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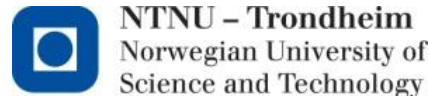
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GP-Patient Discussion of End-of-Life Topics: Evidence from Four European Countries

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Background

The 'identification and impeccable assessment of physical, psychosocial and spiritual suffering' requires the sensitive and timely discussion of a range of end-of-life topics

Important to understand how often physicians discuss different end-of-life topics with patients and the factors that influence these discussions

Objectives

To estimate and compare the prevalence of GP-patient discussion of different end-of-life topics prior to patients' deaths in **Italy, Spain, Belgium and the Netherlands**

To analyse associations between discussions and **patient and care characteristics** for each country

Study design

Cross-sectional, retrospective design

Representative **sentinel networks of GPs** from **Belgium, the Netherlands, Italy** (9 local health regions) **and Spain** (Castile and León and the Valencian Community)

Registration of patient deaths between January 1st **2009** to January 1st **2011**
(2010-2011 for Spain only)

Research instrument

In the 2009/2010 Euro Senti-Melc questionnaire GPs were asked if the following topics had been discussed with the patient:

1. Primary diagnosis
2. Incurability of disease
3. Life expectation
4. Medical complications
5. Physical complaints
6. Psychological problems
7. Social problems
8. Spiritual/existential problems
9. Options for palliative treatment
10. Burden of treatments

Analysis

Descriptive statistics - population characteristics and GPs' discussion of ten end-of-life topics

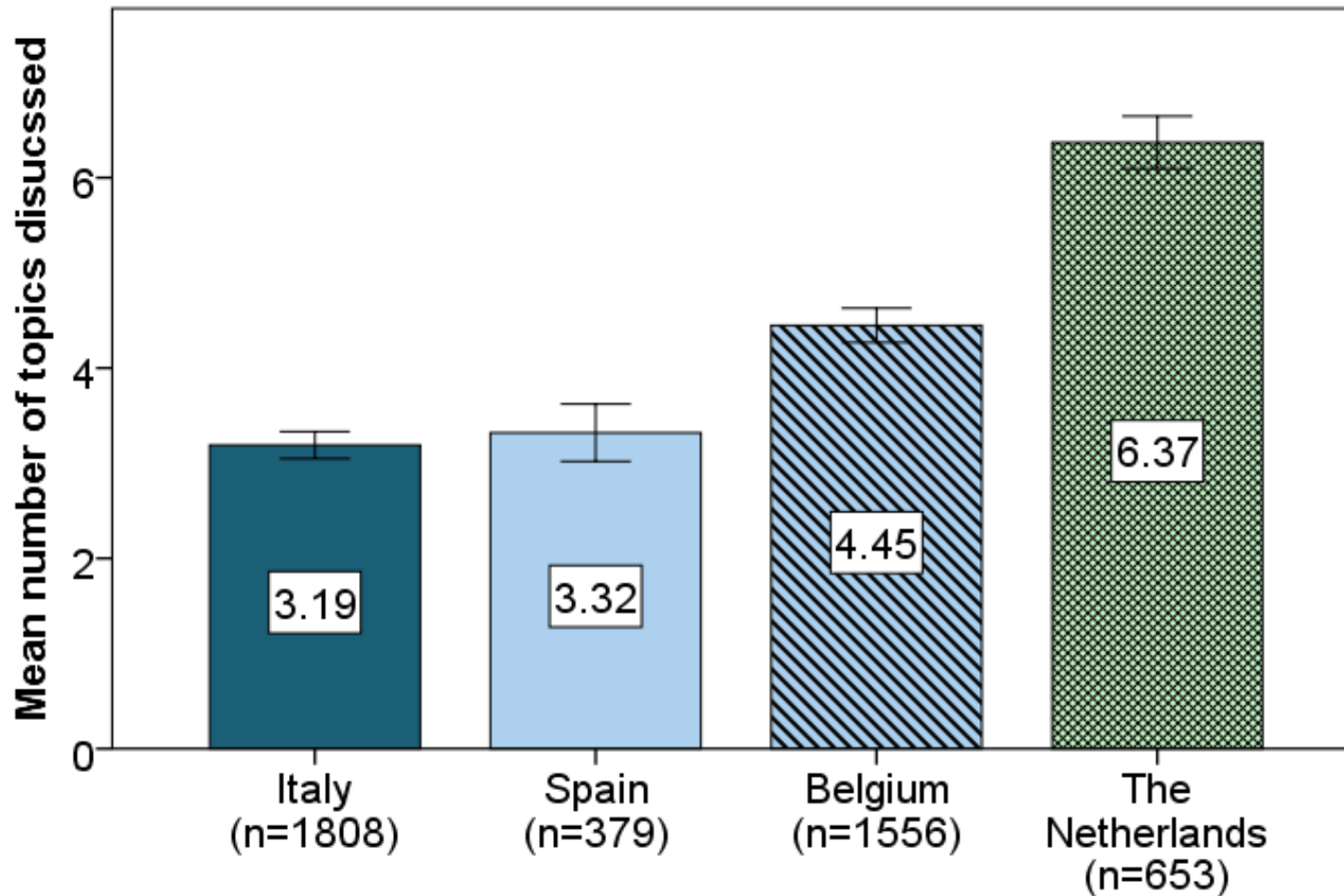
Logistic regressions - differences between countries in the discussion of each end-of-life topic

