

Journal Watch

Why do patients with cancer visit the emergency department near the end of life?

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Abstract:

Background: For patients dying of cancer, a visit to the emergency department can be disruptive, distressing and exhausting. Such visits made near the end of life are considered an indicator of poor-quality cancer care. We describe the most common reasons for visits made to the emergency department during the final six months of life and the final two weeks of life by patients dying of cancer.

Methods: We performed a descriptive, retrospective cohort study using linked administrative sources of health care data.

Results: Between 2002 and 2005 in Ontario, 91 561 patients died of cancer. Of these, 76 759 patients made 194 017 visits to the emergency department during the final six months of life. Further, 31 076 patients made 36 600 visits to the emergency department during the final two weeks of life. In both periods, the most common reasons were abdominal pain, lung cancer, dyspnea, pneumonia, malaise and fatigue, and pleural effusion.

Interpretation: Many visits made to the emergency department by patients with cancer near the end of life may be avoidable. An understanding of the reasons for such visits could be useful in the development of dedicated interventions for preventing or avoiding their occurrence.

Comments:

Strengths/uniqueness:

Strong study with large sample size to look at the various reasons for advanced cancer patients presentation to the ER setting.

Respiratory related symptoms seem to become more prominent in the final 2 weeks of life.

Weaknesses:

The study is noted to be retrospective and based on administrative data .

Overlap of reasons for ER visit(e.g dyspnea and pleural effusions) were present.

The use of the ICD system and listing of cancer diagnosis does not reflect the actual symptoms driving the patients to seek medical attention in the ER.

The issue of one diagnosis per visit gives limited information and makes the study unable to reflect on the multiple symptoms that patients are encountering and consequently pain Crisis was not well reflected in the data.

Relevance to Palliative Care:

The ER visits could reflect the difficult transition period that patients endure, whether the goals of care been established or the symptoms are stable or if sufficient community supports are in place.

Impeccable symptom control is crucial. One could hypothesize if direct transfer to palliative units/ hospices/ specialized units from the ER is helpful or even possible.

The possibility of adequate caregiver education or psychosocial interventions can increase the threshold for the patients and families, presenting to the ER.