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Abstract

Background

In end-of-life care, cancer rehabilitation is considered to be an important means for achieving a good death.

The aim of this study was to explore the association between rehabilitation in inpatient hospices and palliative care units and the quality of death and dying.

Methods.

This study was conducted as a part of two nationwide surveys of families of patients with cancer who died in palliative care units in Japan. We evaluated the short version of Good Death Inventory (GDI). A logistic regression model was used to calculate the propensity score. The associations between rehabilitation and GDI were tested using trend tests after propensity score matching adjustment. The missing values were imputed by multivariate imputation using the chained equations method

Results.

Of the 1965 questionnaires sent to bereaved family members, the final analysis included 1008 responses (51.2%). Among them, 285 (28.2%) cases received rehabilitation. There was no difference in total GDI score between the groups with and without rehabilitation. Patients receiving rehabilitation were significantly more likely to feel maintaining hope and pleasure (mean 4.50 vs. 4.05, respectively: P = 0.003), good relationships with medical staff (mean 5.67 vs. 5.43, respectively: P = 0.035), and being respected as an individual (mean 6.08 vs. 5.90, respectively: P = 0.049) compared with patients not receiving rehabilitation.

Conclusion.

Rehabilitation in palliative care units is is associated with several domains of the quality of death and dying, particularly maintaining hope and pleasure. Further research is needed to investigate the components of palliative rehabilitation that contribute to the achievement of a good death.