

### Barriers to end of life communication: How can we address them? Joey V. Louis MD Dept. of Palliative Medicine, University Of South Florida, Tampa, FL

# Objective

A substantial number patients admitted into the hospital are suffering from many terminal illnesses. Most of the time, care is coordinated by residents in the teaching hospitals. We often see confusions among resident physicians, patients, family members and the lack of a clear cut plan for the end of life. As a result, communication regarding end of life care can be suboptimal <sup>(1)</sup>. While most of the medical books and training deal with the technical aspects of care, there might be some gaps in certain areas of training in our hospital which we intend to identify with this study <sup>(2)</sup>. In our institution, we decided to identify these barriers so that we can also devise a method to correct them depending on the areas that need to be addressed.

## Participants

70 Residents and house staff from different departments at the NYU Lutheran Medical Center-Surgery, Internal Medicine and Family Medicine

### Methods

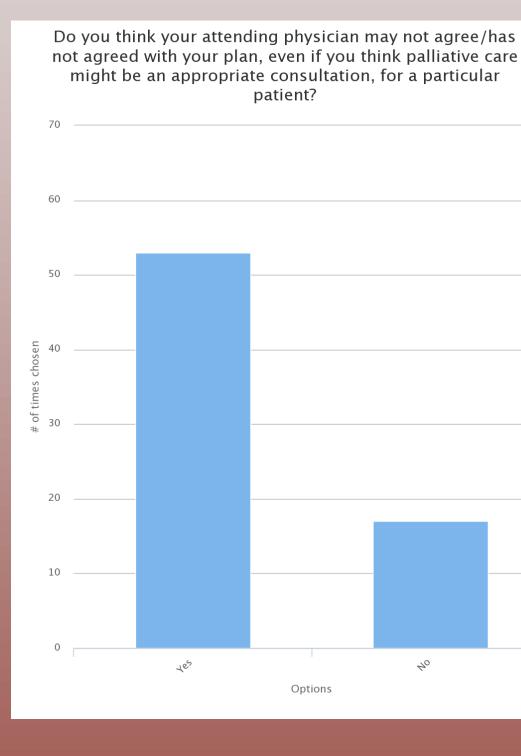
We devised a questionnaire incorporating several questions we have faced from our experience as residents when we were communicating with families and patients regarding end of care decisions. We wanted to find out if those barriers were faced by most of the other residents in the hospital. We also wanted to incorporate a question on which strategy they think will be useful to overcome the barriers as well.

Survey Repo	rt
Please indicate your level of training	
PGY-1 or House staff 26	-
PGY-2 20	
PGY-3 or above	4 34.3%
Please indicate your program	
Responses	s Percentage
Family Medicine 15 Internal Medicine	9 27.1%
Surgery 11	
	, 10.078
Do you believe that using ACP videos helps you communicate the end of life discussions b	etter with
your patients?	s Percentage
Yes 42	-
No 17	7 28.8%
Do you think your attending physician may not agree/has not agreed with your plan, even if	you think
palliative care might be an appropriate consultation, for a particular patient?	you timit
Yes	•
55 No 17	
Do you think your fear of admitting that you are not going to be able to cure the patient, stand in the way of discussing end of life care with patients/relatives?	
Responses	s Percentage
Yes 10	) 14.7%
58	3 85.3%
Do you think that sometimes you need more conviction, when you suggest end of life care	options to
patients/relatives?	
Yes 40	-
No 30	) 42.9%
De vers energingen fact av ille verbangen den it effen life eveteining energieve enter enter	
Do you sometimes feel guilty when you don't offer life sustaining care but only comfort c patients?	
Yes	s Percentage
24 No 45	
Do you sometimes feel like you would like to know more about a patient's prognosis, to cor recommend a plan for end of life care?	vincingly
Responses	s Percentage
Yes 60	) 87.0%
	9 13.0%
Are you sometimes afraid of patients'/relatives' reaction, if you are going to offer them a p	alliative
care consult instead of a surgery or other life prolonging consult?	
Yes 25	-
No 40	
Do you think offering palliative care is more a spending reduction measure rather than doin truly good for the patient?	g what is
Yes	s Percentage
No	3 11.4%
62	2 88.6%
Do you think your residency training has adequately trained you in dealing with end of life	
discussions?	
Yes 41	-
No 25	9 41.4%
Which one of the following down this house that a set to the following the set of the following the set of the	
Which one of the following do you think would most help you most in improving your confid conviction regarding discussing end of life care with patients/families?	ence and
Responses a. Using different ACP videos for different situations such as: dialysis, CPR, Hospice, Advanced dementia and advanced cancer, depending on the situation	-

