END OF LIFE CANCER CHEMOTHERAPY: A RETROSPECTIVE STUDY DURING INTENSIVE CARE UNIT (ICU) STAY

Reis Neto, JP¹ and Busch, JM²

¹CEO, ²Director - CAPESESP - Caixa de Previdência e Assistência dos Servidores da Fundação Nacional de Saúde, Brazil

INTRODUCTION

Over the last decades, the advance on oncologic treatment is related to increased rates of intensive care unit (ICU) admission. In many cases, due to extensive disease and related complications, chemotherapy is prescribed during ICU stay in critically ill cancer patients and some of them died during the stay. (1,2) Intensive care units (ICU) focus on survival, which may not be an appropriate setting to provide palliative care (PC) as needed by cancer patients and families. End-of-life (EoL) care is a major step in the course of a cancer patient’s illness that requires specific skills to enable improved quality of life, comfort, and optimum family support. Most cancer patients die after a long illness causing progressive deterioration, but some may occasionally experience a sudden deterioration leading to a transfer to the intensive care unit (3). The critical care for oncologic patients, does not differ from other pathologies. The ICU is a resource-intense environment where new drugs and devices, expensive technologies, and specialized clinical and palliative care contribute to health care expenditures.

OBJECTIVE

This study analyzes patients who receive chemotherapeutic agents near the end of life and were admitted to ICU four weeks prior to death.

METHODS


Variables:

a) Categorical: Patients who received chemotherapy.
b) Expenses: Inpatients expenditures and outpatient cost of treatment. Proportion of total expenses with chemotherapy and others.
c) Beneficiaries: age and sex.

Simple descriptive statistics of numbers, percentages, averages and standard deviation. Comparative analysis between groups (t-test and Wilcoxon) using SS Statistics©2017 (p <0.05; 95% CI).

RESULTS

73 individuals included (45 men, mean age 68.2 ± 2.7 years; 28 women, 63.4 ± 5.5 years), of whom 34.2% used the ICU in the last 30 days of life, 27.4% in the last 2 weeks of life and 15.1% died in the ICU. The median length of stay in the ICU was 7 days. The average annual cost of these patients was US$ 61,951 (US$ 36,055 - US$ 87,847, CI 95%). US$ 34,909 higher, when not admitted to the ICU.

CONCLUSIONS

Reports show that approximately 5% of critically ill patients with cancer receive chemotherapy during their ICU stay, in many cases related to poorer quality of life. We usually find high-volume centers and hospitals without palliative care, units which reported greater-than-average rates of chemotherapy near the end of life. (3) Our major challenge is to find reliable prognostic tools that will strike the right balance between delivering critical care to cancer patients who will benefit from intensive care and who won’t. Admissions to the ICU in the last month of life are further indicators of poor quality of care. Reducing the costs of health care in general, and intensive care in particular, should be a priority for physicians, hospital administrators, and policy makers.

REFERENCES