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The Surprise Question and Identification of Palliative Care Needs among Hospitalized Patients with Advanced Hematologic or Solid Malignancies

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Abstract

Background: Little is known about quality of life (QOL), depression, and end-of-life (EOL) outcomes among hospitalized patients with advanced cancer.

Objective: To assess whether the surprise question identifies inpatients with advanced cancer likely to have unmet palliative care needs.

Design: Prospective cohort study and long-term follow-up.

Setting/Subjects: From 2008 to 2010, we enrolled 150 inpatients at Duke University with stage III/IV solid tumors or lymphoma/acute leukemia and whose physician would not be surprised if they died in less than one year.

Measurements: We assessed QOL (FACT-G), mood (brief CES-D), and EOL outcomes.

Results: Mean FACT-G score was quite low (66.9; SD 11). Forty-five patients (30%) had a brief CES-D score of ≥ 4 indicating a high likelihood of depression. In multivariate analyses, better QOL was associated with less depression (OR 0.91, $p < 0.0001$), controlling for tumor type, education, and spiritual well-being. Physicians correctly estimated death within one year in 101 (69%) cases, yet only 37 patients (25%) used hospice, and 4 (2.7%) received a palliative care consult; 89 (60.5%) had a do-not-resuscitate order, and 63 (43%) died in the

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interventions to improve mood, QOL, and EOL care, and the surprise question is a practical method to identify those with unmet needs.

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