

techniques. We selected only randomised controlled trials, cohort studies and case controlled studies where palliative care was the intervention or observation, with cost and either patient satisfaction with care or quality of life as an outcome measure.

Results Of 1964 sources identified, 13 met the inclusion criteria by measuring both cost and at least one quality outcome. Evidence supported existing research that palliative care interventions generally reduce health service costs: only one study reported costs increasing during a palliative intervention. Evidence regarding quality of life outcomes was not conclusive, not least because small sample sizes hampered statistical assessments of data within trials. All sources had at least one methodological limitation identified within: these included failure to report measures taken with regard to blinding, no explanation of randomisation process, insufficient detail for some outcome measures and incomplete accounting for losses to follow-up.

Conclusions Evidence that palliative interventions cut costs by minimising futile medical acts, while not reducing quality of life is negligible. Further research, possibly using observational methods in view of some limitations inherent in trials, should be conducted.

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043 CAN PALLIATIVE CARE SERVICES REDUCE FUTILE TREATMENT? A SYSTEMATIC REVIEW

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Background Palliative care interventions have the potential to reduce costs to the health service by reducing intensity of treatments intended to have curative effect while concentrating on quality of life and, in due course, quality of death. A patient receiving treatment inspired by curative intent during the end stage of their life is potentially exposed to medical futility.

Aim To conduct a systematic review of evidence for palliative interventions' ability to reduce cost without impacting on quality of care.

Method Electronic search of MEDLINE, EMBASE, AMED and CINAHL databases; augmented by hand searching