UITNODIGING

Voor de openbare verdediging van het doctoraatsproefschrift van

Cindy DE GENDT

vrijdag 14 januari 2011
U wordt vriendelijk uitgenodigd op de openbare verdediging van het proefschrift van Cindy DE GENDT

'END-OF-LIFE CARE IN OLDER PEOPLE
A study of advance care planning and end-of-life decision-making in Flanders, Belgium'

Op vrijdag 14 januari 2011 om 17 uur in auditorium Vanden Driessche van de Faculteit Geneeskunde & Farmacie Laarbeeklaan 103, 1090 Brussel

Cindy De Gendt was born on October 8, 1977 in Beveren-Waas, Belgium. She studied Accountancy-Informatics in high school (1995), Social Work at the Sociale Hogeschool KVMW Gent (1998) and finished her Master in Social Health Sciences at the Vrije Universiteit Brussel in 2002. In 2003, Cindy started working as a junior researcher at the End-of-Life Care Research Group, Department of Medical Sociology, Faculty of Medicine, Vrije Universiteit Brussel, where she conducted her PhD research. This was funded by different research grants from the Research Council of the Vrije Universiteit Brussel and with financial support from the Geriatric Departments of the Vrije Universiteit Brussel and the Universiteit Gent. Since August 2008 Cindy is working at the Belgian Cancer Registry as a senior researcher.

Situering van het proefschrift

With an ageing population, the pattern of disease and dying is changing. Currently, two thirds of all deaths in Flanders are non-sudden deaths and are likely to involve some type of end-of-life care before death. During the last few decades the awareness has grown that for these patients prolonging life at any cost may not always be the best solution; palliation and improvement of the quality of life may prevail over futile and often burdensome treatments.

This dissertation is dedicated to end-of-life care for the increasing group of older people in our society, and the preceding decision-making processes (advance care planning and medical decision-making at the very end of life). This age group needs special attention because decision-making at their end of life is often complicated by loss of competence caused by dementia or other final stage diseases, and by lower general condition and comorbidity. The focus is on medical end-of-life decision-making and terminal sedation at the very end of life for this age group in general, and on advance care planning in institutionalised care for older people. In the acute setting of geriatric wards, policy and actual practice concerning do-not-resuscitate decision-making is considered. In the long-term care setting of nursing homes, policy and actual practice regarding advance care planning in general (several end-of-life decisions) is considered.