

Study examines spiritual support for patients with advanced cancer

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A study by Tracy A. Balboni, M.D., M.P.H., of the Dana-Farber Cancer Institute, Boston, and colleagues suggests that spiritual care and end-of-life (EoL) discussions by the medical team may be associated with reduced aggressive treatment.

The study included 343 patients with advanced cancer. EoL care in the final week included hospice, aggressive EoL measures (care in an [intensive care unit](#), resuscitation or ventilation), and ICU death.

Patients reporting high spiritual support from [religious communities](#) were less likely to receive hospice (adjusted odds ratio [AOR], 0.37), more likely to receive aggressive EoL measures (AOR, 2.62), and more likely to die in an ICU (AOR, 5.22), according to the results. The results also indicate that among patients well-supported by religious communities, receiving spiritual support from the medical team was associated with higher rates of hospice use (AOR, 2.37), fewer aggressive treatments ((AOR, 0.23), fewer ICU deaths (AOR, 0.19) and EoL discussions were associated with fewer aggressive interventions (AOR, 0.12).

"In conclusion, terminally ill patients receiving high spiritual support from religious communities receive more-intensive EoL medical care, including less hospice, more aggressive interventions, and more ICU deaths, particularly among racial/ethnic minority and high religious coping patients," the study concludes. "The provision of [spiritual care](#) and EoL discussions by medical teams to patients highly supported by

religious communities is associated with reduced medical care intensity near death."

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