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Conference Abstracts

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Shared decision-making in palliative cancer care: a life span perspective

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Background: Due to complex treatment decisions, shared decision-making is advocated for in elderly cancer patients and in palliative cancer care. However, the process of (shared) decision-making is not comprehensively understood in these groups. Studies suggest age-based differences in patients' level of preferences and actual involvement.

Methods: Patients with metastatic cancers (n = 77) were included in three age groups: 'middle aged' (40-64 years), 'young elderly-' (65-74 years) and 'old elderly' (≥ 75 years). A cross-sectional questionnaire assessed patients' preferences (CPS), perceived involvement (PICS), level of information (decisional conflict scale) and selfefficacy in patient-physician interaction (PEPPI), health-related quality of life (EORTC QLQ-C30), loneliness and temporal perspective (TFS) as potential correlates.

Findings: X2 testing revealed that preferences, perceived participation and degrees of concordance do not differ between age groups. A majority of patients preferred and perceived to be involved in decision-making. Nearly 20% of patients was less involved than preferred. Age related factors were not related to perceived and preferred decision-making, although 'old elderly' patients were less encouraged by their oncologist to talk about worries. Shared decision-making was more often perceived by women than men and was associated with higher levels of self-efficacy in communication with oncologists.

Discussion: Age-related differences with regard to decision making preferences and perceived participation seemed to be cancelled out in palliative cancer care, probably due to near-to-death perception. If clinical practice aims to achieve higher concordance levels, patients' preferences for involvement should be explicitly discussed. Increased attention to (older) patients' psycho-social needs is suggested.