QUALITY OF END-OF-LIFE CARE OF PATIENTS WITH LYMPHOMA: A RETROSPECTIVE ANALYSIS

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Introduction: Available data regarding the quality of end-of-life care for patients with hematologic malignancies is relatively scarce. That is also the case at the Institute of Oncology Ljubljana (OI) and country, while multiple analyses were carried out concerning solid malignancies.

Methods: 53 patients with lymphoma that died at OI in 2014 were included in the study. The quality of care in the final 30 days was assessed by using the following indicators of inappropriate, aggressive treatment in that period: days of hospitalization, intensive care unit (ICU) admissions, share of deaths at the ICU and systemic cancer therapy (SCT) use. Indicators of predicted survival, which enable recognition of the end-of-life condition, were also analyzed. The results were compared with the available data on quality of care of patients with solid tumors.

Results: In the final 30 days, 28 out of 53 patients (52,8% vs. 43,1%) received SCT, 15(28,3 % vs. 5,9 %) were treated at the ICU, 11(20,8% vs. 3,5 %) also died at the ICU. There were on average 20,2 days (vs. 13,0 days) of hospitalization. The analysis showed that most of the patients had indicators of short survival (presence of systemic chronic inflammation): 31 out of 36 patients (86,1%) had albumins below 35 g/l, 51 out of 52 patients (96,2%) had CRP over 10 g/l. Glasgow index (GI) could be determined for only 35 patients. 2(5,7%) had GI 0, 4(11,4%) had GI 1, and 30(85,7%) had GI 2. WHO performance status (PS) was noted for 36 patients, PS was 2 or less for 12 33,3% vs. 78%) PS 3 or 4 for 24(66,7% vs. 22%). Only 8 patients were included in palliative care (15,1% vs. 5,9 %). End-of-life patients also received blood replacement products: red blood cells in 50,9%, platelets in 34%, and fresh frozen plasma in 8% of the cases. 81,1% of the patients received antibiotic treatment.

Conclusion: The results shows that patient care was carried out according to principles of standard curative medicine, including frequent laboratory tests, administration of numerous medications, and the continuation of SCT, in spite of the presence of objective indicators of irreversible damage to vital systems. At that stage that kind of treatment is pointless and harmful, while symptoms, psychosocial needs of the patients and their close ones in the end-of-life period are not considered.