Comparison of Quality of Life of Cancer Patients Receiving Institutional and Home-based Palliative Care

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Palliative care for terminally ill cancer patients has emerged as a major part of healthcare. People are demanding an improved quality of life (QOL) even at terminal care. The aim of this study was to assess and compare the QOL and level of depression of institutionalized with non-institutionalized (home-based) palliative care cancer patients. A cross-sectional case-control comparative study was conducted. Patients, who have a diagnosis of a primary cancer, aged 18 years and over, and able to speak, understand and write either Sinhala/ Tamil languages were included. Validated Sinhala and Tamil versions of European Organization for Research and Treatment of Cancer Quality of Life core Questionnaire and Center for Epidemiological Studies Depression Scale were used to assess the health related QOL and level of depression. Explorative and descriptive statistics were used to describe the samples. Influence of the treatment, site, histopathological type, tumour stage; sex, age, and socio-economic status were considered as predictor variables. Multivariate models were used to determine independent associations between predictor and outcome variables. Sample comprised 92 males and 77 females with an overall mean age of 58.03±10.63 years. Majority (82%) of the patients were married. Both test and control groups had similar demographic characteristics, with the exception of marital status. No statistically significant differences between test and control groups were found on measures of illness. The home-based group scored higher in Global Health Status, Symptom scale, Functional scale and level of depression and was statistically significant. Mean scores for the three sub-scales of QOL shows that both groups have scored higher on global health status over symptoms and functional scale. The findings suggest home-based care may be the preferred option for patients with better health, wish to remain independent, believing the control over the effects of their illness and treatment, and with supportive networks at home.

Key words: Quality of Life, Cancer, Palliative care

Acknowledgement: This project was supported by University Research Grant Programme