

HealthAffairs

At the Intersection of Health, Health Care and Policy

Cite this article as:
Advanced Illness & End-Of-Life Care
Health Affairs 36, no.7 (2017):1168-1169
doi: 10.1377/hlthaff.2017.0544

The online version of this article, along with updated information and services, is available at:
<http://content.healthaffairs.org/content/36/7/1168>

For Reprints, Links & Permissions : http://content.healthaffairs.org/1340_reprints.php

Email Alertings : <http://content.healthaffairs.org/subscriptions/etoc.dtl>

To Subscribe : <https://fulfillment.healthaffairs.org>

Health Affairs is published monthly by Project HOPE at 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814-6133. Copyright © by Project HOPE - The People-to-People Health Foundation. As provided by United States copyright law (Title 17, U.S. Code), no part of may be reproduced, displayed, or transmitted in any form or by any means, electronic or mechanical, including photocopying or by information storage or retrieval systems, without prior written permission from the Publisher. All rights reserved.

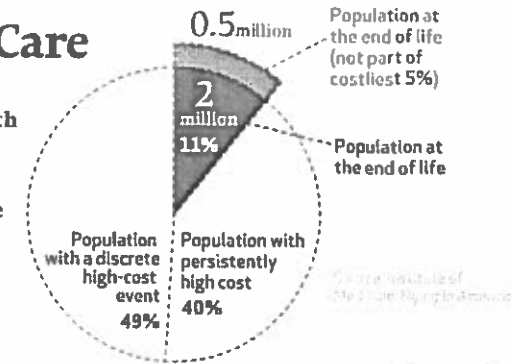
Not for commercial use or unauthorized distribution

DATAGRAPHIC

DOI: 10.1377/hlthaff.2017.0544

Advanced Illness & End-Of-Life Care

Health care systems worldwide are facing macro-scale changes involving advanced illness and end-of-life care that could affect both the quality of care and the quality of life for patients and their caregivers. For example, growth in mortality from cancer and Alzheimer disease, along with the increased prevalence of multiple morbidities for those near the end of life, raise questions about how the health system will provide adequate care and pain relief for patients while addressing the needs of their caregivers—many of whom are unpaid family members. In addition, despite a growing tendency for people to prefer hospice and other lower-intensity options to cope with advanced illness and the relatively small share of excess spending that goes to individuals near the end of life, cost remains a concern. This is particularly true in the United States, where per capita medical spending in the last twelve months of life is \$80,000—substantially higher than in comparable developed nations.



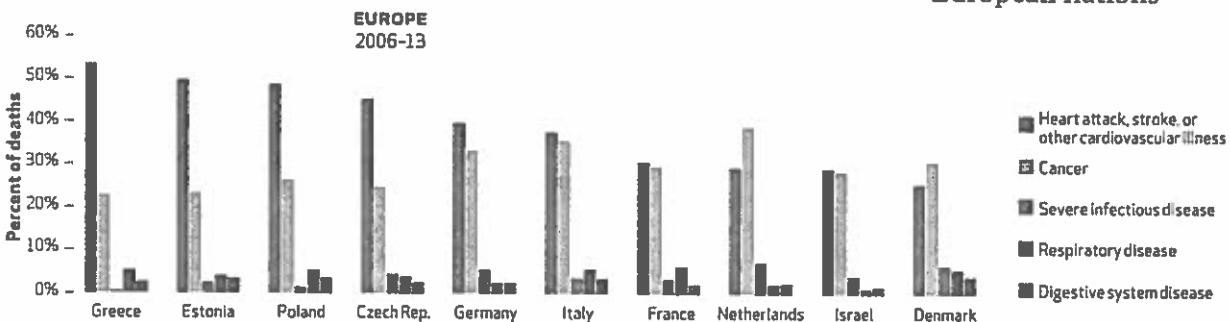
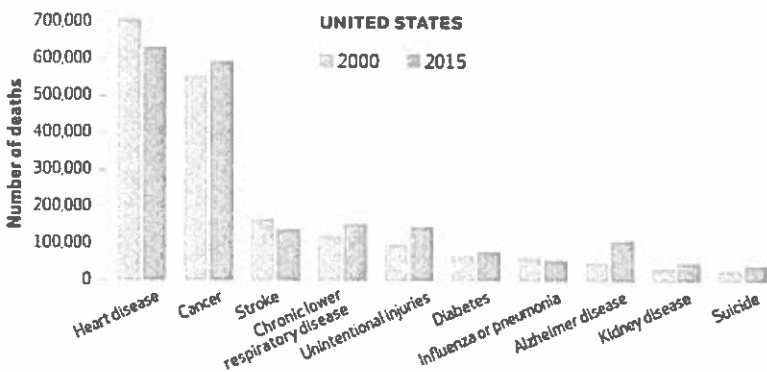
Costliest 5% (18.2 million)

Contrary to popular belief, people in the last year of life account for a relatively small share of excess health care spending in the US, representing just 2 million (11%) of the 18.2 million people who are considered the high-cost population. In fact, another 500,000 people at the end of life are not among the costliest.

See *Health Affairs* at page 2912

Causes of death

In 2015 heart disease was the leading cause of death in the United States, just as it was fifteen years earlier. But over that period, cancer mortality increased to the point where it nearly equaled heart disease mortality, which was in decline. Across Europe, pooled data (2006–13) showed variation in whether cancer or heart disease was the leading cause of death.



See *Health Affairs* at page 2912 (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5400000/)

Caregivers

Family and friends are the predominant providers of end-of-life care, with spousal caregivers being the most likely to provide assistance with no additional help.

