

Timing of end-of-life discussions for patients with blood cancers

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A majority of hematologic oncologists report that end-of-life (EOL) discussions happen with patients with blood cancers too late, according to an article published online by *JAMA Internal Medicine*.

Oreofe O. Odejide, M.D., of the Dana-Farber Cancer Institute, Boston, and coauthors examined the timing of EOL discussions through a survey completed by 349 hematologic oncologists (57.3 percent response rate).

About 56 percent of hematologic oncologists (based on a slightly smaller number who answered a survey question about timing) reported EOL discussions happened "too late." Oncologists in tertiary centers were more likely to report late EOL discussions with patients than those in community centers.

When it comes to specific aspects of EOL care, 42.5 percent of respondents reported conducting their first conversation about resuscitation status at less than optimal times; 23.2 percent reported waiting until death was clearly imminent before having an initial conversation about hospice care; and 39.9 percent reported waiting until death was clearly imminent before having an initial conversation about the preferred site of death, according to the results.

"Several factors may contribute to untimely EOL discussions in hematologic oncology. First, unlike most solid malignant neoplasms, which are incurable when they reach an advanced stage (stage IV), many advanced hematologic cancers remain potentially curable. This lack of a

clear distinction between the curative and EOL phase of disease for many hematologic cancers may delay the initiation of appropriate EOL discussions," the study concludes.

"These findings are important. They provide a better sense of hematologic oncologists' awareness of gaps in the quality of EOL care, confirming that hematologic oncologists generally do not have their 'heads in the sand' about how they tend to practice. Even more importantly, these findings suggest that hematologic oncologists are uncertain about how to actually change the status quo of EOL issues, thereby highlighting a practice gap in need of an intervention. As a practicing hematologic oncologist and a palliative care physician, I believe that the field of hematology should look to specialty palliative care for the answer to this need," writes Thomas W. LeBlanc, M.D., M.A., of the Duke University School of Medicine, Durham, N.C.

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