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Racial Disparities in Palliative Care Utilization in the COVID-19 Pandemic

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TITLE

Racial Disparities In Palliative Care Utilization in the COVID-19 Pandemic

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KEYWORDS

Palliative Care, End-of-Life Care, Hospice, COVID-19, Racial Disparities, Code Status

BACKGROUND

Palliative care is a vital resource for the critically or terminally ill. It has myriad benefits such as improved quality of life, reduced depressive symptoms, and decreased scarce resource utilization. Self-identified Black/African patients, however, are less likely to utilize advanced care directives or engage in hospice/comfort care measures and are more likely to prefer intensive treatment at the end of life. There is no research, however, on how the COVID-19 pandemic may have affected these trends.

METHODS

A retrospective cohort study of patients who experienced in hospital mortality or in hospital hospice due to COVID-19 between March 2020 – October 2020 was performed within three major hospital systems in two large urban midwestern cities. Data on patient demographics and clinical characteristics, medical treatments received, and outcomes associated with having a palliative care consultation were collected. Bivariate analyses were performed to determine significance, followed by multivariate analysis on variables with a $p < 0.10$.

RESULTS

A total of $n=479$ patients were studied, 364 identified as Black/African American, 115 as White. Black patients were less likely to receive a palliative care consult ($p < 0.028$, and more likely to undergo cardiopulmonary resuscitation ($p < 0.0001$), intubation ($p < 0.0307$), and acute/chronic dialysis ($p < 0.0012$). There was no difference between the duration of hospitalization or rate of ICU admission.

CONCLUSION

Pre-pandemic data shows that there are established differences in the utilization of palliative services among different racial/ethnic groups. Our study found that this persisted throughout the pandemic. This data provides insight into how the pandemic influenced decision-making and may inform future palliative and critical care practices in future global emergencies.

DISCLOSURES

The authors have no disclosures.