



Caregiver bereavement outcomes in advanced cancer: associations with quality of death and patient age

Kohei Kajiwara¹ · Jun Kako² · Masamitsu Kobayashi³ · Hiroko Noto⁴ · Ayako Ogata¹

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To the Editor:

We read the recently published article titled, “Caregiver bereavement outcomes in advanced cancer: associations with quality of death and patient age” by Mah et al. [1] with interest. In it, the authors concluded that good end-of-life death preparation and symptom control for patients with cancer may reduce later caregiver grief and depression [1]. Herein, we present a point of discussion regarding their conclusions.

Mah et al. showed that patients’ age at death was significantly related, with older patient age being linked to less present grief. Moreover, two quality of dying and death (QODD) [2] subscales, symptom control, and preparation were significantly related to the present Texas Revised Inventory of Grief [1]. We believe that patients’ age and QODD had a significant impact on the outcomes of grief among caregivers in that study. However, another study indicated that spousal and parent–child relationships were significant determinants of complicated grief for caregivers [3]. We wonder if family relationships may be relevant as a confounding factor. Therefore, we are interested in an analysis of the relationship between the patient’s family relationship and grief in this study.

Mah et al. pointed that better preparation for death among patients, quality of dying, and death were linked to

less caregiver grief and depression [1]. We agree with this point. Previous research showed that preparation for death had a significant negative direct effect on anticipatory grief [4]. Therefore, we believe it is very important to support caregivers in their preparation for death.

Undoubtedly, it is important to focus on caregiver bereavement outcomes in cases of patients with advanced cancer. Hence, the study conducted by Mah et al. provides useful data on the same. We believe that focusing on good end-of-life death preparation may help reduce grief and depression for informal caregivers of advanced cancer in the future.

Declarations

Conflict of interest The authors declare no competing interests.

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✉ Kohei Kajiwara
k-kajiwara@jrckicn.ac.jp

¹ Japanese Red Cross Kyushu International College of Nursing, 1-1 Asty Munakata, Fukuoka 811-4157, Japan

² College of Nursing Art and Science, University of Hyogo, Akashi, Japan

³ Faculty of Nursing, National Defense Medical College, Tokorozawa, Japan

⁴ Department of Health Science, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan