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ACCURATE PROGNOSTIC AWARENESS FACILITATES, WHEREAS BETTER QUALITY OF LIFE AND MORE ANXIETY SYMPTOMS HINDER END-OF-LIFE DISCUSSIONS

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Context: Despite growing evidence of the benefits of EOL-care discussions to initiate such discussions early in the advanced cancer trajectory, terminally ill cancer patients either don't engage in EOL-care discussions or do so only when death is imminent. Most existing studies on patient-reported EOL-care discussions are cross-sectional without exploring the evolution of EOL-care discussions as death approached. Cross-sectional studies also cannot disentangle the impacts of EOL-care discussions on patients' prognostic awareness, psychological well-being, and quality of life (QOL) or whether these factors facilitate/hinder EOL-care discussions. Therefore, the purpose of this study was to explore the evolution of patient-physician EOL-care discussions over cancer patients' last 6 months and to identify factors precipitating or hindering such discussions by arranging time-variant modifiable variables and EOL-care discussions in a distinct time sequence.

Methodology: We examined the evolution and associations of accurate prognostic awareness, functional dependence, physical and psychological symptom distress, and QOL with patient-physician EOL-care discussions among 256 terminally ill cancer patients in their last 6 months of hierarchical generalized linear modeling with logistic regression.

Findings: The prevalence of physician-patient EOL-care discussions increased as death approached (9.2%, 11.8%, and 18.3% for 91-180, 31-90, and 1-30 days before death, respectively) but only reached significance in the last month. A higher likelihood of subsequent physician-patient EOL-care discussions were precipitated by a previous wave of patient-reported accurate prognostic awareness, but hindered by a previous wave of better patient QOL and more anxiety symptoms. Levels of physical symptom distress, functional dependence, and depressive symptoms were not associated with the likelihood of EOL-care discussions.

Conclusion/Significance: Physician-patient EOL-care discussions for terminally ill cancer patients remain exceptional even when death approaches. Physicians can promote EOL-care discussions with cancer patients by cultivating their accurate prognostic awareness early in their disease trajectory when they are physically and psychologically competent, with better QOL.

Biography

Siew Tzuh Tang has her expertise in understanding prognosis awareness and preferences of EOL care of terminally ill cancer patients and their family caregivers and longitudinal impact of changes of prognosis awareness and preferences of EOL care on patients' psychological well-being and quality of life, changes in physician-patient EOL discussion during terminally ill cancer patients' dying process and its impact on subsequent aggressive or hospice care received before death, family caregivers' caregiving burden, EOL-care decision conflicts and their impact, and how bereaved family caregivers use internal and external resources to overcome challenges during their loved one's dying process and in bereavement.

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