

Original Article**Gap in the Intensity of End-of-Life Care between Younger and Older Taiwanese Adult Cancer Patients may not Reflect Younger Patients' Preferences**

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Abstract.

Background: Studies on age-related differences in preferences for end-of-life (EOL) care have generally concluded that increasing age predisposes patients to prefer less aggressive EOL care. However, these studies seldom are adjusted for healthcare needs, health behaviors, and healthcare system characteristics.

Purpose: To evaluate the impact of age on terminally ill cancer patients' preferences for EOL care while adjusting for healthcare needs, health behaviors and the characteristics of the healthcare system.

Methods: We obtained our research data for this study from a cross-sectional survey of 2329 terminally ill cancer patients sampled by convenience from 23 hospitals throughout Taiwan.

Results: The preferences of Taiwanese terminally ill cancer patients did not differ significantly by age in their choices regarding comfort-oriented treatments as their goal for EOL care, receiving cardiac pulmonary resuscitation (CPR) when their life was in danger, or undergoing aggressive life-sustaining treatments at EOL (including cardiac massage, intubation, and mechanical ventilation support). However, terminally ill cancer patients ≤ 44 years of age were significantly more likely than those ≥ 75 years of age to prefer prolonging life as their goal of EOL care and receiving intensive care unit (ICU) care. Furthermore, patients 45-64 years of age were 1.44 (95% CI: 1.06, 1.95) more and 0.60 (0.47, 0.77) times less likely than those ≥ 75 years of age to prefer hospice care and dying at home, respectively.

Conclusions: Except for EOL-care goals, ICU care, hospice care, and place of death, preferences for specific aggressive life-sustaining treatments did not differ by age group of Taiwanese terminally ill cancer patients. We speculate that the age-related gap in intensity of EOL care among Taiwanese cancer decedents (younger cancer decedents received more life-sustaining treatments, i.e., ICU care, CPR, and intubation with mechanical ventilation support in the last month of life) may not reflect the preferences of younger patients.

Keywords : age factors, preferences for end-of-life care, end-of-life care, terminally ill cancer patients

原著論文

台灣年輕與年長癌症已故者的生命終期照顧積極性差異可能無法反應年輕病人之喜好

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中文摘要

背景：多數研究顯示年齡的差距會影響病人對生命終期照顧的喜好，年齡愈長者傾向希望接受較少的侵入性生命終期照顧，但這些研究少有控制其它相關因子，包括健康照顧需求、健康行為與健康照顧體系特性。

目的：評估在控制前述相關因子後，年齡對癌症末期病人的生命終期照顧喜好之影響。

方法：採橫斷性調查研究，以方便取樣選取全台灣 23 家醫院，2,329 位癌症末期病人。

結果：台灣癌症末期病人的年齡差異，未顯著影響病人對生命終期以舒適治療為主要照顧目標、當生命危急接受心肺復甦，或侵入性維生處置（包含心外按摩、氣管插管與使用呼吸器）的喜好。但年齡 ≤ 44 歲的癌症末期病人比 ≥ 75 歲的病人，有較明顯希望以延長生命做為生命終期照顧的目標，並且希望接受加護病房的照顧。此外，45-64 歲的病人較 ≥ 75 歲的病人較希望接受安寧照顧（AOR【95% CI】=1.44【1.06-1.95】），以及較不希望在家中過世（AOR【95% CI】=0.60【0.47-0.77】）。

結論：除了生命終期照顧目標、加護病房照顧、安寧照顧以及死亡地點外，年齡的差異並不影響台灣癌症末期病人對積極侵入性維生處置之喜好，因此本研究推測先前由分析健康保險資料庫所得年齡差距對台灣癌症已故者的生命終期照顧積極性影響（年輕者較常接受加護病房照顧、心外按摩、氣管插管與使用呼吸器），可能並無法反應出年輕病人對其生命終期照顧積極性選擇之喜好。

關鍵字：年齡層因子、生命終期照顧喜好、生命終期照顧、癌症末期病人

INTRODUCTION

As patient age increases, healthcare expenditures

and aggressive medical care have shown a pervasive pattern of decreasing for cancer screening [1,2], active anticancer treatment [2-4], and end-of-life (EOL) care [2,5,6]. Although elderly cancer patients in Western countries received considerably less aggressive EOL care [7,8] than their younger counterparts, they also received fewer palliative services [9,10]. In contrast, our population-based sample of elderly (≥ 65 years old) Taiwanese cancer patients at EOL received fewer

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