

Dying trajectory in the last year of life: Does cancer trajectory fit other diseases?

Teno JM, Weitzen S, Fennell ML, Mor V. J of Palliative Medicine 2001; 4(4):457-464.

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Abstract:

Purpose: To examine differences in the pattern of functional decline among persons dying of cancer and other leading non-cancer causes of death.

Design: Mortality followback survey of next of kin listed on death certificate.

Setting: Probability sample of all deaths in the United States.

Participants: Next of kin for 3,614 decedents that represented 914,335 deaths.

Measurements: Days of difficulty with activities of daily living and mobility in the last year of life.

Results: Relative to other decedents, patients with cancer experienced an increased rate of functional impairment beginning as late as 5 months prior to death. For example, only 13.9% of patients with cancer had difficulty getting out of bed or a chair 1-year prior to death. This increased from 22.2% to 63.0% in the last five months of life. In contrast, decedents from other disease had higher rates of functional impairment 1 year prior to death (approximately 35% had difficulty getting out of bed or chair) and they manifested a more gradual increase in the level of functional decline (approximately 50% had difficulty getting out of bed). Precipitous functional decline was associated with hospice involvement and dying at home.

Conclusion: Persons dying of cancer experienced sharp functional decline in the last months of life whereas other decedents' have a more gradual decline. The more precipitous functional decline was associated with hospice involvement and dying at home.

Comments:

Strengths/uniqueness: This is a well described study that is easy to follow, and uses data from a large national representative data base.

Weaknesses: The use of potentially inaccurate proxy reporting and secondary analyses of existing national data that is already 9 years old.

Relevance to Palliative Care: This report confirms the difficulty of anticipating prognosis in non-cancer palliative populations, and the need for criteria that are different to palliative cancer populations. It is also a reminder of the challenge of incorporating non-cancer populations into palliative care programs.