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Palliative care at end-of-life for people with liver cancer: A 10 year population-based study in Australia

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Palliative care is essential to manage symptoms and end-of-life (EOL) quality, yet its utilisation in liver cancer remains poorly understood. This study examined sociodemographic and clinical characteristics associated with palliative care admission in the last five years of life for people with a death from liver cancer. A population-based retrospective cohort study of adults (≥18 years) who died from liver cancer between 2013 and 2022 in New South Wales, Australia was conducted. Multivariable logistic regression identified factors associated with palliative care admissions using linked hospital, cancer registry, notifiable conditions, and mortality records. There were 3,565 deaths and 55.3% of people had at least one palliative care admission. Females (OR 1.25; 95%CI1.06–1.49), individuals with anxiety-related disorders (OR 1.63; 95%CI1.18–2.25), drug-related dependence (OR 1.81; 95%CI1.29–2.54), who lived in rural locations (OR 1.39; 95%CI1.18–1.64), who had metastatic cancer at diagnosis (OR 1.23; 95%CI1.01–1.50), who had ≥4 hospital admissions (OR 1.43; 95%CI1.08–1.90) or who died in hospital (OR 4.64; 95%CI4.64–6.52) had a higher likelihood of a palliative care admission compared to no palliative care admissions. People admitted to intensive care (OR 0.60; 95%CI0.47–0.75) or who had mechanical ventilation (OR 0.46; 95%CI0.29–0.74) in the last 12 months prior to EOL were less likely to have a palliative care admission. This is the first Australian study to examine palliative care use in liver cancer on a population-level. Findings support earlier integration of palliative care to reduce high-acuity interventions. These insights have implications for service delivery, equity, and policy in EOL care planning.

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