

Rates of palliative care rising for inpatients with ESKD on dialysis

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were significantly less likely than white patients to receive [palliative care services](#) (adjusted odds ratios, 0.72 for blacks and 0.46 for Hispanics). These disparities were consistent across all hospital subtypes, including those serving higher proportions of minorities. Palliative care was also less likely among minority patients with lower socioeconomic status (both those with a lower level of income and nonprivate health insurance).

"Further investigation into causes of racial and ethnic disparities is necessary to improve access to [palliative care](#) services for the vulnerable ESKD population," the authors write.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—There was an increase in provision of palliative care for patients hospitalized between 2006 and 2014 with end-stage kidney disease (ESKD) requiring dialysis, but rates were lower for black and Hispanic patients, according to a study published online Aug. 6 in the *Journal of the American Society of Nephrology*.

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Yumeng Wen, M.D., from Mount Sinai St. Luke's and Mount Sinai West Hospitals in New York City, and colleagues assessed the use of palliative care consultation in patients with ESKD in the inpatient setting. The analysis examined [racial differences](#) in palliative care using the National Inpatient Sample (2006 to 2014) to identify 5,230,865 hospitalizations for patients with ESKD requiring maintenance dialysis.

The researchers found that overall, 1.5 percent of the hospitalizations involved palliative care. During the study period, the palliative care referral rate increased significantly from 0.24 percent to 2.70 percent. However, black and Hispanic patients

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