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Patterns in place of cancer death in the state of Qatar: A population-based study

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Background: International studies show that most people prefer to die at home. This study aims to investigate the patterns in Place of Death (PoD) for cancer patients at the State of Qatar.

Method: Retrospective, population-based study analyzing all registered cancer deaths in Qatar between January 1, 2006 and December 31, 2012 (n=1,224). Patient characteristics: Age, gender, nationality, cancer diagnosis, year of death, and PoD were analyzed. Time trends for age-standardized proportions of death in individual PoDs were evaluated using chi-square analysis. Odds ratio (OR) were determined for variables associated with the most preferred (acute palliative care unit [APCU] and hematology/oncology ward) versus least preferred (ICU and general medicine ward) PoDs in Qatar, stratified by nationality.

Results: The hematology/oncology ward was the most common PoD (32.4%) followed by ICU (31.4%), APCU (26.9%), and general medicine ward (9.2%). APCU trended upward (+0.057/year; p<0.001), while the hematology/oncology ward trended downward (20.055/year; p<0.001). No statistically significant changes occurred in the other PoDs; home deaths remained low (0.4%). Qataris who died from liver cancer (OR 0.23) and aged 65 or older (OR 0.64) were less likely to die in the APCU or hematology/oncology ward (p<0.05). Non-Qataris who died from pancreatic cancer (OR 3.12) and female (OR 2.05) were more likely to die in the APCU or hematology/oncology ward (p<0.05). Both Qataris and non-Qataris who died from hematologic malignancy (OR 0.18 and 0.41, respectively) were more likely to die in the ICU or general medicine ward (p<0.05).

Conclusion: A high percentage of cancer deaths in Qatar occur in hospital. As home was the preferred PoD for most people, effective home care and hospice programs are needed to improve end-of-life cancer care.

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Spiritual support: Its role in the care of terminally ill cancer patients in Kenya

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Background: Understanding the needs of patients and carers in different cultural contexts can give valuable insights & comparisons that can inform the planning of cancer services in each context. In developing countries, physical needs often go unmet while in developed countries nonphysical needs (psychological, social and spiritual) go unmet. Despite physical suffering many patients receive hope and comfort from their religious beliefs and church friends and are able to make sense of their lives in spiritual terms and hence cope with death.

Aim: To understand the spiritual needs and care of cancer patients.

Methods: A quantitative study conducted on 245 patients with terminal cancer at four public hospitals in Kenya from 4 different geographical & cultural settings and 8 faith Based community leaders from the same locations. Spirituality in terms of meaning, peace and faith as well as acceptance of illness by the patient & family were measured and analyzed by Pearson's Correlation (r) against Quality of Life (QoL) using FACIT-Sp Tool-Quantitative. Total Physical Wellbeing was used to compare and put in context the spiritual parameters which are often covert.

Results: Faith based organizations were linked to patients through self referrals and pastoral hospital & home visits. They in turn referred patients to hospitals, hospices, Chinese herbal clinics & professional counselors. Faith based community leaders recommended training and availability of information on palliative care to spiritual leaders.

Conclusion: Provision of spiritual care can address many factors influencing pain that may in turn reduce the physical suffering of the patient. The pastoral carer may become aware of inadequate symptoms management & may be able to redress this situation by bringing it to the attention of the nursing or medical staff.

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