

## Eli's Hospice Insider

### STUDIES: Racial Disparities Impact End-of-Life Care

Black patients are more likely to express trust on God's will.

Black cancer patients may find that their dying wishes aren't heeded as frequently as their white counter-parts.

A new study from Boston-based Dana-Farber Cancer Institute found that black cancer patients' end-of-life treatment preferences were followed less frequently than white patients.

White patients who asked to receive aggressive end-of-life care were three times more likely to receive it than black patients with the same requests, according to a release from the Institute.

Meanwhile, some black patients who asked not to be resuscitated or put on a ventilator received this treatment anyway and died in an intensive care unit. "End-of-life care discussions appeared to be more effective in ensuring that white patients' treatment preferences were honored," said **Holly Prigerson, PhD**, senior author of the report in *The Journal of Clinical Oncology*.

"We are not saying that black treatment preferences were ignored," she emphasized in the release. "Black patients did want, and did receive, more aggressive care than whites. The disparity was in the effect of treatment preferences on care received -- not that black preferences didn't matter."

#### Poor Communication Results in DNR Confusion

The study aimed to dig deeper into reported racial disparities in end-of-life care, such as the use of hospice and the use of intensive lifesustaining treatments.

"None of the white patients who reported the completion of a do-notresuscitate order, or a DNR, order at baseline subsequently received intensive care in the last week of life," said Prigerson in the release.

"This did not prove to be the case for black patients. DNR orders did not significantly protect black patients from intensive end-of-life care in this study."

Researchers found that the disparity in advance directives adherence along racial lines may be the result of interruptions in the chain of communication. The study found that DNR orders sometimes fell through the cracks with black patients as their care givers changed over the course of their illness -- a situation that seemed to occur less frequently among whites.

Without documentation, doctors were more likely to take life-saving measures, Prigerson said in the release.

Data showed that blacks were more likely to request intensive endof-life care, and less likely to complete a DNR order. Black patients were also more likely to be "positive religious copers" --believing that God would ultimately decide their fate.

Researchers called on oncology care providers to improve communication with their black patients to help make certain that patients understand the risks and benefits of intensive care and to better inform providers of their patients' wishes.