Comparison of Health Care Utilization and End of Life Care Provided for Cancer and Non-cancer Elderly Patients at Department of Medicine Siriraj Hospital

Tanchanok Chattaris¹
Varalak Srinonasert¹
Sutisa Pitiyarn¹
Patumporn Suraarunsumrit¹

¹Division of Geriatric Medicine, Department of Medicine, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand

**Background:** Advanced chronic disease and cancers are major causes of death among the elderly. Appropriate palliative and end of life care for them would enhance death without suffering and potential reduction of health care costs. Nonetheless, studies on end of life care provided for Thai elderly, with comparison between cancer and non-cancer patients, are limited.

**Methods:** A retrospective cohort review of elderly patients at least 60 years admitted and discharged alive in 2013 was investigated. The patients were selected and classified into cancer group and non-cancer groups, according to the criteria of advanced disease. Health care utilization and advance care planning (ACP) documentation were collected. The comparison between both groups was performed.

**Results:** There were 510 elderly patients (334 of metastatic cancer cases and 176 of advanced stage non-cancer cases). Non-cancer patients had more unplanned OPD/ER visits within 6 months before admission, compared to cancer patients (60.2% in the non-cancer group vs 48.5% in the cancer group, p=0.012 with median number of 1.4 visits in the non-cancer group vs 0.9 visit in the cancer group, p<0.001). ACP documentation before admission was conducted in 38.6% of the non-cancer patients and 10.5% of the cancer patients (p<0.001). In the cancer group, the mean number of admission was higher; whereas, the median length of hospitalization was lower, compared to the non-cancer group (1.6 and 2.8 admissions, respectively (p<0.001), with 11 days and 5 days, respectively (p<0.001)). Moreover, the non-cancer patients had higher rate of invasive procedures (p<0.001).

**Conclusion:** In the non-cancer group, health care utilization, especially invasive procedures, is higher. It might be more appropriate to pursue treatments with the aim for quality of life. Palliative care and advance care planning should be considered in routine practice for caring of elderly patients with advanced stage of illnesses.

**Keywords:** Palliative Care, Advance Care Planning, Cancer and Non-Cancer, Elderly Patients