

# Palliative care: part of the solution to the Accident & Emergency crisis?

## New findings from research at the Cicely Saunders Institute, King's College London

- Palliative care reduces the odds of cancer patients attending the A&E department in the last month of life by 50%.
- Men, patients from Black ethnic minority groups, patients with a diagnosis of lung cancer and those of lowest socio-economic status have increased odds of attending an A&E department in the last month of life.

## Policy recommendations

- Palliative care services for patients with advanced cancer should be part of any programme designed to reduce A&E department admissions.
- Palliative care resources should be targeted towards patients in high-risk groups to increase not only the benefit to those patients, but also the cost-effectiveness of resource allocation.

## Introduction

Visits to Accident and Emergency (A&E) departments by patients with advanced cancer are increasing over time.<sup>1,2</sup> This is despite evidence of:

1. an association with poor patient outcomes;<sup>3,4</sup>
2. the majority of cancer patients preferring home-based care;<sup>5</sup> and
3. significant overcrowding and capacity concerns for most A&E departments across the UK.<sup>3</sup>

There is a lack of understanding of the factors associated with A&E department use by people with cancer, especially those towards the end of life. This limits healthcare professionals and policy makers from providing high-quality care and services in line with the needs and preferences of cancer patients and their families.

## Summary of Research

Our research used data from over 1 million patients to identify demographic, clinical and environmental factors associated with A&E department attendance by patients with cancer in the last month of life. Evidence was obtained from the international scientific literature and

through consultation with experts in the field.

The final analysis included data from 30 individual studies.

## Research findings

Palliative care reduced the odds of patients with cancer attending the A&E department in the last month of life by 50% (i.e. half).

Consistent and high-quality evidence was also found for an increased risk of A&E department attendance in the last month of life by cancer patients with the following factors:

- male gender
- Black ethnicity
- lung cancer diagnosis
- lowest socio-economic status (SES)

## Policy Recommendations

Palliative care resources should be targeted towards patients in high-risk groups to increase not only the benefit to those patients, but also the cost-effectiveness of resource allocation.

We recommend that palliative care services, especially those aimed at cancer patients reaching the end of their life, should be part of

any programme designed to reduce A&E admissions.

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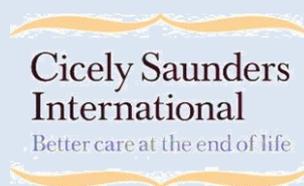
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