DIFFERENCES IN REFERRAL PATTERNS TO THE PALLIATIVE CARE TEAM AMONG SPECIALIZED PHYSICIANS IN PATIENTS WITH TERMINAL CANCER

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BACKGROUND

The importance of Hospice & Palliative care for patients with terminal cancer is well-established. Hospice & Palliative care aims to improve the quality of life of patients with non-curable cancer and their families by addressing physical, psychological, social, and spiritual suffering. However, access to Hospice & Palliative care services is variable, and many patients do not receive palliative care. This study aimed to investigate potential variations in referral patterns to the palliative care (PC) team and differences in end-of-life care patterns among specialized physicians in patients with terminal cancer.

METHODS

This single-institution retrospective observational study was conducted at Chonnam National University Hwasun Hospital (CNUHH). All terminal cancer patients referred to the Palliative Care (PC) team of the Regional Hospice Center at CNUHH between January 2020 and December 2021 were identified and considered eligible for inclusion. Patients were excluded if adequate records were unavailable (e.g., lost to follow-up or received care outside of CNUHH for prolonged periods).

We categorized specialized physicians into two groups: medical oncologists (MO) and non-medical oncologists (NMO), which include hematologists, gastroenterologists, surgeons, and radiation oncologists.

The data from their medical records were analyzed descriptively. Chi-square or Fisher’s exact tests were used to determine differences in demographics, reasons for PC consultation, clinical factors, and end-of-life (EOL) care patterns among specialized physicians who made referrals to the PC team.

RESULTS

We conducted an analysis on a cohort of 1710 patients, comprising 1130 referrals from Medical Oncologists (MO) and 580 from Non-Medical Oncologists (NMO). Patients in the NMO group exhibited a lower level of Prognostic Awareness (PA) concerning their terminal cancer status when compared to those in the MO group. Specifically, 44.7% of patients in the MO group and 16.2% of patients in the NMO group had accurate PA (p=0.014). Patients referred for PC consultation by an NMO group had a significantly lower rate of advance directive completion compared to those referred by an MO group (35.4% vs 8.9%, p<0.001) (Figure 1).

The median survival time from the last active cancer treatment to death did not differ significantly between the groups: 69 days for all patients, 70 days for the MO group, and 67 days for the NMO group (p = 0.156).

Non-medical oncologists were observed to have delayed referrals to the palliative care team after discontinuation of active treatment compared to medical oncologists: 48 days for the NMO group and 30 days for the MO group (p<0.001), indicating a delay in the transition to palliative care.

The median survival duration after Palliative Care (PC) consultation differed significantly: 23 days for all patients, 29 days for the MO group, and 14 days for the NMO group (p = 0.00). After the planning of Advance Directives, survival time was extended to 22 days for all patients, with a notable difference between the MO and NMO groups (27 vs. 17 days, p = 0.00).

CONCLUSIONS

There was significant variation in referral patterns to the PC team according to a division of physicians. It was evident that patients referred from NMO group had lower levels of prognostic awareness (PA) in comparison to patients referred from MO group. Additionally, late referrals to the PC team were noted within the NMO group. These findings underscore the importance of enhancing education and training in palliative care for non-medical oncologists.