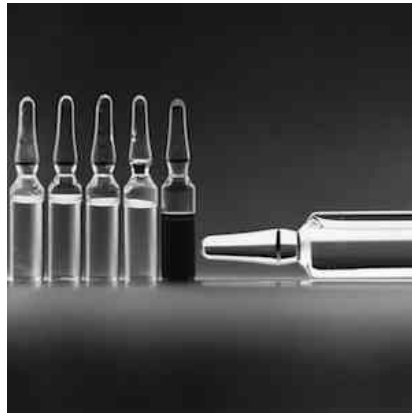




## Where Would You Like to Die?



If you compare how people near the end of life are treated in the U.S. and other regions of the world, you will find very specific differences. In the U.S., such patients are typically attached to tubes and machines. They also have to go through invasive procedures and because of the fact that they are inundated with all these measures, most of the patients die in the hospital as opposed to at home, surrounded by their loved ones. Not to mention the exorbitant hospital bills that they accumulate while all this goes on. It is estimated that dying seniors consume approximately 25 percent of their Medicare expenditures each year.

In other parts of the world, the treatment of people near the end is significantly different. In Scotland for example, death is considered to be imminent. Canadians also consider death as an inevitable reality. But Americans find it difficult to accept this concept and appear to be uncomfortable with the idea of death. So what does that tell us? Does it mean that U.S. is the worst place to die?

A recently-published systemic international comparison of end-of-life care for patients dying with cancer, published in the *Journal of the American Medical Association*, reveals that the U.S. is really not the worst place to die and in fact, provides the best in end-of-life care.

Statistics show that 22 percent of Americans suffering from cancer died in the hospital. This rate was much lower when compared with Canada, England, Norway, the Netherlands, Belgium and Germany. In addition, Americans spent an average of about a week-and-a-half in the hospital during the last six months of their life as compared to four weeks in other countries. Fifty-two percent of patients suffering from cancer died in the hospital in Canada and approximately 90 percent were admitted to the hospital for an average of three weeks during the last six months of their life.

See Also: [Doctors Need Training in Care of Dying](#)

While the above figures depict a positive side of the healthcare system in U.S., there are some areas which do not reveal the same. For example, in 2010, more than 40 percent of Americans dying from cancer were admitted to the ICU in the last six months of their life. This is double than any of the other countries included in the study. Patients dying with cancer spent twice as many days in the ICU in America as compared to patients in other countries. American patients also received more chemotherapy towards the end despite the fact that there is no evidence that suggests that such an approach improves the quality of life or lengthens it. Forty percent of American patients dying from cancer received at least one episode of chemotherapy during their last six months. The U.S. is also the most expensive country to die in. Dying cancer patients spent an average of \$21,840 during their last six months on hospital-related care compared to \$19,783 in Canada and Norway.

So what conclusions can we draw from the above discussion? There is no doubt that all countries need to

improve their approach towards patients who are dying. As far as the U.S. is concerned, there is a need to empower patients so that they are better able to make realistic choices about how they want to live and where they want to die. There should be open and frank discussions about chemotherapy, ICU admissions and palliative care.

Finally, as far as healthcare spending is concerned, the American healthcare system should focus less on reducing end-of-life spending and more on moving away from fee-for-service medicine. End-of-life care in the U.S. has undoubtedly improved but there is always room for betterment. In the U.S., the first step could be providing universal access to high-quality palliative care for all Americans.

Source: [Newyork Times](#)

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