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**Advance Directives and Patient Symptoms, Patient Satisfaction  
and Post-Hospital Discharge Service Costs**

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**Background:** Studies looking at the influence of advance directives (ADs) on patient/proxy satisfaction, the use of services and resulting costs have reported mixed results.

**Methods:** 512 hospitalized patients with a life-limiting illness, from 3 hospitals were randomized to receive care from an interdisciplinary inpatient palliative care service (IPCS) or usual hospitalist care. Both IPCS and usual care patients were included in this analysis.

Differences between patients with and without an AD at discharge were examined using chi-square, Wilcoxon tests and Cox regression. Total health services costs for 6 months post hospital discharge in the presence or absence of an AD at hospital discharge were examined using a two-part non-linear model adjusted for the amount of time a patient had available to utilize services.

**Results:** There was no difference in the proportion of patients in the IPCS (59.2%) and usual care (62.2%) groups with an AD at study enrollment ( $p=.50$ ). At hospital discharge, IPCS patients had significantly more ADs (89.4%) completed than did usual care patients (67.9%) ( $p<.0001$ ). There were no differences in patient satisfaction at hospital discharge.

Patients who had an AD at hospital discharge were significantly older ( $p=.003$ ), had a lower ECOG score ( $p=.05$ ), more of them died within 6 months ( $p=.004$ ), and died sooner ( $p=.002$ ) than patients without an AD. More patients with an AD were admitted to hospice ( $p=.003$ ), and were admitted sooner ( $p=.0001$ ). There was no difference in hospice length of stay.

Patients with an AD had significantly lower per patient per day total costs over 6 months (\$143) than did patients without an AD (\$266) ( $p=.002$ ).

**Conclusions:** IPCS patients were more likely to have an AD at discharge. Patients who had an AD at hospital discharge were older, had lower ECOG scores, were more likely to die and died sooner than patient without an AD at discharge. Patients with ADs were more likely to choose hospice and to choose hospice earlier following hospital discharge. Per patient per day health service total costs were significantly lower over 6 months for patients with an AD at hospital discharge.