



Death, Dying, and End of Life

Edited by Howard Bauchner, MD, and Phil B. Fontanarosa, MD, MBA

Research

Health Care and Costs Related to Cancer Deaths in 7 Countries **272**

In an analysis of administrative and registry data from 7 developed countries (United States, Belgium, Canada, England, Germany, the Netherlands, and Norway), Bekelman and colleagues examined patterns of care, health care utilization, and expenditures over the 180-day and 30-day periods before death for patients aged 65 years or older who died of cancer in 2010. Among the authors' findings was that end-of-life care was less hospital-centric in the Netherlands and the United States than in the other countries. Hospital expenditures near the end of life were higher in the United States, Norway, and Canada, intermediate in Germany and Belgium, and lower in the Netherlands and England. Intensive care unit admission was more than twice as common in the United States compared with the other countries.

Author Video Interview jama.com Continuing Medical Education jamanetworkcme.com

Family Perspectives on Aggressive End-of-Life Cancer Care **284**

Patients with advanced-stage cancer often receive aggressive medical care at the end of life despite evidence that aggressive treatment does not improve quality of life, patient outcomes, or caregiver bereavement. Wright and colleagues surveyed 1146 family members of Medicare patients who died with advanced-stage lung or colorectal cancer to assess the association of aggressive end-of-life care with family members' perceptions of the quality of care and whether the care was consistent with patients' preferences for end-of-life care. The authors found that family perceptions of better end-of-life care were associated with earlier hospice enrollment, avoidance of intensive care unit admission in the 30 days before death, and death occurring outside the hospital.

Continuing Medical Education jamanetworkcme.com

Opinion

Viewpoint

245 Responding to Patients Requesting Physician-Assisted Death: Physician Involvement at the Very End of Life
TE Quill, AL Back, and SD Block

247 Why Physicians Should Oppose Assisted Suicide
YT Yang and FA Curlin

249 Physician-Assisted Dying: A Turning Point?
LO Gostin and AE Roberts

251 The Liberty to Die: California Enacts Physician Aid-in-Dying Law
RP Clodfelter and EY Adashi

253 Physician-Assisted Death in Canada
HM Chochinov

255 Toward Better ICU Use at the End of Life
DC Angus and RD Truog

257 A Policy Prescription for Hospice Care
OO Odejide

259 The Problems With Physician Orders for Life-Sustaining Treatment
KA Moore, EB Rubin, and SD Halpern

A Piece of My Mind

261 What Would Mom Want?
T Anderson Curry

263 A Final Course
D Shalev

265 Hope Is the Thing With Feathers
L Cripe

Editorial

267 Quantity and Quality of Life: Duties of Care in Life-Limiting Illness
A Gawande

270 Death, Dying, and End of Life
H Bauchner and PB Fontanarosa

Instructions for Authors

jama.com/public/instructionsforauthors.aspx

Editor in Chief
Howard Bauchner, MD

132 YEARS
OF CONTINUOUS
PUBLICATION

Clinical Review & Education

Effect of 1-Hour Evacuation Policy on Combat Casualties 293

Prehospital helicopter transport of US military personnel within 60 minutes of a critical combat injury was mandated by the Department of Defense in 2009. An article in *JAMA Surgery* reported morbidity and mortality outcomes for 21 089 military casualties that occurred during the Afghanistan conflict (September 11, 2001, to March 31, 2014). The authors found a decline in case fatality rate after the mandate, which was associated with an increasing percentage of casualties transported in 60 minutes or less and improvements in treatment capability. In this From the JAMA Network article, Martin and colleagues discuss changes in trauma care implemented concurrently with the 1-hour evacuation policy and highlight efforts to optimize outcomes of critically injured military personnel.

Alopecia in a Boy With Nephrotic Syndrome 295



A 5-year-old boy who was receiving oral prednisone and cyclosporine for nephrotic syndrome presented with recent-onset localized scalp alopecia. The lesion was mildly pruritic but not painful. No new hair products had been used. A cat lived in the home. On examination, the area was swollen and erythematous, with some pustules and crusting. Hairs could be easily plucked from the lesion. Cervical adenopathy was present. Laboratory test results were unremarkable. What would you do next?

Quiz jama.com

Electrodiagnostic Tests in Polyneuropathy and Radiculopathy 297

This JAMA Diagnostic Test Interpretation article by Callaghan and colleagues presents a 66-year-old man with a 2-year history of type 2 diabetes who has worsening tingling and weakness in his legs, problems with balance, and increasing low back pain relieved with sitting. On examination, mild weakness was noted in dorsiflexion and plantar flexion of the feet; pinprick sensation was decreased to the ankles and the Achilles reflex was absent bilaterally. He was unable to walk on his toes or heels. Nerve conduction studies and electromyography were performed. How would you interpret the test results?



Humanities

The Art of JAMA

230 *The Doctor Henri Vaquez (1860-1936), Cardiologist.*
Édouard Vuillard (1868-1940).

Poetry and Medicine

309 Physicians

JAMA Revisited

310 Euthanasia

JAMA Patient Page

318 Death in the United States:
Changes From 1969 to 2013

LETTERS

Research Letter

301 Association of Occupation as a
Physician With Likelihood of Dying
in a Hospital
S Blecker and Coauthors

302 End-of-Life Care Intensity
for Physicians, Lawyers, and the
General Population
JS Weissman and Coauthors

Comment & Response

306 Finerenone for Albuminuria
in Patients With Diabetic Nephropathy

307 Managing Chronic Kidney Disease
in Older People

NEWS & ANALYSIS

Medical News & Perspectives

237 Greater Health Care Spending
May Moderate Recession's Negative
Health Effects

The JAMA Forum

239 Communicating the Health Effects
of Climate Change

JAMA Infographic

241 When and Why People Die in the
United States, 1990-2013

242 Global Health

El Niño to Adversely Affect
Children's Health

Lessons From Ebola Outbreak
Point to Reforms

Asymptomatic People May Contribute
to Dengue Transmission

WHO Survey Reveals Misconceptions
About Antibiotic Resistance

243 News From the FDA

Update on SGLT2 Inhibitor Warning

Cooling System to Prevent Hair Loss

New Option for Bleeding Disorder

Departments

227 Staff Listing

299 CME Questions

311 JAMA Network Abstracts

313 Classified Advertising

316 Journal Advertiser Index

317 Contact Information