Objective To explore the decisions of people with advanced cancer, and their caregivers, to seek emergency department (ED) care, and understand the issues that influence the decision-making process.

Design Qualitative study incorporating semi-structured patient and caregiver interviews, plus research field notes.

Methods Between December 2014 and July 2015, semi-structured interviews were conducted with 18 people with advanced cancer, all of whom had recently attended the ED of a large university teaching hospital located in south-east London; and six of their caregivers. Interviews were audio-recorded, transcribed verbatim and analysed using a constant comparative approach. Padgett and Brodsky’s modified version of the “Model of Health Services Use” was used as a framework for the study.1

Results Issues influencing the decision-making process included: i) Anxiety relating to having a diagnosis of cancer – those with greater anxiety interpreted symptoms as more severe and/or requiring immediate attention; ii) Prior patterns of health-seeking behaviour – at times of crisis participants defaulted to previously used services; iii) Feelings of safety and familiarity with the hospital setting – many felt reassured by the presence of healthcare professionals and monitoring of their condition; and, iv) Difficulties accessing community healthcare services – especially urgently and/or out-of-hours.

Conclusion These data provide healthcare professionals and policymakers with a greater understanding of how systems of care may be developed to help reduce end-of-life ED visits. In particular, our findings suggest that greater support and education regarding end-of-life symptoms, earlier collaboration between oncology and palliative care and increased access to community healthcare services may help reduce the number of end-of-life ED visits made by people with advanced cancer.

REFERENCE