

Duration of referral-to-death and its influencing factors among cancer and non-cancer patients: perspective from a community palliative care setting in Malaysia

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ABSTRACT

Introduction: Addressing timely integration of palliative care is prioritised due to increased burden of non-communicable diseases. **Methods:** This retrospective cohort study included decedents referred to palliative care in Hospis Malaysia between January 2017 to December 2019. Referral-to-death is the interval between first referral date to date of death. Besides descriptive analyses, negative binomial regression analyses were conducted to identify factors associated with referral-to-death duration among both groups. **Results:** Of 4346 patients referred, 86.7% (n=3766) and 13.3% (n=580) had primary diagnoses of cancer and non-cancer respectively. Median referral-to-death was 32 days (IQR:12-81) among cancer patients and 19 days (IQR:7-78) among non-cancer patients. The shortest referral-to-death duration among cancer patients were for liver cancer (Median:22 days, IQR:8-58.5). Non-cancer patients with dementia, heart failure and multisystem failure had the shortest referral-to-death duration at 14 days. Among cancer patients, longer referral-to-death duration was associated with women compared to men (IRR: 1.26, 95% CI: 1.16-1.36) and patients aged 80 to 94 years old compared to below 50 years old (IRR: 1.19, 95% CI: 1.02-1.38). Cancer patients with analgesics prescribed before palliative care had 29% fewer palliative care days compared to those with no analgesics prescribed before referral. Non-cancer patients aged 50 to 64 years old had shorter referral-to-death duration compared to below 50 years old (IRR: 0.51, 95% CI: 0.28-0.91). **Conclusion:** Shorter referral-to-death duration among non-cancer patients indicated possible access inequities with delayed palliative care integration. Factors influencing referral-to-death duration should be accounted for in developing targeted approaches to ensure timely and equitable palliative care access.