

End-of-life decision-making of terminally ill cancer patients in a tertiary cancer center in Shanghai, China

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BACKGROUND: Different countries have various decision-making practices, which are formalized according to laws, rules, traditions, religious beliefs, and ethical views of different cultural backgrounds. We investigated the characteristics and factors associated with the decision-making details in terminally ill cancer patients in a tertiary cancer center in Shanghai, China.

HYPOTHESIS: This study reflected some Chinese characteristics for decision-making at the end of life among advanced cancer patients. More prospective studies focused on specific end-of-life (EOL) issues are required to improve the quality of EOL care.

METHODS: A single center, retrospective study was performed among advanced cancer patients who died between March 2007 and December 2013 in ward at Palliative Care Unit, Fudan University Shanghai Cancer Center

RESULTS: Of 436 patients' EOL discussions, 424 (97.2 %) occurred between family caregivers and physicians. The main decision-maker was in the following order: spouse (45.6 %), off springs (44.3 %), parents (3.2%), son-/daughter-in-law (1.8%), and relatives (1.4%). 221(47.3 %) patients received at least one of six life-sustaining treatments. One hundred eighty-four (40.4 %) patients continued artificial nutrition and hydration (ANH) until death. Cardiopulmonary resuscitation (CPR) was performed in 26 patients (6.0 %). Two hundred fourteen (49.1 %) patients received vasopressors before death. Only two patients received mechanical ventilation and only one patient received tracheostomy. The median time interval since the decision made till death was 20.17 h (95 % CI=18.94–21.40, range 4.3 to 70.2 h). Patients who were older than 65 years old were less likely to undergo an intensive procedure (AOR=0.559, 95 % CI=0.367–0.852, p=0.007). Patients living in urban settings (AOR=2.177, 95 % CI=1.398–3.390, p=0.001) were more likely to undergo an intensive procedure in the EOL period.