

Health-related quality of life of advanced cancer patients who express a wish to hasten death

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BACKGROUND

Patients with advanced cancer sometimes express a wish to hasten death (WTHD) (1). The WTHD is a reaction to the suffering that results from the impact of and deterioration associated with a life-threatening condition (2). Suffering arise from physical, psychological, existential, social and financial concerns (3).

Health-related quality of life (QoL) is a measure of well-being that encompasses the impact of these concerns from the patients' point of view. Some studies showed correlation between QoL and WTHD in terminally ill patients (4).

OBJECTIVE

To explore in depth the QoL perception of advanced cancer patients who expressed a WTHD.

METHODS

Design: A descriptive cross-sectional study.

Subjects: From January 2016 to June 2017 we recruited 49 advanced cancer patients (defined by the American Society of Clinical Oncology (ASCO) as those with distant metastases, late-stage disease, cancer that is life limiting, and/or with a prognosis of 6 to 24 months) with a WTHD.

Procedure: Consecutive patients were first assessed with a WTHD screening question ("Some people in your situation may think that living like this isn't worth it anymore. In the last week, have you thought that living like this is not worth it?"). We then assessed the QoL of all patients who responded yes to this question, using for this purpose the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire – Core 15 – Palliative Care (EORTC QLQ-C15-PAL). The EORTC QLQ-C15-PAL comprises two functional scales (physical and emotional functioning) and seven symptom scales (fatigue, pain, nausea/vomiting, dyspnoea, insomnia, appetite loss, constipation), on which items are rated from 1 (not at all) to 4 (very much), as well as a final question asking about overall QoL during the past week, rated from 1 (very poor) to 7 (excellent).

METHODS

Statistical analysis: Standard descriptive statistical analysis and correlation analysis were done. The level of significance was set at $p < .05$, and the analyses were performed using SPSS 21.0 (SPSS Inc., Chicago, IL).

RESULTS

The median score for overall QoL was 4 (IQR 2-4), although 14 patients (28.6%) rated their overall QoL as very poor or poor (**Figure 1**). In terms of physical functioning, 19 patients (38.7%) reported having a lot of difficulties, while 13 (26.5%) experienced quite a lot of difficulty in this regard.

Figure 1. Frequency of scores of the overall health-related quality of life.

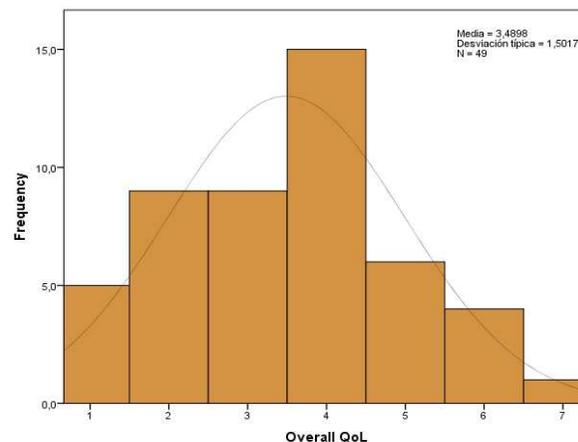


Table 1 shows the frequency of physical symptoms. The most common in this patients were fatigue, constipation and appetite loss.

Regarding emotional functioning, 31 patients (63.1%) reported having felt quite or very anxious and depressed during the past week.

There was a negative correlation ($\rho = -.283$, $p < .05$) between the intensity of the WTHD and physical functioning.

RESULTS

Table 1. Frequency of physical symptoms by the patients' point of view.

	Not at all	A little	Quite a bit	Very much
Fatigue	4 (8.2%)	16 (32.6%)	23 (46.9%)	6 (12.2%)
Nausea and vomiting	29 (59.2%)	7 (14.3%)	9 (18.4%)	4 (8.2%)
Pain	10 (20.4%)	16 (32.7%)	16 (32.6%)	7 (14.3%)
Dyspnoea	18 (38.8%)	8 (16.3%)	15 (30.6%)	7 (14.3%)
Insomnia	16 (32.6%)	10 (20.4%)	16 (32.6%)	7 (14.3%)
Appetite loss	11 (22.4%)	2 (4.1%)	23 (46.9%)	13 (26.5%)
Constipation	17 (34.7%)	10 (20.4%)	9 (18.4%)	13 (26.5%)

CONCLUSIONS

- Advanced cancer patients with a WTHD report poor overall QoL and difficulties with both physical and emotional functioning.
- Impaired physical functioning may be a factor that intensifies the WTHD.
- Improving QoL should be a key clinical objective in the care of patients who express a WTHD.

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