CareSearch Project Research Studies Register: Registration Proforma	0183

Study Title: Non-beneficial treatments (NBTs) in hospital at the end of life

Brief description of the study: A systematic review of 38 studies from 10 countries involving 1.2 million research subjects. Found that on average1 in 3 older patients (aged 60 years and above) near the EOL received NBTs. Mean prevalence of resuscitation attempts for advanced stage patients was 28% (range 11–90%). Mean death in intensive care unit (ICU) was 42% (range 11–90%); and mean death rate in a hospital ward was 44.5% (range 29–60%). Mean prevalence of active measures including dialysis, radiotherapy, transfusions and life support treatment to terminal patient was 7–77% (mean 30%). Non-beneficial administration of antibiotics, cardiovascular, digestive and endocrine treatments to dying patients occurred in 11–75% (mean 38%). Non-beneficial tests were performed on 33–50% of patients with do-not-resuscitate orders. From meta-analyses, the pooled prevalence of non-beneficial ICU admission was 10% (95% CI 0–33%); for chemotherapy in the last six weeks of life was 33% (95% CI 24–41%).

Study Methodology: (Please mark with an x which type of study methodology)

	Epidemiology
	Health Services / Health Economics / Quality Improvement
	Qualitative, Observational or Descriptive
	Mixed Method
X	Systematic Review
	Intervention: RCT
	Intervention: Comparative or cohort study
	Intervention: Case series

Project details:

Funding source (Optional): NHMRC program grant						
Has the study received ethics approval?		Yes		No	**X**	Not applicable
Project starting date: November 2015						
Project completion date: June 2016						
Multi site:	**X**	Yes		No		Not applicable

Researchers

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Investigator D (Name) Dr Matthew Anstey
Investigator E (Name) Prof Ken Hillman
Associated publications / reports: Cardona-Morell M, Kim JCH, Turner RM, Anstey M, Hillman K. Non-beneficial treatments in hospital at the end of life: a systematic review on extent of the problem. Int J Qual Health Care. 2016 Sep;28(4):456-69.
Topics (Admin only) Site of care: Hospital, Futile treatment