

Use of Oxygen at End-of-Life: Attitudes and Beliefs Survey



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Purpose

- ❖ To encourage discussion related to new scientific findings and suggestions that oxygen may not be necessary at end-of-life, and in fact, oxygen use may prolong death for those wanting to die.
- ❖ Literature review on this topic has suggested that oxygen use may prolong the dying process
- ❖ Create a survey in order to understand the use of oxygen at the end of life in contemporary palliative care practice
- ❖ The survey was aimed to solicit the health provider's opinions and experiences on the use of oxygen at the end of life



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Literature Review

- ❖ Some research studies demonstrate that oxygen use may not be indicated for various reasons (Maunder, 2006):
 - ❖ Oxygen is a costly intervention
 - ❖ Oxygen use may be uncomfortable and cause drying of mucous-membranes
 - ❖ Excessive oxygen levels can cause lung or airway damage and may not even relieve shortness of breath
 - ❖ Oxygen may prolong the dying process in patients who are ready to let go
- ❖ Some evidence reveals that oxygen use may have benefits in patients with: (Uronis and Abernethy, 2008)
 - ❖ Severe hypoxemia
 - ❖ Chronic obstructive pulmonary disease
 - ❖ Certain types of cancer
- ❖ Literature indicates a need for further research on this topic (Quinn-Lee, 2011)

Methods

- ❖ A survey was constructed using the results of the literature review.
- ❖ A 13-question survey was mailed to 42 participants who are palliative care directors/coordinators in Wisconsin hospitals.
- ❖ In order to increase participation, two weeks later, the same participants received the same survey via e-mail.
- ❖ 21 participants responded, for a response rate of 50%.
- ❖ Quantitative data was analyzed in Qualtrics.
- ❖ Qualitative data is still being analyzed.

Results

Do you have a palliative care physician involved in the day-to-day management of patient care?

Answer	Response	%
Yes	12	57%
No	9	43%
Total	21	100%

Does your facility have a standard "comfort care" protocol or order set for patients who are within a few days of their expected death?

Answer	Response	%
Yes	20	95%
No	1	5%
Total	21	100%

Is oxygen use addressed in the order set?

Answer	Response	%
Yes	20	100%
No	0	0%
Total	20	100%

What is the standard practice at your facility for "comfort care" patients who are within a few days of their expected death?

Answer	Response	%
Usually use low flow oxygen (1-4L) by nasal cannula or mask	13	62%
Usually titrate oxygen upward to keep oxygen saturation above a certain level (i.e. titrate oxygen upward to keep oxygen saturation above 90%)	0	0%
Usually use high flow oxygen (5-15L) by nasal cannula or mask	1	5%
Usually do not use oxygen at the end of life	2	10%
Other:	8	38%

What are the reasons your facility might use oxygen for "comfort care" patients who are within days of their expected death?

Answer	Response	%
Increased physical comfort of patient	15	71%
Family requests oxygen	13	62%
Makes the staff feel as though they can at least offer something	6	29%
Patients goal is to prolong life	6	29%
Increased emotional comfort of patient	11	52%
Increased emotional comfort of family	13	62%
Increased emotional comfort of staff	5	24%
Other:	6	29%

In your experience or opinion, do you personally believe oxygen affects the timeline of the dying process?

Answer	Response	%
Yes	10	48%
No	11	52%
Total	21	100%

Have you ever put oxygen on a patient to please a family?

Answer	Response	%
Yes	17	81%
No	3	14%

Other than oxygen, what practices or care are commonly used at your facility at the end of life to achieve respiratory comfort?

Answer	Response	%
Medications: which medication class?	19	95%
Repositioning	18	90%
Acupuncture	0	0%
Massage	2	10%
Breathing exercises	8	40%
Aromatherapy	3	15%
Spiritual Care Practices	16	80%
Increasing air circulation (i.e.: fan or open window)	17	85%
Acupressure	0	0%
Cognitive Behavior Therapy	2	10%
Music	15	75%
Meditation	4	20%
Relaxation	9	45%
Other:	2	10%

Is your facility: (Mark all that apply)

Answer	Response	%
Urban: Population of 50,000 or more	11	58%
Suburban: Population of 2,500-49,999	3	16%
Rural: Population of less than 2,500	4	21%
Community-Based Hospital: a non-federal hospital that provides acute, short-term care (average length of stay is	6	32%
Academic or Teaching Hospital: hospital that is engaged in an approved general medical residency program	2	11%

"They want to feel like they and we are doing something for their loved one. They think the patient will suffer or suffocate without it. Some wonder whether it is prolonging life or if it is just a comfort care measure."

Discussion

- ❖ Many facilities use oxygen at the end of life. However, the reasons for using oxygen vary. It is unclear whether oxygen affects the timeline of the dying process.

Suggestions for Future Research

- ❖ Further research is needed on this topic, and we would urge additional distribution of regional and national surveys detailing the attitudes and beliefs of health care providers, patients and family members related to oxygen use at end-of-life

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