THE ALLOCATION OF PALLIATIVE TREATMENT IN END-STAGE DISEASE AMONG AN AIDS POPULATION
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Offering a mix of palliative and curative services to terminal HIV/AIDS home bound patients which focus on the biopsychosocial domains of the terminal disease trajectory, versus a singular focus on acute medical care, facilitates decision making.

A100condolenced and sixty-five HIV/AIDS home care patients were randomly assigned to two study groups. The experimental group received the existing model of care together with the addition of a palliative care intervention; the control group received the usual model of care alone. The groups were matched based on the first 60 patients and were contracted over eight months. Seventy percent of the study sample were admitted to home care services diagnosed with either CD4 counts or staging. The study showed that the experimental group made the diagnosis earlier than the conventional group and had twice as many days in hospice care compared to the conventional care model.

Overall, the experimental model facilitated decision making in the patient system versus the conventional model with regard to key end-stage decision points.