



**Service Priorities and Programmes
Electronic Presentations**

Convention ID: 1042

Submitting author: Dr Chi Leung CHIANG

Post title: Resident Specialist, Tuen Mun Hospital,

Association between Advance Directive and Aggressiveness of End-of-Life Care

Chiang CL, Chan CH, Lo SH, Sze WK, Tung Y

Department of Clinical Oncology, Tuen Mun Hospital

Keywords:

Advance directive

End-of-life care

Aggressiveness of end-of-life care

Introduction

Advance directive (AD) have been introduced for decades in western countries. Recently, there were some data suggested its feasibility also in local practice. Despite these, it was still hard to widely implement in our current medical system. Part of the reason is the impact of AD on patient's quality of end-of-life (EOL) care and medical resources utilization remains largely unknown.

Objectives

The objective of this study is to evaluate the association between AD and aggressiveness of EOL care.

Methodology

We retrospectively reviewed data of advanced cancer patients under palliative care service of Tuen Mun Hospital who died in 5-2009. Our main outcome was aggressiveness of EOL care, which was examined by a composite measure adapted from Earle et al. This variable was assessed by six indicators in the last month of life: use of chemotherapy, more than one emergency room visit, more than one hospital admission, more than 14 days of hospitalization, an intensive care unit (ICU) admission, or death in a acute hospital. Scores range from 0 to 6, with higher scores indicating more aggressive EOL care.

Result

Among 73 consecutive patients evaluated, the mean composite score for aggressiveness of EOL care was 1.39 (mean) \pm 1.15 (standard derivation, SD). 51 patients (77%) received at least one marker of aggressive EOL care. 43 patients (58%) with AD engaged, while 31 patients (42%) were not. Median time of engagement of AD before death was 29 days (IQR: 10-71). There is a trend suggestive the aggressiveness of EOL care was lower for the patients with AD engaged compared with those have no AD engaged. (Mean composite score: AD 1.21 \pm 1.13 (SD) vs no AD 1.65 \pm 1.17) (p=0.1) Conclusion There is a trend suggesting patients with AD engaged are more likely to receive less aggressive EOL care and better utilization of medical resources.