



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

KEY MESSAGES

IPSOS REID / THE WAY FORWARD SURVEY RESULTS

Survey of GP/FPs and Nurses in Primary Care

WHY SHIFTING TO A PALLIATIVE APPROACH TO CARE IS IMPORTANT:

- With three quarters of all deaths occurring in people over 65, and the number of senior citizens doubling over the next 25 years, most Canadians or someone in their family will be managing a chronic and life-limiting illness and have deteriorating health in the coming years.
- We know introducing a broad range of palliative services earlier to people who are very ill, aging, or frail improves quality of life for people to live well until they die. It also provides a sense of control and reduces stress for the family.
- Because of advances in medical care, it is harder to predict when people will die. This means that people aging or frail, or those with serious illnesses, such as heart, lung, Alzheimer's or Parkinson's disease, can live for many months or years – and then die suddenly.
- Because time of death is unpredictable, many people with serious life-limiting illnesses are never offered palliative care services – such as advance care planning, pain and symptom management, psychosocial counseling and spiritual support. These services can enhance the lives of individuals and their families, give them a greater sense of control and enable them to make informed decisions about their care.
- The vast majority of Canadians believe that hospice palliative care should involve all care providers, should be integrated for all people with chronic, life limiting conditions, and should be provided in the patient's setting of choice.

SURVEY OBJECTIVES:

- The Way Forward commissioned Ipsos Reid to conduct a research program with the main objective of exploring and defining how general/family physicians (GP/FPs), nurses and other health professionals in primary care currently handle the palliative approach to care with their patients. Cancer Care Ontario (CCO) partnered with The Way Forward on the primary care and oncology surveys.
- Qualitative research included: two focus groups in three urban centres (Calgary, Toronto, Montreal) and three ideation sessions in rural regions (rural east, rural north, and rural west).
- The first quantitative phase involved a survey among general practitioners/family physicians (n=286) in Canada and nurses/nurses practitioners (n=200) in Canada working in primary care.
- The second quantitative phase involved conducting a survey among medical and radiation oncologists (n=52) in Ontario and Quebec, and nurses working in oncology (n= 100) in Ontario and Quebec who belong to the Canadian Association of Nurses in Oncology (CANO).

IPSOS REID SURVEY DETAILS – MAIN FINDINGS:

1. **Family doctors and nurses in primary care strongly believe in the benefits of a palliative approach to patients and families, and to the health system.**
 - There is a strong agreement among GP/FPs, even more so among nurses, across Canada that palliative care has a positive impact on all aspects of care, (symptom control, and quality of life, sense of hope, patient and family satisfaction with care) except for survival.
 - The majority of GP/FPs and nurses also believe that palliative care has a positive impact on the health system.
 - Most agree that palliative care is for more than just dying patients and that a specialist is not required to diagnose if a patient could benefit from palliative care services.
 - By and large GP/FPs and nurses are attitudinally onside with discussing palliative care earlier in the illness trajectory – once the patient has been deemed to have a life-limiting or threatening illness – but report needing greater knowledge to feel comfortable discussing a palliative approach to care with patients.
 - GP/FPs and nurses understand diagnosing and discussing palliative care is a reality for the primary care provider, but only have somewhat of a sense of when to have a conversation and what the care options are in their community.

2. **Most family physicians and nurses are only somewhat comfortable providing palliative care.**
 - Between 48% and 55% of GP/FPs and nurses are only somewhat comfortable with providing palliative care.
 - There is an opportunity to educate GP/FPs and nurses on how palliative care could reduce the number of deaths in hospital.
 - On average, one-quarter to three in ten say they are “very comfortable” providing palliative or end-of-life care. However, the proportion who are not at all comfortable is low (5% or less).
 - While most GP/FPs and nurses agree that palliative care should be considered for patients who are deemed to have a progressive, life-limiting illness (even if he/she still has many months or even years to live), over half (65%) of GP/FPs and nurses disagree that palliative care should be considered for anyone who is aging.
 - Control of pain, managing depression, and patient’s emotional needs are the most challenging issues that GP/FPs and nurses face in caring for patients with chronic or life-threatening illnesses.

3. **Most family physicians and nurses say they have initiated a discussion about palliative care, and they would also like online toolkits to support Advance Care Planning conversations.**
 - Nine out of ten GP/FPs and eight out of ten nurses have initiated a discussion with a patient.
 - One-quarter of physicians/nurses across Canada know very little about ACP, however three quarters (76%) of physicians and two thirds (68%) of nurses have discussed ACP with their patients.
 - There is a recognition of need to be sensitive to patient circumstances in discussions, specifically the importance to gauge how patients feels about their illness and take into account any cultural or religious beliefs of patients and their families.
 - Physicians and nurses say they need more information materials/literature to help have ACP discussions with their patients, specifically material to give the patient. Many physicians and nurses are not aware of existing resources. Both doctors and patients can refer to toolkits and resources for creating advance care plans that are available on the Advance Care Planning Canada website and the public awareness campaign *Speak Up!* encourages patients to initiate conversations with their families and health care providers.



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

4. **Family physicians and nurses are interested in accredited education sessions on pain and symptom management, and receiving help from palliative care nurses. GP/FPs also want access to a palliative care physician for telephone advice to help them manage care for their patients.**
 - Over 80% of GP/FPs and nurses want education to help them with the most challenging aspects of managing palliative care patients – including pain management, addressing depression, and supporting their patient’s emotional needs.
 - 68% of GP/FPs and 77% of nurses would like access to palliative care nurses to provide support in the community.
 - Over 60% of GP/FPs and nurses would like 24/7 access to a palliative care physician for telephone advice.

BACKGROUND

Launched in 2012, *The Way Forward: an integrated palliative approach to care* is a three year initiative seeking to change how we think about and approach aging, chronic, serious and life limiting illness and dying; and how we can extend the benefits of hospice palliative and end-of-life care, and advance care planning, to as many Canadians as possible. Working with the federal, provincial and territorial governments, regional health authorities, clinicians and service providers, among others, *The Way Forward* is identifying and sharing best practices, and developing tools and resources to better integrate a palliative approach across all settings of care, including home care, long-term care and primary care. Funded by the Government of Canada, *The Way Forward* is guided by the 37 organizations that make up the Quality End-of-Life Care Coalition of Canada, and is managed by Canadian Hospice Palliative Care Association.