Nearly 9 in 10

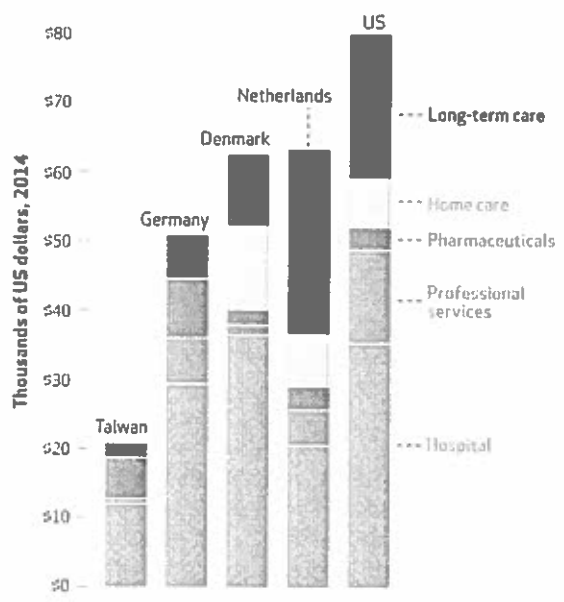
caregivers for end-of-life patients were family members or unpaid.



Top causes of death in the US and selected European nations

End-of-life expenditures

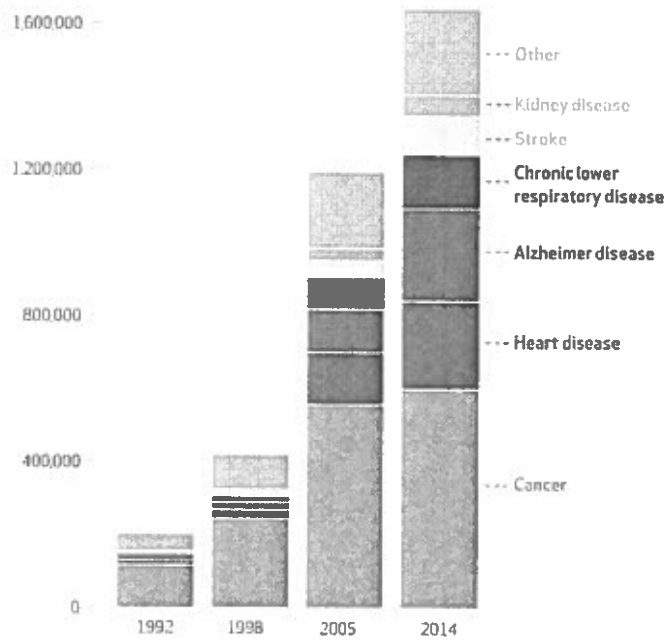
Medical spending in the last 12 months of life



See Franks et al on page 1214

Hospice care in the United States

Numbers of hospice users by primary diagnosis



See Albridge and Bradley on page 1178

Nearly **1 in 4**

of the unpaid caregivers who supported an older adult at the end of life provided this help alone, without assistance from other family or friends.



EMOTIONALLY DIFFICULT 50.7%

DEPRESSION 19.6%

Negative aspects of caregiving for end-of-life adults, as reported by unpaid caregivers, 2011

More than I can handle 45.1%

NO TIME FOR MYSELF 50.6%

Physically difficult 34.9%

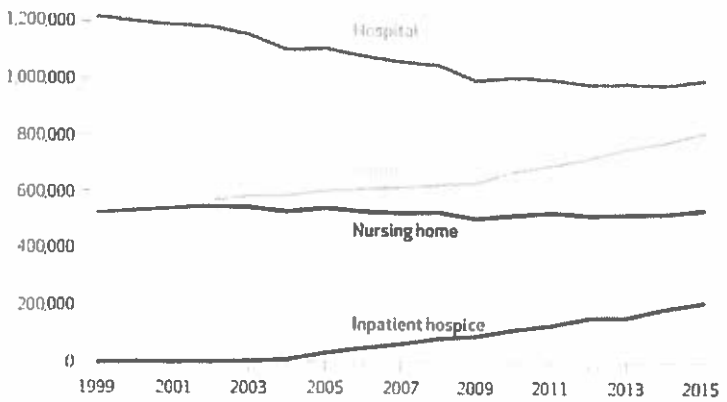
Exhausted when I go to bed 49.8%

See Franks et al on pages 1188 and 1190

Place of death

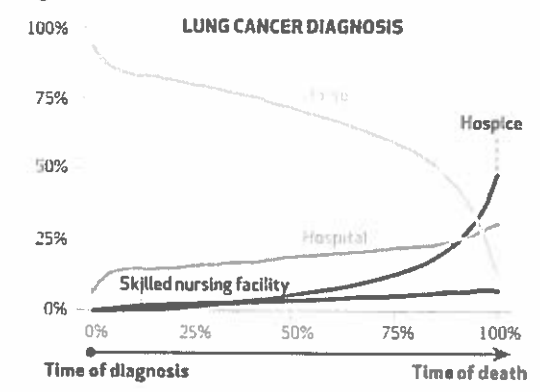
The site of death in the United States has shifted over the past few decades, with a declining proportion of deaths in hospitals and a corresponding increase in both the home and hospice settings. Where patients spend most of their time after diagnosis of a fatal illness can also change. Patients with advanced lung cancer initially spend most of their time at home, but hospice predominates in the latter stages.

Numbers of US decedents by site of death



See Franks et al on page 1229

Percentages of patients in each health care setting from diagnosis to death



See Han et al on page 1302

For a full list of sources, visit www.healthaffairs.org or go to the end of this article.

5W Infographics

