

Intervention assists end-of-life decisions in advanced cancer

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In advanced cancer patients, an intervention with a pamphlet and discussion to assist with end-of-life decision making is associated with earlier placement of do-not-resuscitate orders and less likelihood of death in the hospital, according to research published online July 29 in the *Journal of Clinical Oncology*.

(HealthDay)—In advanced cancer patients, an intervention with a pamphlet and discussion to assist with end-of-life decision making is associated with earlier placement of do-not-resuscitate (DNR) orders and less likelihood of death in the hospital, according to research published online July 29 in the *Journal of Clinical Oncology*.

Rhea A. Stein, Ph.D., of the University of Sydney, and colleagues conducted a randomized controlled trial to determine the efficacy of a structured intervention to assist advanced [cancer patients](#) with making end-of-life decisions. Patients with metastatic cancer who were no

longer receiving [curative treatment](#) were randomly assigned to intervention with an informational pamphlet and discussion (55 patients) or usual treatment (65 patients).

The researchers found comparably high rates of DNR orders in both groups. According to per-protocol analyses, patients receiving the intervention placed DNR orders earlier (median number of days before death, 27 versus 12.5 days) and were more likely to avoid death in the hospital (19 versus 50 percent) than patients receiving treatment as usual. There was no evidence that the intervention caused anxiety or depression.

"An intervention, consisting of an informational pamphlet and discussion, was associated with earlier placement of DNR orders relative to death and less likelihood of death in hospital," the authors write.

More information: [Abstract](#)
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