Elizabeth Dzeng’s research focuses on understanding how institutional cultures and policies influence overly aggressive, burdensome care at the end of life in patients with advanced dementia.

Over 5 million Americans with dementia are at risk to receive potentially unwanted and burdensome medical treatments, such as mechanical ventilation, intensive care unit (ICU) admission, and resuscitation at the end of life. Despite decades of research aimed at promoting informed, goals-aligned care, the trend over the past decade for older adults has been towards increased ICU usage and hospitalizations in the last months of life.

Through her research at GBHI, Dzeng aims to understand the factors that contribute to burdensome treatments in older adults with advanced dementia near the end of life. She will conduct a comparative ethnography (participant observation research) to identify institutional, clinician, patient, and family factors that differ between high- and low-intensity academic hospitals in California, with respect to the intensity of end of life care. Her second aim seeks to understand the barriers and facilitators of burdensome care.

I am very excited to be part of GBHI given that interdisciplinary and international perspectives are key components of my academic pursuits, all of which are encapsulated in GBHI’s mission.
treatments in older adults with advanced dementia near the end of life through semi-structured in-depth interviews with key stakeholders at all levels of the healthcare system. The data from this project will allow for more effective targeting of modifiable factors for interventions that promote system changes toward high quality, goal-aligned end of life care.

**Bio:** Elizabeth Dzeng is an assistant professor at the University of California, San Francisco (UCSF) in the Division of Hospital Medicine and Social and Behavioral Sciences, Sociology program. She also directs the ethics curriculum for UCSF medical students. She completed her PhD in Medical Sociology at the University of Cambridge at King’s College as a Gates Cambridge Scholar and was a general internal medicine postdoctoral clinical research fellow and palliative care research fellow at the Johns Hopkins School of Medicine. She wrote her dissertation on the influence of institutional cultures and policies on physicians’ ethical beliefs and how that impacts communication practices in end of life decision-making conversations. Her current research is focused on understanding the systemic factors that contribute to burdensome care at the end of life in older adults, as well as physician moral distress and ethical challenges at end of life. She has also been involved in the statewide and UCSF response to the legalization of physician aid in dying in California (End of Life Option Act).