

Association of Advance Directives Completion with the Utilization of Life-Sustaining Treatments in Older Patients

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Abstract

Context: Evidence is mixed regarding the impact of advance directives (AD) on the utilisation of end-of-life treatments.

Objectives: This study aimed to evaluate the effect of AD on the utilisation of end-of-life treatments during the last month of life in older patients.

Methods: All deceased older patients who had an advanced care planning discussion for AD at Taipei City Hospital between 2015 and 2016 were included in a prospective study. Multiple logistic regression was used to determine the association of AD completion with the utilisation of life-sustaining treatments.

Results: Of 1307 deceased older patients, the overall mean age was 84.1 years; 53.7% of the subjects were males, and 78.7% of the subjects had AD completion. During the study follow-up period, 31 older patients received life-sustaining treatments during the last month of life, including 17 (1.7%) patients with AD completion and 14 (5.0%) patients without AD completion. After adjusting for the sociodemographic factors and co-morbidities, older patients with AD completion were less likely to receive life-sustaining treatments during the last month of life [adjusted odds ratio (AOR)=0.32, 95% confidence interval (CI): 0.16-0.67]. Considering type of life-sustaining treatments, AD completion were associated with a lower likelihood of receiving cardiopulmonary resuscitation (AOR=0.21, 95%CI: 0.06-0.70) as well as intubation and mechanical ventilation support (AOR=0.32, 95%CI: 0.14-0.70) during the last month of life in older patients.

Conclusion: AD completion reduced the utilisation of life-sustaining treatments during the last month of life in older patients. These findings support the continued use of AD in older population.

Keywords

Advanced directives, life-sustaining treatments, outcome, older patients, Taiwan.

