INTRODUCTION

As technology continues to enhance our ability to extend life, terminal care issues have taken a prominent position in the American healthcare dialogue.\(^1,2\) Another prominent discussion concerns disparities in approaches to care across ethnic and racial spectra.\(^3,4\) Our clinical experience has been that significant differences exist between Black patients and White patients in their approach to end-of-life (EOL) care. In the hospital setting, we have observed a pattern of conflict between Black families’ desires to continue life-sustaining care and the largely White caregiving staffs’ desires to discontinue that care. In the outpatient care of Black patients, we have repeatedly seen a positive, family-oriented approach to life-sustaining care at home, even in the setting of severe dementia and terminal disease.

Several studies have confirmed these observations that Blacks have a more positive view of life-sustaining measures in EOL situations. Blackhall and colleagues\(^5\) noted a more positive attitude toward cardiopulmonary resuscitation and mechanical ventilation in elderly (>65 years old) Black patients in Los Angeles, compared to White patients. Similar results were obtained by Hopp and Duffy\(^6\) in a survey of elderly (>70 years old) patients in Michigan. In North Carolina, Black respondents showed a more positive attitude toward interventions in the setting of a terminal illness.\(^7\) Differences in attitudes toward treatment have been demonstrated in ambulatory cancer patients\(^8,9\) and also in the attitudes of Black physicians compared to White physicians.\(^10\) Other studies have suggested that Black patients receive more life-sustaining care than White patients. A survey of nursing homes has shown that the use of feeding tubes is almost four times as frequent with Black patients as compared to White patients.\(^11\) A Medicare analysis indicated that the cost of care in the last year of life was significantly higher for Black patients that for White patients, even though expenditures for care prior to the last year of life were significantly lower for Black patients.\(^12\)

Previous investigations generally have focused on elderly (>65 years) patients who are seriously ill, and these investigations have been limited to a small number of EOL scenarios. We could not find studies located in the northeastern United States. We have sought in our study to confirm the hypothesis that Blacks have a more positive attitude than Whites toward life-sustaining care and to analyze more closely its different parameters through extended interviews of ambulatory