

Knowledge, Attitudes, and Preferences Regarding End-of-Life Care among Patients Attending the Medical Clinic at Teaching Hospital, Jaffna

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Introduction: End-of-life (EOL) care is an essential component of healthcare, aimed at focusing comfort, dignity, and quality of life during the terminal stages of illness. Despite its importance, awareness and understanding of EOL care remain limited among older adults in many settings.

Objective: To assess the knowledge, attitudes, and preferences related to EOL care among elderly patients attending the medical outpatient department at Teaching Hospital, Jaffna, in order to inform and enhance patient-centered and cost-effective care.

Methods: A prospective cross-sectional study was conducted between November 2024 and January 2025 among 510 patients aged ≥ 65 years. Data were collected using a structured self-administered questionnaire, which was validated through a pilot study and expert review. Statistical analyses were performed using SPSS version 27.

Results: Participants were predominantly female (65.7%), with the largest proportion aged 70–79 years (56.3%). Multimorbidity was highly prevalent, with 84.9% reporting more than three chronic conditions, most commonly hypertension (72.9%), diabetes mellitus (54.7%), and dyslipidemia (51.2%). The majority (90%) resided with family members, indicating strong familial support systems. While 77.3% acknowledged that chronic diseases may become irreversible and 97% expressed a preference for comfort-focused, symptom-oriented management at the

terminal stage, only 23.5% reported awareness of palliative or end-of-life (EOL) care. Interestingly, 71.6% indicated a desire to continue treatment even if deemed medically futile, and 86% favored resuscitation and intensive care during terminal illness; these preferences were not significantly associated with educational attainment or the presence of multimorbidity. Clear communication regarding disease progression was considered important by 76.5% of participants. Responsibility for EOL decision-making was perceived as shared, with similar proportions attributing this role to patients (34%), family members (34%), and physicians (32%). Overall, the majority regarded EOL care as meaningful (86.3%) and were willing to engage in related discussions with healthcare providers (89.2%).

Conclusion: Elderly patients with multimorbidity value clear communication and recognize the importance of end-of-life (EOL) care; however, their awareness and understanding of palliative and end-of-life care concepts remain limited. Although many express a preference for comfort-focused care, a substantial proportion still favor aggressive interventions, underscoring the need for improved education and culturally sensitive discussions to ensure that EOL decisions align with patients' values and informed choices.