

PATIENT AGE IS WIDELY USED, DIRECTLY OR INDIRECTLY, TO GUIDE CLINICAL DECISIONS

This scoping review is the first attempt to methodically map out the role of patient age in clinical decision making in cancer care. Our findings suggest that patient age is widely used, directly or indirectly – and consciously or unconsciously – to guide clinical decisions.

Acknowledging the many roles of age and being more transparent about its use can help clinicians make better and more ethical decisions. It can also promote a more open and informed public debate.

In this Policy Brief we highlight our main findings and their relevance for personalized medicine and clinical cancer care.

AUTHORS

Eirik Joakim Tranvåg^{1,2}
Ole Frithjof Norheim^{1,2}
Trygve Ottersen^{3,4}

AFFILIATIONS

1. Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

2. Centre for Cancer Biomarkers CCBIO, Department of Clinical Medicine, University of Bergen, Bergen, Norway

3. Oslo Group on Global Health Policy, Department of Community Medicine and Global Health and Centre for Global Health, University of Oslo, Oslo, Norway.

4. Division for Health Services, Norwegian Institute of Public Health, Oslo, Norway

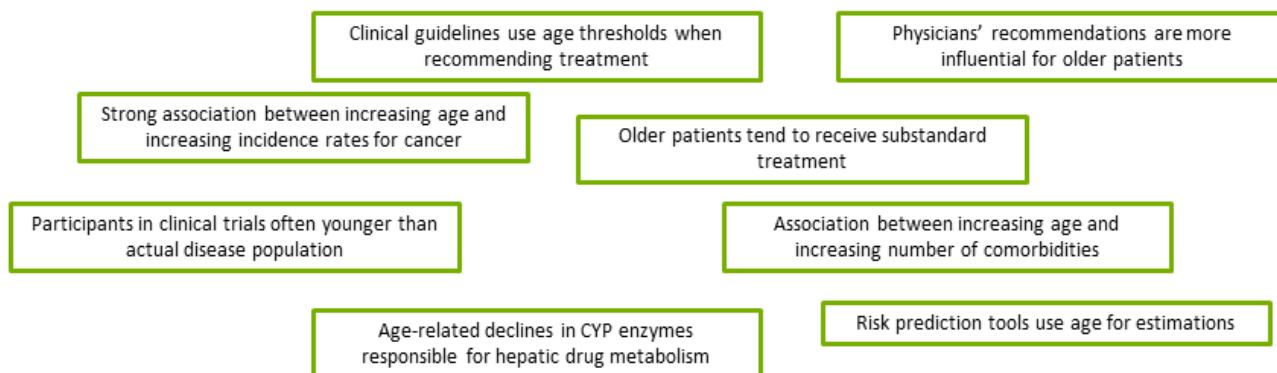


Figure: Examples of how patient age can influence clinical decisions

Background and methods

Among the many patient characteristics that can affect decision making, patient age is both widely used and heavily discussed. Using age appears intuitive in many settings, but exactly how it should guide clinical decisions is unsettled. Incorporating patient age into decision making is by some seen as unethical and discriminatory.

With the progress of personalized medicine, attention to individual characteristics will be stronger. In oncology practice it will be increasingly important to understand how patient characteristics affect cancer biology, treatment efficacy, and tolerance. Further, how to incorporate these factors into decision making will also be important.

The aim of this study was to provide an overview of the many different ways patient age may guide clinical decisions in oncology.

By conducting a scoping review, we identified literature covering the use of patient age in cancer diagnostic and treatment decisions. In contrast to a systematic review, a scoping review address broader research questions, and can be used to map key concepts of research areas, identify gaps in existing knowledge or merely identify relevant literature on a topic.

Included references were categorized in three main categories based on their main topic: Context, Patient and Intervention. A narrative summary with selected examples describe our findings.

Main findings

Age is associated with and partly influences clinical decisions in ways that are both avoidable and unavoidable. In total, these publications show that patient age can be used directly or indirectly – and consciously or unconsciously – to guide decisions.

Deciding when and how patient age can be justified is a question of ethics. In some cases, it is unproblematic. The relation between increasing age and increasing cancer incidence is relevant. Conversely, the poor inclusion of older patients in clinical trials is an ethical challenge.

Patient age is often used as a proxy for other individual patient characteristics. In modern cancer care this practice will increasingly be replaced by biomarkers or composite measures. For other, more value-based relationships between age and decision making, more work is needed: is it ethically justifiable to limit cancer treatment based on patient age?

Conclusion

Patient age is integrated into clinical decision making in a range of ways that in sum makes it not only difficult, but almost meaningless to claim age-neutrality. Consequentially, beliefs that physicians do and even can make decisions completely independent of patient age should be discarded, as such beliefs probably hinder proper consideration and discussion of the role of age.

Acknowledging the many roles of age and being more transparent about its use can help clinicians make better and more ethical decisions. It can also promote a more open and informed public debate.

Links

LINK TO PAPER
<https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4456-9>
 LINK TO RESEARCH GROUP
<http://www.uib.no/en/rg/globpri>

RESEARCH GROUP

Global Health Priorities belongs to the Department of Global Public Health and Primary Care at the University of Bergen. The group works interdisciplinary within the fields of medicine, economics, ethics and philosophy, public health, epidemiology and statistics.