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Oncological end-of-life care shows: high care intensity, but less and late palliative care in Austria

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Austrian Institute for Health Technology Assessment (AIHTA) publishes analysis on end-of-life care for cancer patients

Vienna (Austria), 27th October 2020: At the end of their lives, fewer cancer patients in Austria receive palliative care in hospitals than in other European countries. They also receive it at a later stage – despite or because the intensity of the general care of those affected is high. This is one of the clearest results of an analysis by the Austrian Institute for Health Technology Assessment (AIHTA), which dealt with the care of terminally ill cancer patients at the end of their lives. The analysis was based on anonymous data of the 283,228 individuals who were



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diagnosed with cancer in Austria between 2012 and 2016. 29% of these affected persons (80,818) died within this period, with more than half of them dying during an inpatient hospital stay – most of them in Vienna in relation to the population. This is one of several differences between Austrian federal states that the analysis revealed.

About 20,000 people die of cancer in Austria every year. This causes great suffering for those affected and their relatives. For the health care system, on the other hand, the provision of resources that are both humanly fair and economically affordable poses an enormous challenge. Therefore, at the national as well as EU level, the analysis of high-quality oncological data and evidence-based information remains a key element in coping with this challenge. AIHTA has just presented the first of three planned reports and published its analysis simultaneously in the *European Journal of Cancer Care*.

Strengths and weaknesses

“The general care intensity for cancer patients in the final phase of their lives is high in Austria”, says Priv. Dr. Claudia Wild, Director of AIHTA, summarising the results of the analysis. “However, palliative care is not only low by international comparison, but also starts late in the very last phase of the patient’s life. However, this can be said with the limitation that no data on outpatient palliative care was available to us”. In fact, findings show that in Switzerland, for example, five times as many patients experience their last days of life in palliative care wards in comparison to Austria (68.5% compared to 12.9%), while in Belgium it was four times as many (53%). “In addition, more than 50% of patients treated in

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palliative care units were admitted just two to 14 days before death”.

Indicators of a poor quality of oncological end-of-life care are internationally recognised as follows: high proportion of deaths in hospital, use of systemic chemotherapy and admissions to intensive care units, hospitalisation in the very last phase of life and the aforementioned referrals to palliative care units. The number of inpatient deaths in Austria is higher than in other countries: 53.4% of the cancer patients who died in the period analysed were being treated in hospital at the time of death. The study shows that this is significantly more than in Germany (38.3%) or the Netherlands (29.4%). On the other hand, the figures for intensive care unit admissions and systemic chemotherapy (within 30 days before death) were comparable to those in other countries.

Cancer in the federal states

“Our analysis also shows considerable differences between the federal states in Austria”, explains Dr. Wild, pointing out further findings of the AIHTA analysis. “In Carinthia, for instance, about 18 percent of those affected were able to die in a palliative ward, which is three times more than in Vorarlberg, whereas the Austrian average – as mentioned at the beginning – is 12.9 percent”. Strong differences between the federal states could also be determined with regard to the application of systemic chemotherapy in the last month of life: While more than 10% of patients in Salzburg received this therapy, in Burgenland it was almost half as many.

The study, available as an ePrint

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(<https://eprints.aihta.at/1233/>), is one of three AIHTA reports that provides a well-founded analysis of oncological care data from Austria. The retrospective data analysis allows a structured view of the end-of-life care of cancer patients and offers international comparisons for a better classification of Austrian data. However, Dr. Wild critically notes that the available data cannot always be regarded as high quality – which is actually demanded by the national cancer framework programme. “Our data are based on data from the social health insurance funds. Naturally, these only represent billing-relevant facts. Data on outpatient treatments in the private practice sector are completely missing ... and this distorts the picture, just as much as the standardisation of diagnosis documentation could be improved”. The report is part of a comprehensive offer of evidence-based analyses on health care provided by AIHTA that continues the work of the Ludwig Boltzmann Institute for Health Technology Assessment, which was phased out according to plan in February 2020. Besides the “Horizon Scanning Oncology” programme, AIHTA also offers assessments for the admission of procedures and drugs into the service catalogue of the hospitals financed by the federal state funds (LKF) and for the support of regional drug commissions.

Original publication:

Robausch, M. and Grössmann, N. (2020): Health Services Research in Oncology. Part I: End-of-Life Care. HTA-Projektbericht 127. <https://eprints.aihta.at/1233/>

Robausch M, Grössmann N, Wild C (2020): Cancer Care Near the End-Of-Life in Austria: A Retrospective Data Analysis. *European Journal of Cancer Care*. In Review.

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