Blacks more willing to exhaust financial resources for more cancer care

EurekAlert

BIRMINGHAM, Ala. People in minority groups, especially black Americans, are more willing than their white counterparts to exhaust their personal financial resources to prolong life after being diagnosed with lung or colorectal cancer, according to a University of Alabama at Birmingham study published April 26, 2011, online in *Cancer*, the journal of the American Cancer Society.

This revelation should inform the treatment plans and help physicians design state-of-the-art cancer care that reflects patient wishes, says lead author Michelle Martin, Ph.D., assistant professor in the UAB Division of Preventive Medicine and a scientist with the UAB Comprehensive Cancer Center.

"As new cancer-treatment options emerge, patients are asked to make complex decisions that often involve tradeoffs between quality and quantity of life," Martin says. "A key tenet of delivering high-quality, patient-centered care is understanding and respecting patients' treatment decisions. Our results highlight the fact that personal finances can influence the decisions patients make about their treatment."

Martin and her colleagues compared the willingness of 4,214 participants in the Cancer Care Outcomes Research and Surveillance (CanCORS) study ? a multi-center observational study of patients with newly diagnosed lung or colorectal cancer ? to use their personal financial resources to extend their lives.

Among other questions, patients were asked, "If you had to make a choice now, would you prefer treatment that extends life as much as possible, even if it means using all of your financial resources, or would you want treatment that costs you less, even if it means not living as long?"

The researchers found that 80 percent of blacks were willing to spend all of their personal finances to extend life, while 54 percent of whites, 69 percent of Hispanics and 72 percent of Asians were willing to do so.

After accounting for a number of factors, including income, disease stage, quality of life, age, perceived time left to live and other medical illnesses, blacks were 2.4 times more likely to expend all personal financial resources to extend life than whites. Hispanic patients were 1.45 times more likely and Asian patients were 1.59 times more likely to expend all personal financial resources than white patients.

The availability of insurance had no statistical effect on the results, by race.

Several other factors were independently associated with a decreased willingness to exhaust finances to extend life, Martin said, especially age, family size and social

support.

Single, divorced or separated people were more willing to spend all their financial resources than people who were married or living with a partner. People who did not know their life expectancy or who believed their life expectancy was in God's hands were more willing to spend than whose life expectancy was considered five years or less.

Martin says the study did not provide concrete reasoning for the differences, but its findings do create a basis for future studies.

"The next step is to obtain an in-depth understanding of the factors that influence treatment preferences," she says. "Future work could broaden the factors that we examine, and time spent with cancer patients in conversation about their experience and treatment preferences will help us better deliver cancer care that reflects those."

SOURCE [1]

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