
LETTER TO THE EDITOR

Palliative care unit and medical intensive care unit deaths

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We read with interest the paper by Digwood et al. in the last issue of *Palliative and Supportive Care*. The authors report a drop in MICU mortality from 21 to 15.8% ($p = 0.003$) after the opening of the PCU. The authors explain that at least their findings are due to the ability to transfer ICU patients to the PCU in a seamless manner.

Our group previously published similar results at our cancer center: the number of deaths in MICU dropped from 252/271 (38%) before the inpatient palliative care service to 213/764 (28%) after the opening ($p < 0.0001$). During this period, the involvement of the palliative care service in the care of patients dying in the hospital grew from 1% to 35%. In our study, very few patients (less than 15%) were actually transferred from MICU to PCU and the overall hospital mortality rate did not increase. Our findings suggest that the presence of a PCU provides a different pathway for symptomatic, decompensated patients that might prevent an MICU admission (Elsayem et al., 2006). PCUs have been found to provide better care as compared to consultation teams (Casarett et al., 2011), even though patients admitted to PCUs are usually in more severe distress

(Bruera & Hui, 2011). Our findings strongly support those of Digwood et al. Unfortunately, only 23% of United States cancer centers have dedicated palliative care beds (Hui et al., 2010). We hope that as a result of this article and the growing literature, palliative care units will soon become a requirement from a regulatory and ethical perspective in all acute care facilities.

REFERENCES

- Elsayem, A., Smith, M.L., Parmley, L., et al. (2006). Impact of a palliative care service on in-hospital mortality in a comprehensive cancer center. *Journal of Palliative Medicine*, 9, 894–902.
- Casarett, D., Johnson, M., Smith, D., et al. (2011). The optimal delivery of palliative care: A national comparison of the outcomes of consultation teams vs inpatient units. *Archives of Internal Medicine*, 171, 649–655.
- Bruera, E. & Hui, D. (2011). Palliative care units: The best option for the most distressed. *Archives of Internal Medicine*, 171, 1601.
- Hui, D., Elsayem, A., De la Cruz, M., et al. (2010). Availability and integration of palliative care at US cancer centers. *Journal of the American Medical Association*, 303, 1054–1061.

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