

Late diagnosis is major factor in hospital cancer deaths

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Late cancer diagnosis in Northern Ireland contributes to hospital deaths despite patient's preference to die at home according to a major report launched at Queen's University Belfast.

The study conducted by the Northern Ireland Cancer Registry and funded by the Ulster Cancer Foundation found that while patients who die in hospital with cancer are very ill, late diagnosis of their cancer is a major factor in hospital cancer deaths here. This is the first ever study in Northern Ireland specifically investigating why cancer patients die in acute hospitals.

Over half of patients recorded preferred to die at home, yet in Northern Ireland the majority (45 percent) of cancers deaths occurred in hospital and only a third of patients died at home (12.5 percent die in hospices and 8 percent in nursing/residential or care homes).

Why Cancer Patients Die in Acute Hospitals examined patient hospital records for 695 cancer patients who died in hospital in the last six months of 2007. It investigated the time from diagnosis to death as well as the preferred place of death in comparison with actual place of death.

The report found the following:

- Over a quarter of all deaths in Northern Ireland are due to cancer, accounting for approximately 4150 deaths per year.
- The average age of patients who had cancer and died in hospital was 74 years.
 The average time from diagnosis to death was 4 months with one third dying within one month of diagnosis.
- Cancer registry data shows that overall in 2007 one in eleven of all cancer patients died within one month of diagnosis, which

points to a general problem of late diagnosis of cancers.

- Most of the late diagnoses were cancers of the lung or digestive organs and were more likely to occur in older, non-partnered patients.
- Almost forty per cent of patients who died in hospital, had specifically requested to return to their usual residence. For three-quarters of cases, their condition deteriorated and a return to home was not possible. There was a lack of a suitable bed for 12.4 percent and the necessary care package was not in place for 4.9 percent. 3 percent lacked the required family support.
- The proportion of cancer patients dying at home has decreased significantly from 38.1 percent (1983-1992) to 32.1 per cent in 2003-2007, however more now die in nursing homes which in many cases is their home.
- Cancer deaths occurring at home varied significantly across Local Government Districts and ranged from 24 percent in Newtownabbey to 46.9 per cent in Magherafelt. There was a similar significant variability in the proportion of hospital deaths by Local Government District, which ranged from 36.3 per cent in Strabane to 62.9 per cent in Ballymoney.
- A cancer death at home was more likely for males, patients that were partnered, patients from deprived backgrounds and younger patients.
 The report also makes a number of recommendations, which include:
- A major initiative to improve earlier recognition of cancer symptoms among



both the public and healthcare professionals.home honoured. This research was funded by

 Nursing homes should be specifically targeted for training in early recognition of cancer symptoms and have strategies developed to enable residents with cancer to die in their preferred place of death. donations from the Northern Ireland public. Our supporters can be assured that their generosity is making a real difference now and in the future"

More information: For more information go to www.qub.ac.uk/research-centres/nicr/

 For the approximate 20% of patients whose condition would have allowed a return to usual residence (to die in their place of preference), efforts should be enhanced to ensure facilities and resources in the community are available to support patients and their carers.

Provided by Queen's University Belfast

- Further work is recommended to study what helps to facilitate a home death for cancer patients nearing end of life.
- The report highlights the importance of the recommendations made within the 2010 Palliative and End of Life Care Strategy for Northern Ireland (DHSSPS, 2010) and recommends that these should be included in training and in appropriate protocols for professionals who work with cancer patients.

Dr Anna Gavin, Director of the Northern Ireland Cancer Registry said: "The findings of this study are significant as they identify the good work that is ongoing in palliative care but also highlights areas in need of improvement. The report highlights a need to address the problem of late diagnosis of cancer. N. Ireland is one of 12 areas working in a major international benchmarking project to determine reasons for late cancer diagnosis with the aim of improving survival to this end and a population survey on cancer awareness is due to take place here in May/June."

Roisin Foster, Chief Executive of the Ulster Cancer Foundation said: "The Ulster Cancer Foundation is very pleased to have been able to fund this research by the NI Cancer Registry. Its findings have the potential to promote earlier diagnosis of cancer among older people. It also points to improvements in community services that would enable more people have their final wish to die at



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