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New study reveals barrier in quality end-of-life care for leukemia patients

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Study suggests improving access to blood transfusions could increase hospice care use among patients with advanced leukemia

Singapore - For patients with advanced leukemia, access to high-quality end-of-life care appears to be reduced in those dependent on blood transfusions, according to a new study being presented during the 59th American Society of Hematology (ASH) Annual Meeting and Exposition in Atlanta. The study associates this reduced access and consequent diminished use of hospice services with a reduced quality of end-of-life care for these patients.

Building on previous research that correlated a longer duration of hospice care with increased quality of end-of-life care, this study analyzed additional factors that have been associated with poorer end-of-life care. These factors included the likelihood of dying in the hospital and the use of chemotherapy in the last two weeks of life, both of which are end-of-life quality measures advocated by the National Quality Forum, a leading voluntary consensus standards-setting organization.

Researchers found that, compared with leukemia patients who did not enroll in hospice care, those who did were far less likely to die in the hospital (3 percent vs 75 percent) or receive chemotherapy during the last two weeks of life (5 percent vs 16 percent). Additionally, they found that patients who needed periodic blood transfusions spent about half as much time in hospice care compared with leukemia patients who were not reliant on these transfusions.

"We found a significant association between transfusion dependence and less meaningful use of hospice care at the end of life among patients with leukemia," said Thomas W. LeBlanc, MD, associate professor of medicine at Duke Cancer Institute in Durham, NC, and senior author of the study. Transfusion-dependent patients were significantly more likely to spend fewer than three days in hospice care (27 percent) compared with patients who were not transfusion-dependent (19 percent), he said, associating longer time spent in hospice care with more meaningful use of the service.