

Study finds differences in end-of-life care for recent immigrants in Canada

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Among deceased in Ontario, Canada, recent immigrants were significantly more likely to receive aggressive care and to die in an intensive care unit compared with other residents, according to a study published by *JAMA*. The study is being released to coincide with its presentation at the Critical Care Canada Forum.

Preliminary evidence suggests that some immigrants may face cultural and logistical challenges in end-of-life care due to several factors, including decreased [health literacy](#) or language ability and decreased access to care due to insufficient financial and social resources. Some immigrants may have different end of-life care preferences than many long-standing residents. Robert A. Fowler, M.D.C.M., M.S.(Epi), of the University of Toronto, Canada, and colleagues examined [end-of-life care](#) provided to immigrants to Canada in the last six months of their life. All decedents who immigrated to Canada between 1985 and 2015 were classified as recent immigrants.

The study included 967,013 decedents in Ontario, Canada, of whom 5 percent immigrated since 1985; long-standing residents were older than immigrant decedents (median age, 75 vs 80 years). Recent immigrant decedents were overall more likely to die in [intensive care](#) (16 percent vs 10 percent). In their last six months of life, recent [immigrant](#) decedents experienced more intensive care admissions (25 percent vs 19 percent), hospital admissions (72 percent vs 68 percent), mechanical ventilation (22 percent vs 14 percent), dialysis (5.5 percent vs 3.4 percent), percutaneous feeding tube placement (5.5 percent vs 3 percent), and

tracheostomy (2.3 percent vs 1.1 percent).

Increased rates of aggressive care varied substantially according to region of birth. For example, compared with long-standing residents, recent immigrants born in Northern and Western Europe were less likely to die in intensive care; those born in South Asia were nearly twice as likely to die in intensive care. Increased rates of aggressive care were not explained by differences in age, sex or socioeconomic position.

Several limitations of the study are noted in the article.

More information: *JAMA* (2017). jamanetwork.com/journals/jama/.../1001/jama.2017.14418

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