ire to learn more about the different options for end of life c

sustaining care

#### Fig.1



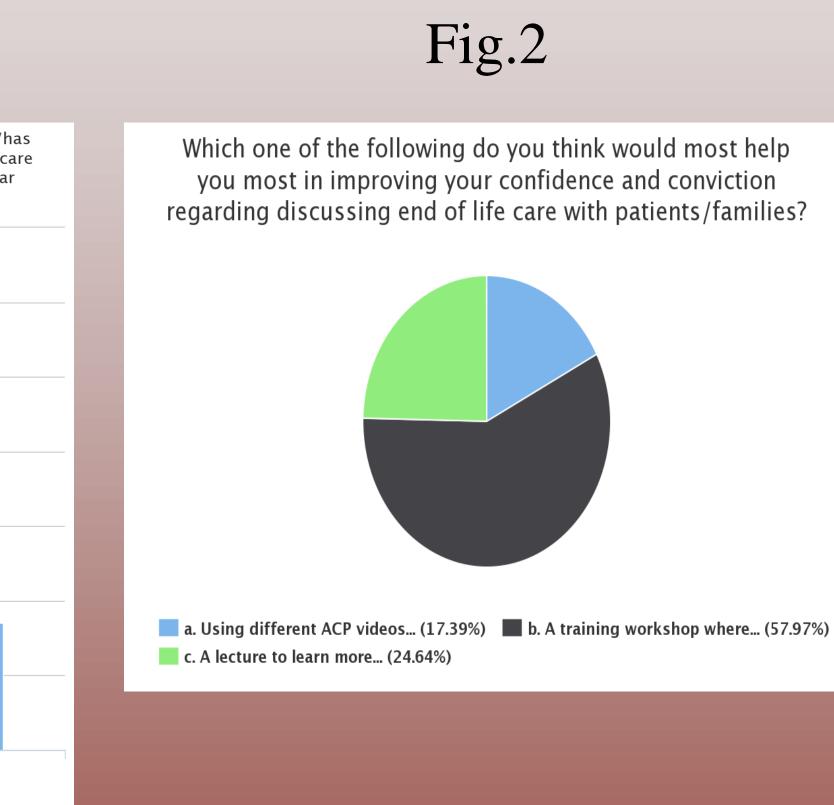
58.09

## Key Findings

• 3 out of 4 residents think their attending physician may not agree/has not agreed with their plan, even if they think palliative care might be an appropriate consultation. • 57 percentage of Residents believe they need more conviction, when they suggest end of life care options • 35% of residents feel guilty when they don't offer life

 87% agree that a lack of knowledge of prognosis is stopping them from convincingly recommending a plan. 42% admit that they are afraid of patients'/relatives' reaction, if they are going to offer them a palliative care consult instead of a surgery or life prolonging consult. Almost 60% of residents who took the survey feel residency training has <u>NOT</u> adequately trained them in dealing with end of life discussions.

• Three out of 5 residents suggest that training in a workshop where they can role play and practice would help most in improving their confidence and conviction regarding discussing end of life care with patients/families. In contrast, only 1/5<sup>ths</sup> each of residents believed either a lecture or ACP videos would help.



Some barriers were identified. 57.1% of the residents indicate that they need more conviction when they suggest end of life options to patients. 42% of the residents also felt afraid to suggest palliative care consult instead of a life prolonging consult. A majority of residents (58%) also would like to have a training workshop where they would role-play and practice to improve their end of life communication.

The first part of the project was to identify significant barriers in end of life communication and the best strategy to work on to ensure a smoother end of life course for the terminally ill patients admitted in the hospital <sup>(3,4)</sup>. The second part will be to execute the training workshop and a follow up survey to find out if the intervention has helped.

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### Results

## Conclusion

# Bibliography

1. Anselm AH et al. Barriers to

communication regarding end-of-life care: perspectives of care providers; 2005 Sep; 20(3):214-23

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3. J Randall Curtis Why Don't Patients and Physicians Talk About End-of-Life Care? Arch Intern Med. 2000; 160(11):1690-1696 4. Knauft E et al. Barriers and facilitators to end-of-life care communication for patients with COPD; Chest. 2005 Jun; 127(6):2188-