Racial differences in willingness to exhaust personal finances for life-sustaining care

EurekAlert

Minority races?especially Blacks?are more willing than Whites to expend personal financial resources to prolong life after being diagnosed with lung or colorectal cancer, even if it means using up all of their personal financial resources. That is the conclusion of a new study published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society. Delivering quality cancer care that is in accordance with patients' wishes requires a better understanding of the reasons for these differences in preference.

Minority patients receive more aggressive care at the end of life, but it is unclear whether this trend is consistent with their preferences. Also, researchers know little about patients' willingness to spend personal financial resources to receive life-prolonging care, and even less about this willingness in patients from different racial and ethnic groups. To investigate, Michelle Martin, PhD, of the University of Alabama at Birmingham, and her colleagues compared the willingness to use personal financial resources to extend life among White, Black, Hispanic, and Asian cancer patients. The study included 4,214 participants in the Cancer Care Outcomes Research and Surveillance (CanCORS) study, a population- and health care system-based, multi-center, observational study of patients with newly diagnosed lung or colorectal cancer. Patients were interviewed about myriad aspects of their care including their willingness to trade their personal financial resources for life-prolonging cancer treatment rather than receive treatment that costs them less but would not allow them to live as long.

The researchers found that 80 percent of Blacks reported a willingness to spend all resources to extend life, versus 54 percent of Whites, 69 percent of Hispanics, and 72 percent of Asians. After accounting for a host of factors including income, disease stage, quality of life, patients' age, patients' perceived time left to live, and other medical illnesses, Blacks were 2.41 times more likely to opt for expending all personal financial resources to extend life than Whites. The preferences of Hispanic and Asian patients were intermediate between White and Black patients. Determining the reasons for these differences in preference requires further study.

Several other factors were associated with a willingness to expend resources to prolong life: younger age, a lower number of individuals that they financially supported, divorced/separated marital status, a belief that life expectancy is in God's hands, and a higher level of social support.

"This is the first national study of lung and colorectal cancer survivors to examine the willingness to exhaust personal finances for life sustaining care. Our results highlight the complexity of treatment decisions and the factors that influence patient preferences," said Dr. Martin. According to the authors, continued research

on this topic may facilitate the delivery of coordinated cancer care that consistently reflects patient values and preferences.

SOURCE [1]

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