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# End-Of-Life Care Talks Better For Patients And Budgets

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Conversations about end-of-life care between patients and clinicians can increase quality of life for the patient and could cut tens of millions of dollars in national healthcare expenditures.

Investigators from the Dana-Farber Cancer Institute, Boston, looked at costs for the final week of life for 603 advanced-cancer patients. A total of 188 patients had had discussions about end-of-life care with their physicians; 415 had not. They found that people who did not have that talk with their doctor had an estimated average of \$2917 in healthcare expenses during the final week of life— 36% higher than the estimated average of \$1876 for patients who did have the end-of-life conversation.

These higher costs were typically the result of more intensive, life-prolonging care, yet patients who received intensive care usually didn't live longer. The higher costs were also associated with a worse quality of death in the final week.

“We refer to the end-of-life discussion as the multimillion-dollar conversation because it is associated with shifting costs away from expensive, burdensome, noncurative care, like being on a ventilator in an ICU, to less costly comfort care provided at home or in hospice, which most patients and their families say they would prefer,” noted Dana-Farber's Holly Prigerson, PhD. Dr Prigerson was the senior author of the study, which appeared in *Archives of Internal Medicine* (Zhang B, et al. *Arch Intern Med.* 2009;169:480-488).