

Living situation, healthcare utilization and total healthcare costs the six months prior to death for all cancer decedents in Norway: are there differences between the most common cancer deaths?

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Research of end-of-life care is often fragmented in the sense that it is often focused on single aspects of care on selected cohorts with limited information on individuals' sociodemographic characteristics. In the current paper, we used 6 national registers to estimate the living situation, health care utilization and healthcare costs, in all levels of the sector, depending on patients underlying cancer and sociodemographic characteristics (age, sex, marital status, education and income). We identified all (n=52,926) individuals who died from cancer in Norway between 2009-2013, of which 16%, 12%, 9%, 6% and 1% died from lung-, prostate-, colorectal-, breast- or cervical cancer. Even though healthcare utilization varied between individuals depending on their underlying cause of death (different cancer diagnosis), costs varied more between individuals depending on their age and access to informal care (marital status). Those with higher education and income used some more secondary, but some less primary- and home- and community-based care, but total healthcare utilization was relatively similar across different levels of education and income.