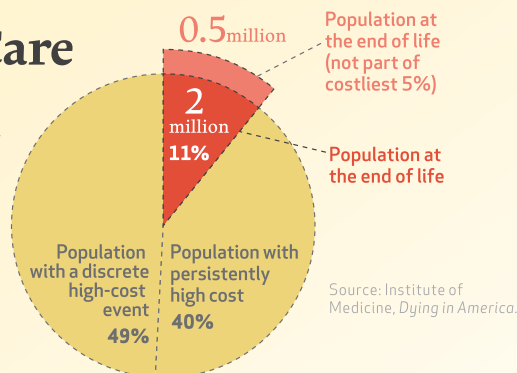


# DATAGRAPHIC

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## 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.



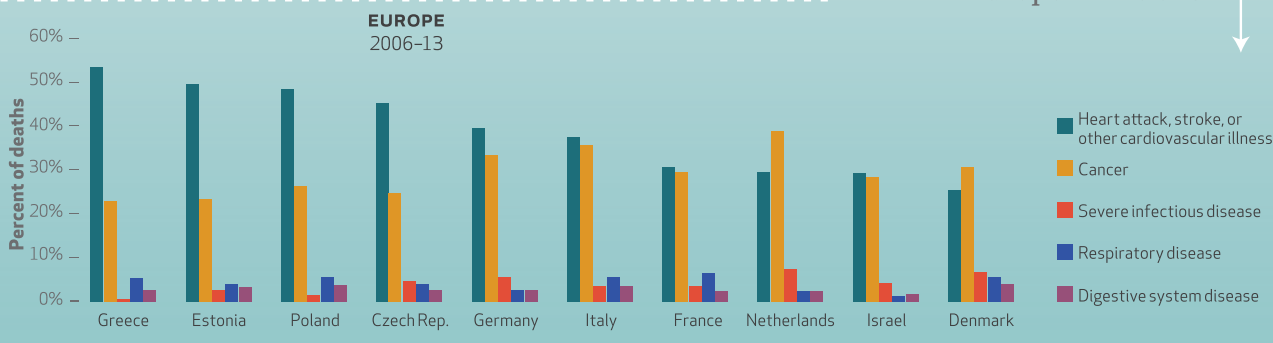
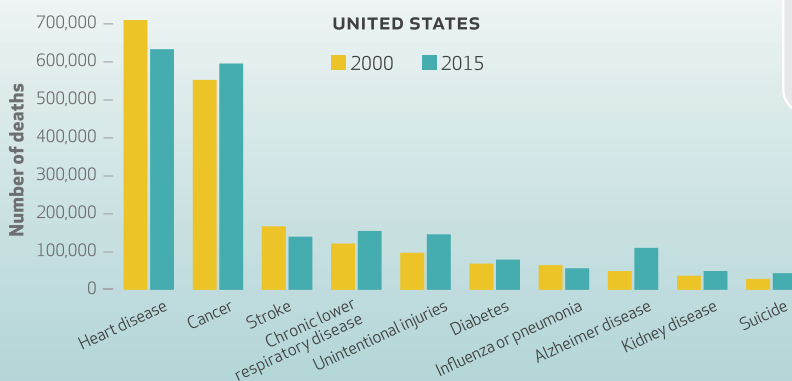
## Costliest 5% (18.2 million)

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 Meier et al. on page 1266

## 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 Aldridge and Bradley on page 1176 (US data); see Orlovic et al. on page 1205 (European data)

## 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

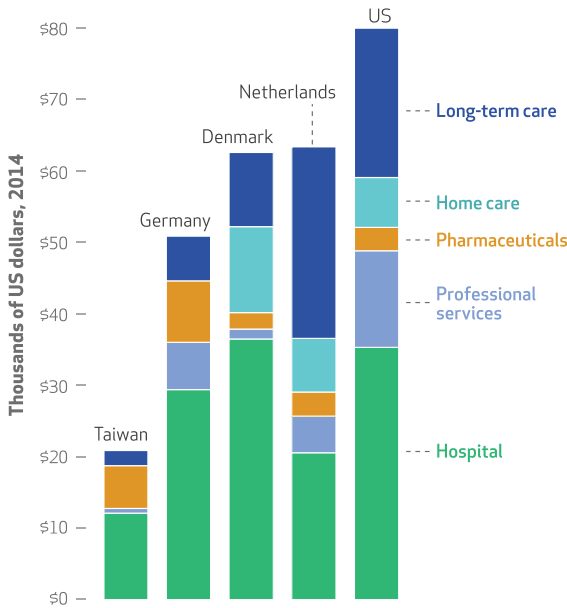
caregivers for end-of-life patients were family members or unpaid.



