	7	58,3
PICT	6	50
PPI	3	25
PPS	3	25
PaP	1	8,3
Collegial decision	11	91,6
Clinical status	10	83,3
Other	4	33,3

Most patients do ask euthanasia, palliative care at home or hospice care at the end of their live. In all hospitals physicians do perform euthanasia on a legal basis, but exact numbers are difficult to specify as shown in Table 3.

Table 3 Euthanasia management

Does your hospital practice euthanasia?	Numbers	Percentage
Yes/No	12	100
Are the legal aspects respected?		
Yes/ yes but	12	100
Who performs euthanasia?		
The responsible physician	11	91,6
Pallative support team	3	25
Any graduate physician	2	16,6
LIEF physician	2	16,6
The general practitioner	1	8,3
How many euthanasias are performed per year in your hospital?		
< 5	2	16,6
1-10	2	16,6
15-30	3	25
90	1	8,3

Palliative sedation is possible in every center and decision is mostly taken by the palliative care team. Patient and family are aware of the decision in 75%. Only 3 centers could give the exact number of palliative sedation occurring in their hospital. See Table 4

Table 4 management of palliative sedation

Does your hospital practice palliative sedation?	Numbers	Percentage
Yes/ NO	100/0	100/0
Who does take the decision?		
Palliative care team	8	66,6
Treating physician	5	41,6
MOC	0	0
Is the patient aware of palliative sedation?		
Yes/ NO	9/3	75/25
Is there a debriefing with the family before?		
Yes/No	9/2	75/16,6
On request	1	8,3
How many palliative sedations ae performed per year?		
> 15	1	8,3
50 or more	2	16,6
Do you involve the general practitioner?		
Yes/ NO	8/2	66,6/16,6

In 41% of the patients ***advanced care planning*** is discussed at disease progression, followed by at request of the patient or at any moment of the disease. See Table 5

Table 5 When do you start advanced care planning?	Numbers	Percentage
At disease progression	5	41,6
At request of the patient	3	25
At any moment	3	25
At the start of the guidance	2	16,6
When PICT is +	2	16,6

Conclusions

Euthanasia and palliative sedation are applicable in every Belgian center, while early advanced care planning only in 16.6%. However different international publications have already shown that it is beneficial for the patient and the health care system to start early with the care planning during disease trajectory.

References

Advanced care planning in oncology: a scoping review and some recommendations. Libert Y et al. Curr Opin Oncol 2023.