NATIONAL EVIDENCE-BASED PRACTICE CONFERENCE – CLINCAL RESEARCH BLINDED ABSTRACT

Title (max 100 characters)**:** Death and End-of-Life Conversations in an Outpatient Cancer Center: Attitudes of Healthcare Providers

Research question or aim: Do Attitudes About Death and Dying Affect How We Communicate With Patients About End-of-Life?

Background: Providing terminally ill patients with better quality of life is a national priority. Often terminally ill patients do not understand their illness, prognosis, or treatment goals. Many healthcare providers lack the knowledge and skills to effectively address end-of-life issues. Structural variables such as education, protocols and collaborative work environments have a positive effects on communication and improved patient care.

Methods: A convenience sample of physicians, nurses, social workers and pharmacists completed the Frommelt Attitude Toward Care of the Dying (FATCOD)[5] and the Death Attitude Profile-Revised (DAP-R)[6] surveys. The survey was distributed to inpatient and outpatient health professionals over a three month period. In addition, the medical record of each patient with an outpatient oncology clinical appointment during spring, 2010 was reviewed retrospectively for documentation of end of life conversations and knowledge of purpose of treatment (curative versus palliative).

Results: Survey instruments were completed by 50 physicians, nurses, pharmacists and social workers from the inpatient and/or outpatient oncology setting. The majority of the respondents were physicians and registered nurses. In this convenience sample, most healthcare providers are comfortable providing care to terminally ill patients but lack positive attitudes toward death (mean score 122, range 33-150). In addition, nurses report disconnects between the physicians' intent of treatment and the patient's understanding. An audit of 73 medical records indicated that end of life conversations between provider and patient and/or family was documented only 12% of the time.

Conclusions and implications for practice: Clinicians report comfort caring for dying patients. Despite these findings nurses continues to feel incongruence between treatment plans and patients' understanding for their illness prognosis. In addition, documentation is lacking of patient-provider conversations about end of life care.

References

Field, M.J., Cassel, C.K. (1997). *Approaching Death: Improving Care at the End of Life*. Washington, DC: National Academy Press.

Hagerty, R., Butow, P., Ellis, P., *et al.* (2005). Communicating prognosis in cancer care: a systematic review of the literature. *Ann Oncology; 16: 1005–53.*

Larson, D.G., Tobin, D.R. (2000). End of Life Conversations: Evolving Practice and Theory. *JAMA*; 284(12), 1573-1578.

Kirchhoff, K (2002). Promoting a Peaceful Death in the ICU. *Critical Care Nurse Clinics of North America*; 14(2):201-6.

Frommelt, K.H.M. (2003). Attitudes Toward Care of the Terminally Ill: An Educational Intervention. *American Journal of Hospice and Palliative Care*. 20(1):13-22.

Wong, P.T.P, Reker, G.T. & Gesser, G. (1994). Death Attitude Profile-Revised. In R.A. Neimyer (Ed.), *Death Anxiety Handbook: Research, Instrumentation, and Application;* (pp.121-148). Philadelphia: Taylor & Francis.