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End-of-life care in general practice: a cross-sectional, retrospective survey of 'cancer', 'organ failure' and 'old-age/dementia' patients

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Introduction

Physical, psycho-social and spiritual suffering at the end of life has been increasingly described for archetypal illness trajectory groups such as cancer, organ failure and frailty/dementia. There remains, however, a paucity of research comparing end-of-life *care* between illness trajectory groups. **This study describes and compares GP end-of-life care for patients who died from 'cancer', 'organ failure' and 'old-age or dementia' in the Netherlands.** Specific objectives include estimating and comparing:

1. provision of palliative care by the GP and other palliative care services;
2. importance of cure, life prolongation and palliation in the last week of life, two to four weeks before death, and two to three months before death; and
3. prevalence of GP-patient discussion of ten end-of-life topics and advance care planning.

Methods

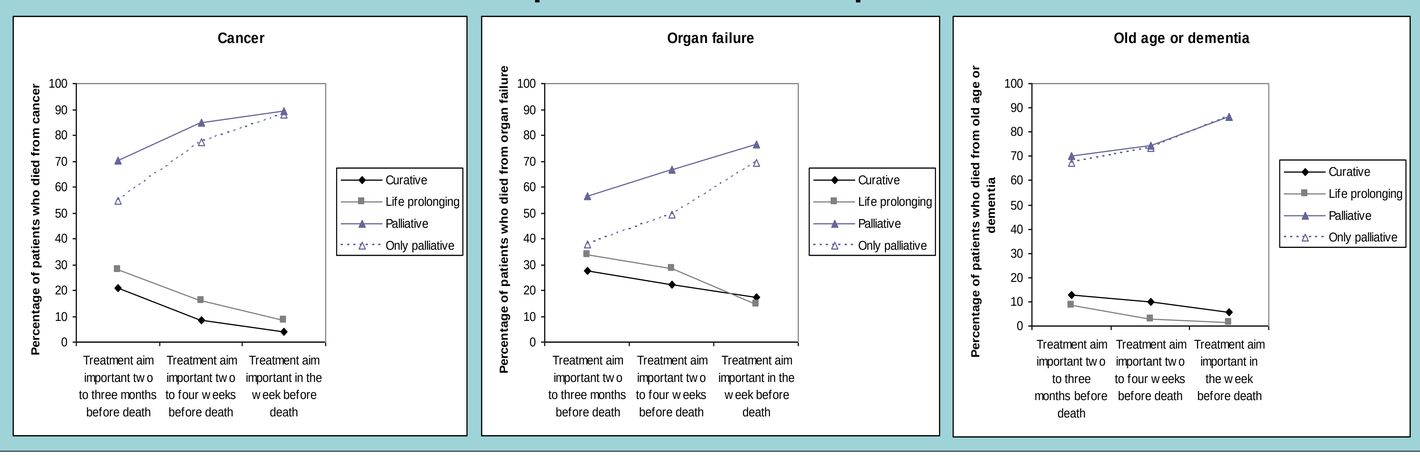
- A cross-sectional, retrospective survey was conducted within a sentinel network of GPs.
- GPs recorded the end-of-life care of all patients who died between January 1st, 2009 and December 31st, 2011 (n=688)
- Differences in care between patient groups were analysed using multivariate logistic regressions performed with generalized linear mixed models.

Results

1. Palliative care provision

- GPs personally provided palliative care for 75% of cancer, 38% of organ failure and 64% of old-age/dementia patients [adjusted OR (CI): cancer (reference category); organ failure 0.28 (0.17, 0.47); old-age/dementia 0.31 (0.15, 0.63)].
- Around a quarter (26%) of cancer, 11% of organ failure and 10% of old-age/dementia patients received care from other palliative care services (such as a palliative care consultant; hospital PCU; nursing home PCU; hospice; or 'other') [adjusted OR (CI): cancer (reference category); organ failure 0.37 (0.15, 0.91); old-age/dementia 0.43 (0.15, 1.25)].

2.Treatment aims important at three time periods before death



3. Discussion of end-of-life topics and advance care planning

- The prevalence of discussion of ten topics (primary diagnosis, incurability of disease, life expectancy, possible medical complications, physical complaints, psychological problems, social problems, spiritual/existential problems, options for palliative treatment and the possible burden of treatments) was highest for cancer, then organ failure and old-age/dementia patients. For example, options for palliative care were discussed with 81% of cancer, 44% of organ failure and 39% of old-age/dementia patients [adjusted OR (CI): cancer (reference category); organ failure 0.17 (0.08, 0.36); old-age/dementia 0.34 (0.21, 0.57)].
- GPs were also more frequently aware of cancer patients' preferred place of death, end-of-life treatment preferences, and surrogate decision-makers, followed by organ failure and old-age/dementia patients.

Conclusion

Comparing illness trajectory groups revealed that organ failure patients received the least palliative care, whereas old-age/dementia patients, the group most likely to lose decision-making capacity, had the least end-of-life discussions and advance care planning.

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