

End-of-life communication: a retrospective survey of representative GP networks in four countries

Natalie Evans BSc, MSc¹, Massimo Costantini MD², H. Roeline Pasman PhD¹, Lieve Van den Block PhD³, Gé A. Donker MD, PhD⁴, Guido Miccinesi MD, PhD⁵, Stefano Bertolissi MD⁶, Milagros Gil BSc⁷, Nicole Boffin PhD⁸, Oscar Zurriaga MD, MPH, PhD^{9,10,11}, Luc Deliens PhD^{1,3}, Bregje Onwuteaka-Philipsen PhD¹, on behalf of EUROIMPACT

1. EMGO+ Institute, VU University Medical Center, Amsterdam, The Netherlands.

2. Regional Palliative Care Network IRCCS AOU San Martino-IST, Genoa, Italy.

3. End-of-Life Care Research Group, Ghent University & Vrije Universiteit Brussel, Belgium.

4. NIVEL, Netherlands Institute of Health Services Research, Utrecht, the Netherlands.

5. Clinical and Descriptive Epidemiology Unit, Cancer Prevention and Research Institute, ISPO, Florence, Italy.

6. Italian Society of General Practice (Società Italiana di Medicina Generale - SIMG), Italy.

7. Public Health Directorate, Ministry of Health (Dirección General de Salud Pública, Consejería de Sanidad), Castille and León, Spain.

8. Scientific Institute of Public Health (Wetenschappelijk Instituut Volksgezondheid, Institut Scientifique de Santé Publique), Brussels, Belgium

9. Public Health and Research General Directorate, Valencian Regional Health Administration, Valencia, Spain.

10. Higher Public Health Research Centre (Centro Superior de Investigación en Salud Pública- CSISP), Valencia, Spain

11. Spanish Consortium for Research on Epidemiology and Public Health, CIBERESP, Spain.

Introduction

Palliative care involves the 'identification and impeccable assessment of physical, psychosocial and spiritual suffering'. Such high quality assessment requires the discussion of a range of **end-of-life topics**. There is however little evidence concerning the topics that are discussed between physicians and patients at the end-of-life and even less from a cross-country perspective. This study:

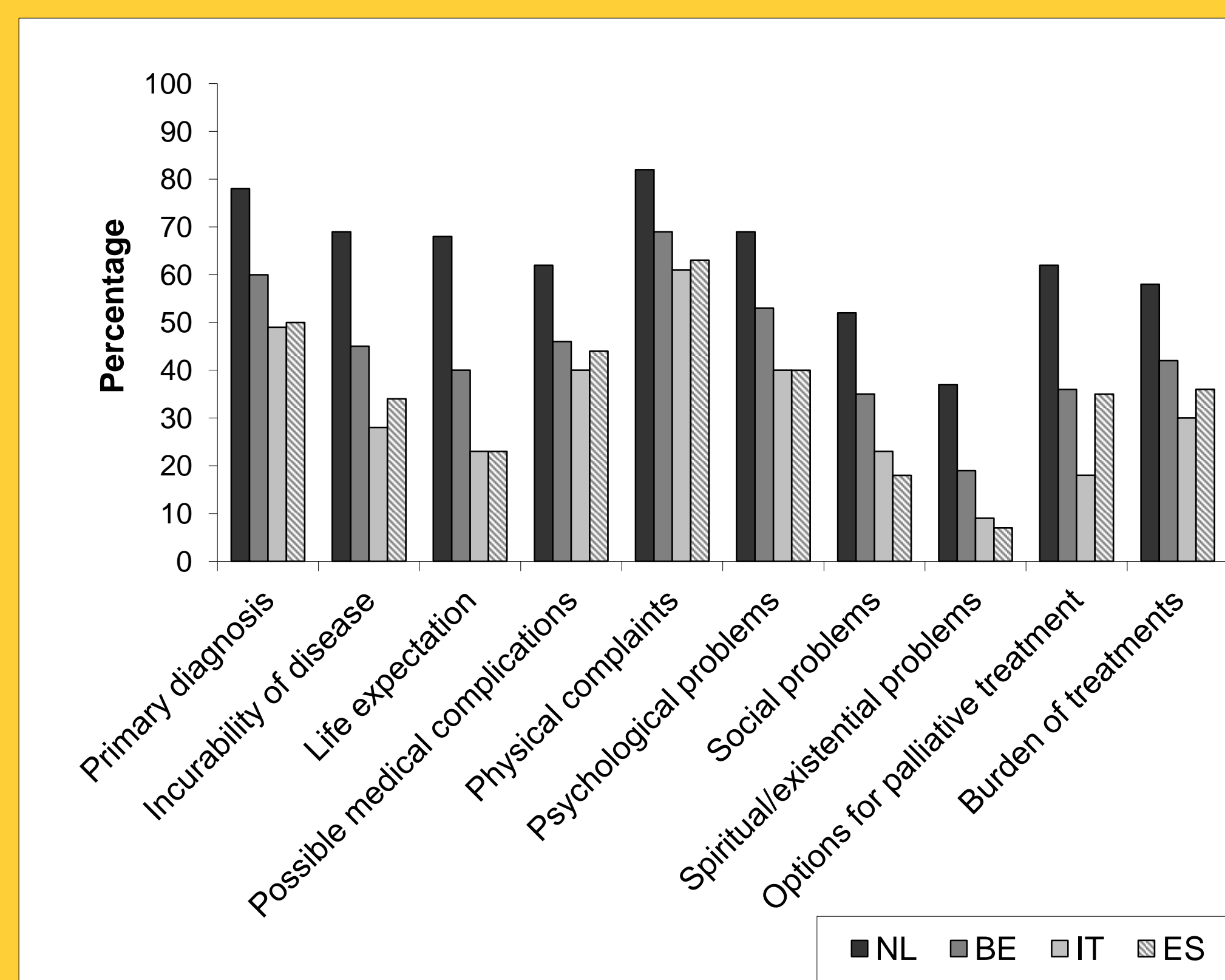
1. Estimates and compares the prevalence of GP-patient discussion of ten end-of-life topics prior to patients' deaths in **Italy, Spain, Belgium and the Netherlands**;
2. Estimates the mean number of topics discussed with each patient in each country; and
3. Analyses associations between discussions and patient and care characteristics for each country.

