

End of Life Care Among Head and Neck Cancer Patients

Objectives: This study is designed to (1) determine the perceived quality of care received by patients with head and neck cancer at the end of their lives, in order to (2) better anticipate and improve upon the experiences of future patients.

Methods: A prospective, survey-based study was conducted at an academic tertiary care medical center, involving families of patients who have died of head and neck cancer (n=58). A validated survey instrument, the Family Assessment of Treatment at the End of life (FATE), was administered to families of patients who died of head and neck cancer. The primary outcome was the overall FATE score. Independent variables included clinical characteristics, treatments received and the care provided at the time of death.

Results: Overall FATE scores and the domains assessing management of symptoms and care at the time of death did not vary by disease status (logoregional vs. distant metastasis) at the end of life (p=.989). The location of death in the home or in hospice (vs. hospital) significantly improves scores in all three categories (p=.023). Involvement of a palliative care team improved the care at the time of death (p<.001), and palliative treatments (radiation and/or chemotherapy) improved scores in management of symptoms and care at the time of death (p=.011, p=.017).

Conclusions: The FATE survey is a useful measure of the end of life experience of head and neck cancer patients. Palliative treatments of head and neck cancer, death outside of the hospital and palliative care team involvement were associated with significantly improved scores measuring the end of life experience in this population. Evidence-based changes in care paradigms modeled upon these findings may benefit future patients.