

## Journal Watch

### Why do Patients with Cancer visit the Emergency Department near the End of Life?

Presented by: Dr. Fainsinger on the Tertiary Palliative Care Unit at the Grey Nuns Hospital, May 6, 2010.

Reference: Lisa Barbera MD MPA, Carole Taylor MSc, Deborah Dudgeon MD . Canadian Medical Association Journal , 2010 Apr 6;182(6):563-8

**Abstract:** 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.

#### Strengths

This is a large database study that provides compelling evidence that large numbers of cancer patients visit emergency departments near the end of life.

#### Weaknesses

Limitations mostly relate to the concerns about the accuracy of information collected in provincial & national databases. In particular the reason the patient &/or family chose to go to the ED would be more accurate in a prospective research design.

#### Relevance

It is very interesting to consider how an integrated palliative care service delivery model would impact on ED visits. In a similar study in the Edmonton area we would expect to see decreased ED visits since the introduction of the Regional PC Program & decreased visits when compared to other similar locations lacking this level of service options.