Top causes of death in the US and selected European nations

## End-of-life expenditures

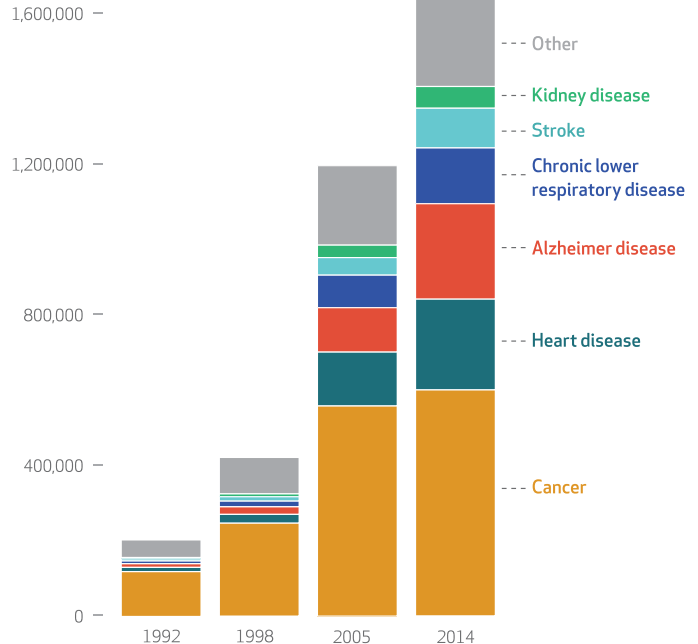
Medical spending in the last 12 months of life



See French et al. on page 1214

## Hospice care in the United States

Numbers of hospice users by primary diagnosis



See Aldridge 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 16.6%

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%

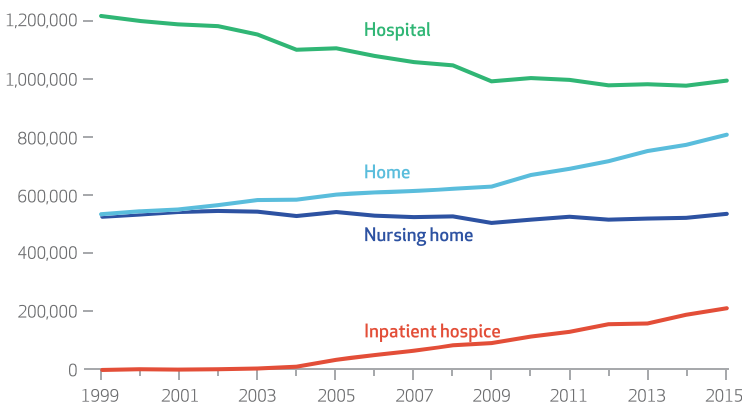
Exhausted when I go to bed 49.8%

See Ornstein et al. on pages 1188 and 1190

## Place of death

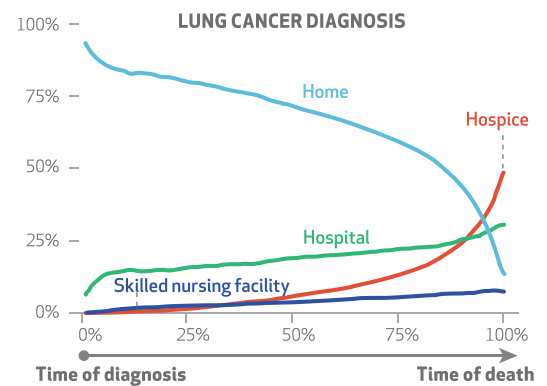
The site of death in the United States has shifted over the past few decades, with a declining proportion of deaths in hospitals and a corresponding increase in both the home and hospice settings. Where patients spend most of their time after diagnosis of a fatal illness can also change. Patients with 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 Aldridge and Bradley on page 1179

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



See Hatfield et al. on page 1197

For a full list of sources, click on the Appendix link in the box to the right of the article online.

5W Infographics

Health Affairs