

"Pepper", a humanoid robot designed to welcome and take care of visitors and patients, holds the hand of a newborn baby next to his mother at AZ Damiaan hospital in Ostend, Belgium.

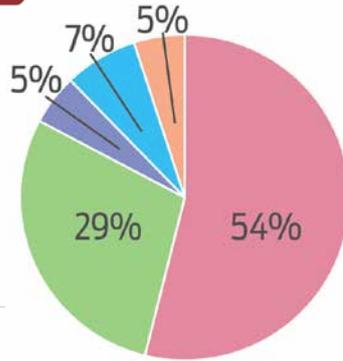
Picture: Francois Lenoir/Reuters/Picture Media

MJA InSight Poll

Obesity is the most important public health issue

Total respondents: 177

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



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MJA Podcasts



Professor Anne Holland is chair of Physiotherapy at LaTrobe University, and **Lara Kimmel** is a senior physiotherapist at The Alfred in Melbourne. They discuss their research published in this issue, comparing outcomes after conventional

once-a-day post-hip fracture physiotherapy with three sessions a day.



Professor Jon Emery is the Herman Professor of Primary Cancer Care Research at the University of Melbourne's Department of General Practice. He discusses his coauthored research in this issue on presentations to general practice before a cancer diagnosis in Victoria.

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Unnecessary EOL treatment widespread

University of New South Wales reviewers, reporting in the *International Journal for Quality in Health Care*, have found that more than a third of elderly patients hospitalised at the end of their life received “invasive and potentially harmful medical treatments”. The analysis of 38 studies over 2 decades, based on data from 1.2 million patients, bereaved relatives and clinicians in 10 countries including Australia, found that the practice of doctors initiating excessive medical or surgical treatment on elderly patients in the last 6 months of their life continues in hospitals worldwide. Dr Magnolia Cardona-Morrell, who led the research at UNSW’s Simpson Centre for Health Services Research, said rapid advances in medical technology have fuelled unrealistic community expectations of the healing power of hospital doctors and their ability to ensure patients’ survival. “It is not unusual for family members to refuse to accept the fact that their loved one is naturally dying of old age and its associated complications and so they pressure doctors to attempt heroic interventions,” Dr Cardona-Morrell said. “Doctors also struggle with the uncertainty of the duration of the dying trajectory and are torn by the ethical dilemma of delivering what they were trained to do, save lives, versus respecting the patient’s right to die with dignity.” The study revealed 33% of elderly patients with advanced, irreversible chronic conditions were given non-beneficial interventions such as admission to intensive care or chemotherapy in the last two weeks of life while others who had not-for-resuscitation orders were still given CPR. The researchers also found evidence of invasive procedures, unnecessary imaging and blood tests, intensive cardiac monitoring and concurrent treatment of other multiple acute conditions with complex medications that made little

or no difference to the outcome, but which could prevent a comfortable death for patients.

Breast cancer treatment impacts independent living

Researchers from the US have found one in five women undergoing breast cancer treatment for a year became “incapable of performing some of the basic tasks required for independent living”. Published in *Cancer*, the study also found that a simple survey can help identify which women are at risk of such functional decline. Cynthia Owusu from Case Western Reserve University in Cleveland, Ohio, and her colleagues studied a group of 184 women aged 65 years and older who had been recently diagnosed with stage I to III breast cancer. The researchers used the Vulnerable Elders Survey, a 13-item self-administered tool that has been validated in community-dwelling elders to predict functional decline or death within 12 months. Patients completed the survey just prior to breast cancer treatment. Within 12 months, 34 of the 184 patients developed functional decline and seven died. The risk of functional decline or death rose with increasing survey scores. Women without an education beyond high school were disproportionately affected. “Our findings are important because the study validates the Vulnerable Elders Survey as a useful tool for identifying older women with breast cancer who may be at increased risk for functional decline within a year of treatment initiation,” she said. “This instrument offers the opportunity for early identification and will inform the development of interventions to prevent and address functional decline for those particularly at risk, such as women with low socioeconomic status.”

Cate Swannell doi:10.5694/mja16.n1807

