Barriers to end of life communication: How can we address them?

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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 (1). 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 (2). 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.

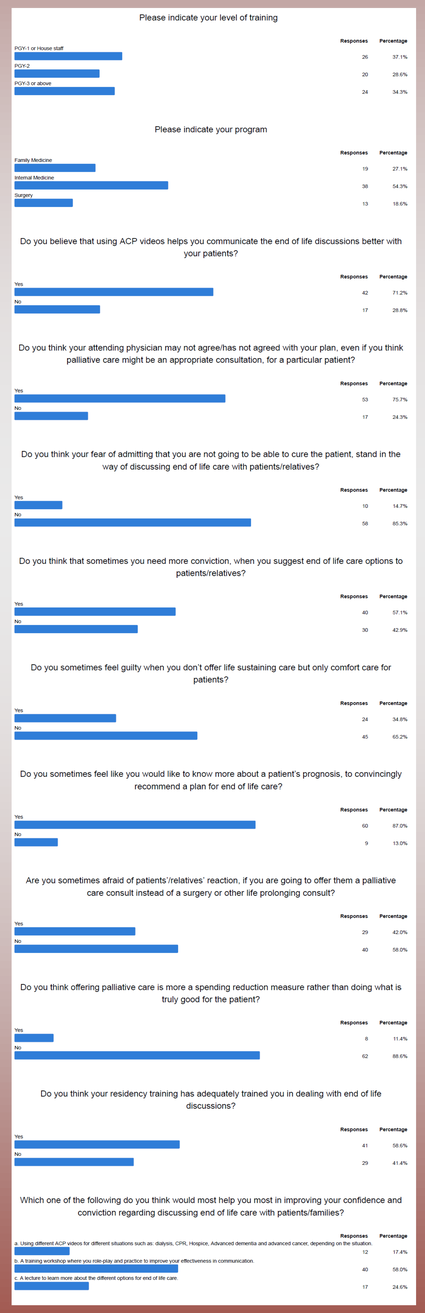
Participants

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 Report



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 sustaining care
- ***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 NOT 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^{ths} each of residents believed either a lecture or ACP videos would help.

Fig.1

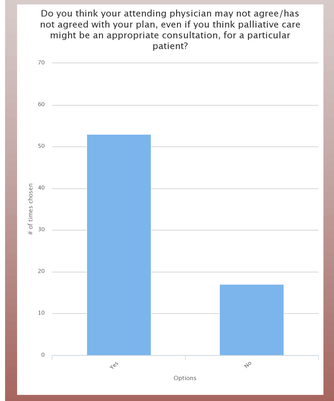
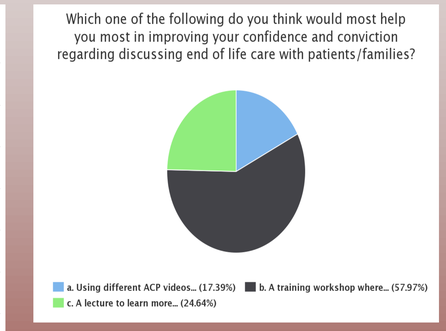


Fig.2



Results

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.

Conclusion

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 (3,4). The second part will be to execute the training workshop and a follow up survey to find out if the intervention has helped.

Bibliography

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