Methods

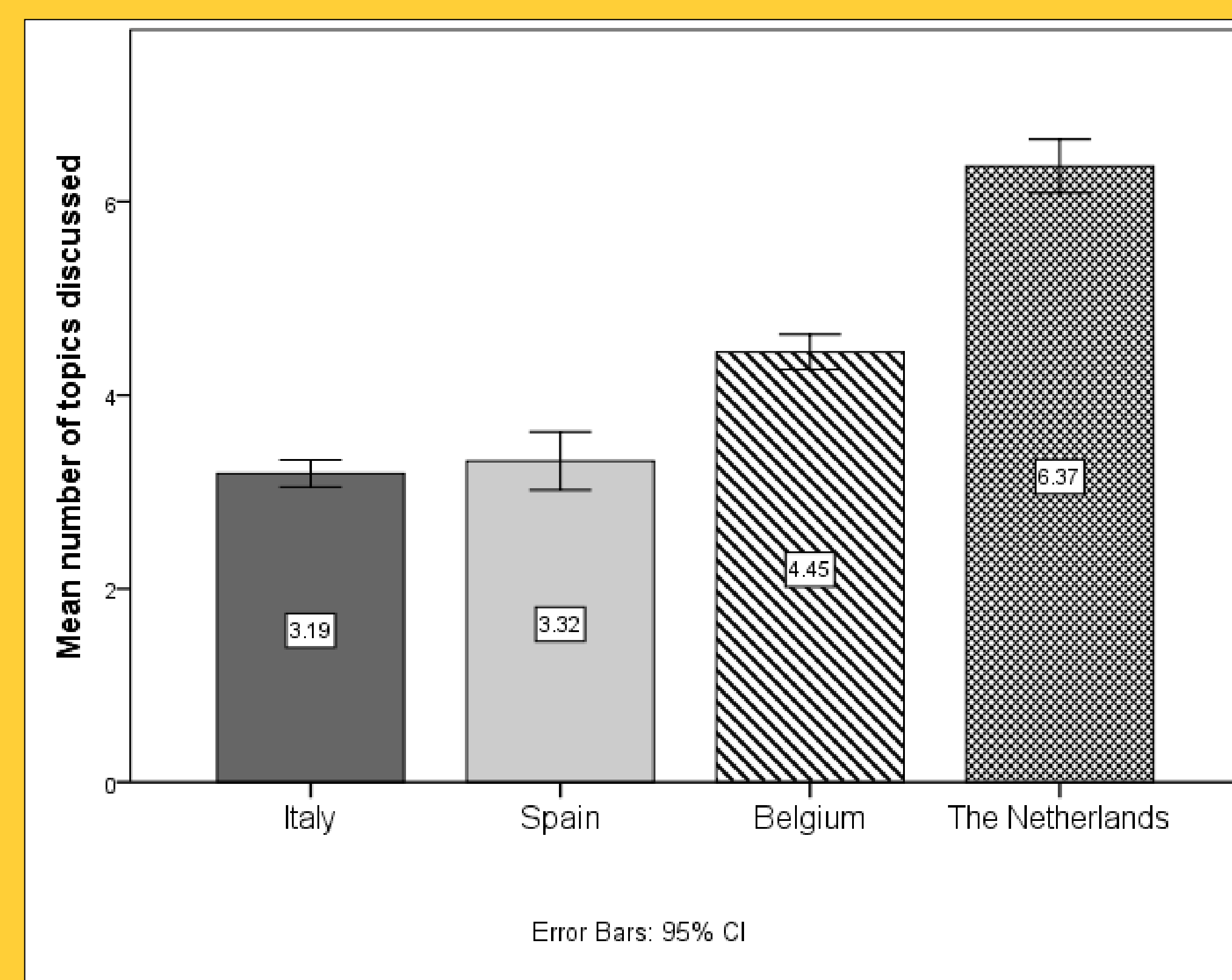
- A cross-sectional, retrospective survey with representative GP networks in each of the four participating countries.
- GPs recorded the health and care characteristics in the last three months of life, and the discussion of ten end-of-life topics, of all patients who died using a standardized form.
- The prevalence of discussion of each topic and the mean number of topics discussed were estimated by country.
- Associations between patient and care characteristics and the discussion of end-of-life topics were analysed using multiple ordinal regressions (the dependent variable was a score of topics discussed between the GP and the patient)

Results

1. Prevalence of GP-patient topic discussions



2. Mean number of topics discussed



3. Associated patient and care characteristics

GPs from all countries tended to discuss fewer topics with patients of similar characteristics. Namely, older patients, non-cancer patients, patients diagnosed with dementia, patients for whom palliative care was not an important treatment aim, and patients who were not given palliative care by their GP.

Conclusion

In all countries, training priorities should include the identification and discussion of spiritual and social problems and early end-of-life discussions with older patients, those with cognitive decline if possible, and those with non-malignant diseases.

Contact Natalie Evans, email: eol@vumc.nl

euro-impact.eu

EURO IMPACT, European Intersectorial and Multidisciplinary Palliative Care Research Training, is funded by the European Union Seventh Framework Programme (FP7/2007-2013, under grant agreement nr [264697]).