Ordinal regressions - associations between patient and care characteristics and the number of topics discussed

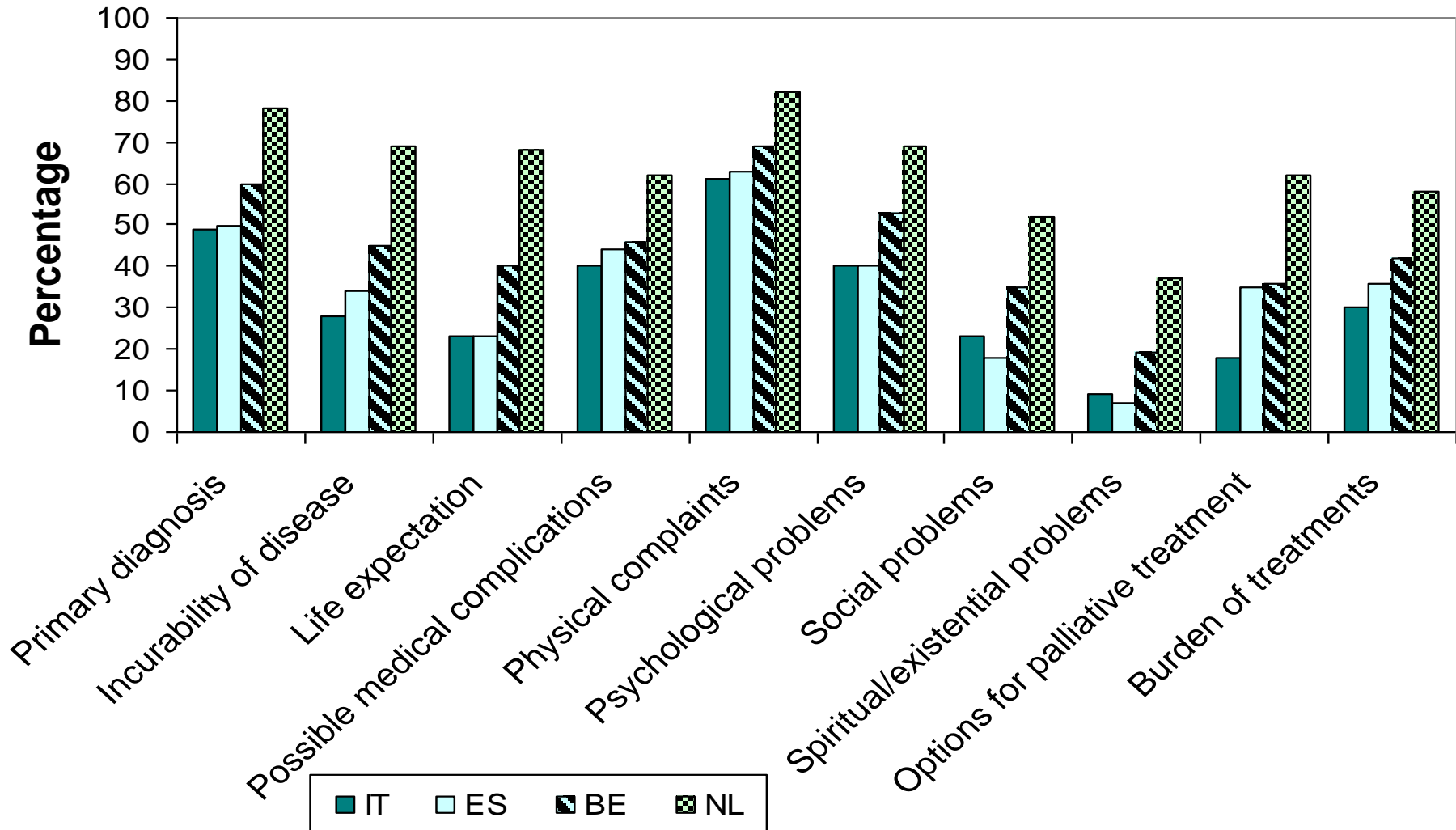
The dependent variable - score of the number of topics discussed by the GP with the patient

Odds ratios - ratio of the odds of a particular score compared to the next lower answer on the dependent variable scale

Discussion of end-of-life topics



Discussion of end-of-life topics



Patient and care characteristics

The overall associations were remarkably similar across countries:

- Age
- Dementia

- + Cancer deaths
- + GP palliative care provision
- + Importance of palliative treatment

Conclusions

In all countries, training on identification and discussion of spiritual/existential and social problems is recommended

Prevalence differences reflect country differences in:

- the open discussion of death and dying;
- the tension between beneficence and autonomy; and,
- palliative care service organisation (particularly GPs' training in, and responsibility for, palliative care)

Dutch GPs discussed more topics, and all topics more frequently, than GPs from other countries, suggesting greater experience and training encourages end-of-life communication

Conclusions

GPs from all countries tended to discuss fewer topics with: older patients; non-cancer patients; dementia patients; patients for whom palliative care was not an important treatment aim; and patients for whom their GP had not provided palliative care

Initiating sensitive discussions of end-of-life issues early on in the disease course is recommended, especially for dementia patients and those with non-malignant diseases

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