Attitudes Towards Palliative and End-of-Life Care:



How do general practitioners/family physicians and nurses in primary care approach palliative care with their patients? Research firm Ipsos Reid gathered data from family physicians in focus groups, online sessions, and through a survey of 286 doctors from across Canada. The research shows that while some family physicians are very comfortable with the topic, over three quarters of them are seeking support to do more for their patients.

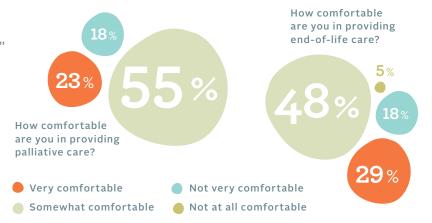




The Canadian Hospice Palliative Care Association and its 37 partners in the Quality End-of-Life Care Coalition of Canada have a collective goal to share The Way Forward, an integrated palliative approach to care that focuses on an individual's quality of life throughout their illness trajectory – not just at the end of life.

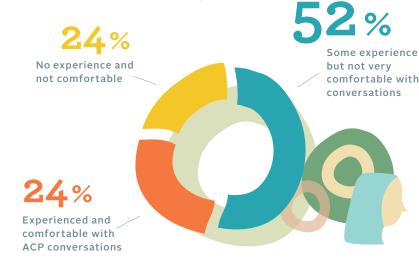
O1 Comfort in Providing Palliative and End-of-Life Care

On average, 25 to 30% of Canadian family physicians say they are "very comfortable" providing palliative or end-of-life care and an additional 50% of GP/FPs say they are somewhat comfortable. The goal is to provide family physicians who are only somewhat comfortable with tools and information so that they can become very comfortable.

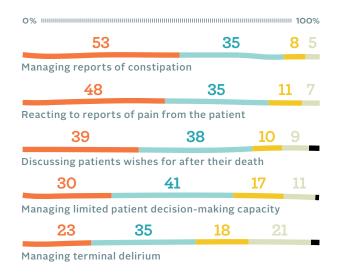


O2 Talking about Advance Care Planning

Similar to actually providing the care, only one quarter of Canadian GP/FPs are experienced and comfortable talking about planning for illness and end of life with their patients through advance care plans. Just over 50% are somewhat comfortable, making them a group that we can inform and support to reach a goal of three quarters of physicians being experienced and comfortable initiating advance care planning conversations.



O3 Confidence with Patient/Family Interactions



Family physicians are more confident managing certain patient/family interactions in palliative situations than independently managing terminal delirium and dyspnea, managing discussions of their patient's wishes after death, or managing patients with limited decision-making capacity.

Confident to perform independently

Confident to perform with minimal consultation

Confident to perform with close supervision / coaching

Need more information / need further basic instruction

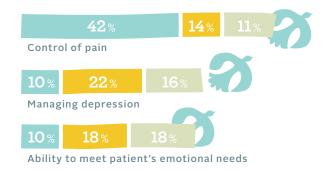
I do not do this / this is not part of my job

O4 Challenges in Caring for Patients with Chronic or Life-Threatening Illness

Control of pain is the most challenging issue that family physicians face in caring for palliative patients but managing depression and the patient's emotional needs are also common challenges.

Physicians ranked these challenges 1-3.

Rank 1 Rank 2 Rank 3

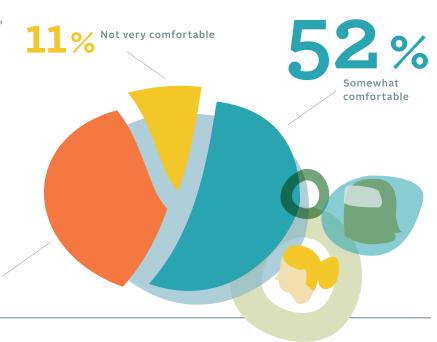


"The Palliative Approach"

The palliative approach is described as an approach to care focused on improving the quality of life of persons and their families who are aging or living with chronic conditions. It is provided in all health care settings. It involves physical, psychological, social, and spiritual care. The palliative approach is not delayed until the end stages of an illness but is applied earlier to provide active comfort-focused care and a positive approach to reducing suffering. It also promotes understanding of loss and bereavement.

O5 Discussing the "Palliative Approach"

Like caring for the palliative patient, GP/FPs are also only somewhat comfortable discussing a palliative approach to care with patients or their family. Only 36% are very comfortable and over 50% are only somewhat comfortable.



O6 Familiarity with "Palliative Approach" Key Question

Over two thirds of Canadian family physicians are not familiar with a key question that may help assess whether palliative care or an Advance Care Plan is relevant for patients: "Would you be surprised if this patient died within 6-12 months?" This shows that additional support and resources are needed to help physicians identify when a discussion about palliative care must be considered.

One physician said:

"One of the hardest things about palliative care is prognostication because it is so unpredictable.

I find [this question] very useful [...] and it really helps me guide how I deal with patients."

Wanted: Tools and Resources

Based on the research, there are several gaps to fill with support, education and resources that would benefit family physicians and their patients:

- Overall comfort level in discussing palliative care and end-of-life issues
- Providing end-of-life care independently and with confidence
- Initiating discussions about a palliative approach and hands-on experience with advance care planning
- Managing the non-medical needs related to end of life (e.g. accessing services; probing wishes after death)
- Managing challenging issues such as control of pain and depression
- Identifying resources in the community to provide support to patients and families

Questions?

Eighty per cent of GP/FPs indicated that accredited education sessions on pain and symptom management would be most useful to increasing their capacity to provide palliative care. Many physicians believe that an online tool-kit for ACP (65%) and ACP conversation starters would be useful (45%). Many of these resources currently exist but there is lack of awareness among family physicians about where to find them.



Please visit these sites to learn more:

The Way Forward and the palliative approach: www.hpcintegration.ca

Palliative care education and resources: www.pallium.ca

Advance Care Planning:

www.advancecareplanning.ca

(including workbooks and tools by province)

Hospice palliative care: www.chpca.net

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