

4.03 5-year observational study of deaths in the ILD cohort in a specialist centre

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Background:

There is a significant mortality burden among patients with Interstitial Lung Disease (ILD). The potential benefits that palliative care can provide may not be fully leveraged. The lack of comprehensive documentation of advance healthcare plans raises concerns about healthcare professionals' ability to align with patients' end-of-life care preferences and desired locations for care. Despite most patients preferring to die at home, 70% die in the hospital setting (1)

Methods:

Electronic patient records (EPR) from January 2018 to June 2023 of those attending the ILD service were reviewed. Deaths, location of deaths, palliative care involvement, and mean survival time from date of diagnosis were recorded.

Results:

78 deaths were recorded. 89% of patients had a MDT confirmed diagnosis. 48% (37) died at home. 46% (n=36) died in hospital, of whom 5 patients (13.9%) died in the HDU/ICU setting due to high care needs and oxygen requirement. None of the five patients were intubated. 6% (n=5) died in a hospice. 64% (n=50) of patients had palliative care input towards their end of life care with a majority of them being in hospital.

Conclusions:

Hospital being the location of death for majority of our ILD patients is aligned with current literature. Palliative care strategies are effectively integrated for over half of our hospitalised ILD patients. It is crucial for advanced health care planning and timely referral to palliative care services in this cohort. Using needs-based palliative care tools can raise awareness among respiratory physicians, nurses and allied health care professionals about referral pathways to palliative care services.

Keywords: interstitial lung diseases, early integrated palliative care, location of death, advance care planning

References:

1. Archibald, N., Bakal, J.A., Richman-Eisenstat, J. and Kalluri, M., 2021. Early integrated palliative care bundle impacts location of death in interstitial lung disease: a pilot retrospective study. *American Journal of Hospice and Palliative Medicine®*, 38(2), pp.104-113.

Conflicts of Interest: The authors declare that they have no conflict of interest.