

Living through the COVID-19 pandemic as an end-of-life cancer patient

Written by [Anastasia Arabadzhyan](#).

Research Team: Anastasia Arabadzhyan, Katja Grašič, [Peter Sivey](#).



The COVID-19 pandemic was a major challenge to health systems around the world. It showed that if systems are unprepared for such events, the delivery of care may be delayed and the healthcare needs of the population, especially those in vulnerable groups, may go unmet.

Our research investigated how the pandemic affected end-of-life care for cancer patients. We linked hospital records in England with death data to compare the care received by similar cancer patients before and during the pandemic, in their final month of life.

We found that over the first year of the pandemic, cancer patients spent 25% less time in hospital in their final month of life compared to what would have been the case had the pandemic never happened. During the peak COVID-19 periods, this reduction was as much as 42%. The reduction occurred regardless of whether patients died in hospitals, care homes/hospices or at home, but it was exacerbated by more patients dying at home during the pandemic.

Additionally, there was a shift from face-to-face outpatient appointments to remote appointments, which persisted throughout the pandemic and was not limited to peak COVID-19 periods. While remote consultations did not put vulnerable patients at risk of contracting the virus and may have been preferred by some patients, they are not always an appropriate alternative to face-to-face care.

Our findings suggest that reduced care provision during the pandemic may have left some healthcare needs unmet, particularly for vulnerable groups like end-of-life cancer patients. The study highlights the importance of building up health system resilience to ensure consistent care provision for such groups during future health emergencies.

Read the full paper in [Economics and Human Biology](#).

This work was funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme, conducted through the NIHR Policy Research Unit in Economics of Health Systems and Interface with Social Care (PR-PRU-1217-20301).

April 2024