When love demands more: Cultural pressures behind aggressive end-of-life chemotherapy in Malaysia

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ABSTRACT

End-of-life (EoL) treatment decisions have become increasingly complex with the advent of more tolerable chemotherapeutic agents and higher public expectations. While best supportive care (BSC) remains a valid approach, systemic chemotherapy is often extended late into the disease trajectory, raising concerns about its impact on quality of life (QoL), healthcare costs, and appropriate resource allocation. The justification for administering chemotherapy near the end of life remains contentious, especially as newer agents make such interventions appear less toxic, though not necessarily more beneficial. This retrospective study analyzed 169 oncology patients who passed away in the Oncology Ward at Hospital Universiti Kebangsaan Malaysia over 2 years. Patient demographics, tumor profiles, treatment details, and the timing of the last chemotherapy dose relative to death were examined. Factors potentially influencing decisions to administer palliative chemotherapy at the EoL were assessed. The results showed that out of 169 patients, 26% received chemotherapy in the last 14 days of life, and 40.2% within the last 30 days. There was no significant correlation between tumor characteristics or most demographics and the receipt of late-stage chemotherapy. However, older age and poorer ECOG performance status were associated with reduced likelihood of receiving chemotherapy within 30 days of death. In Conclusion, despite international benchmarks discouraging chemotherapy administration close to death, the Malaysian cohort showed a higher prevalence of such practices. Beyond clinical indicators, cultural dynamics may be at play—particularly the concept of filial piety, which is deeply rooted in many ASEAN societies. The desire of family members, especially children, to pursue "everything possible" for their loved ones may place implicit pressure on oncologists to continue treatment. This suggests that aggressive EoL care in Malaysia may not only be medically driven but also socially influenced. Future guidelines should consider the cultural context in shaping end-of-life care policies and communication strategies between

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