

## **Barriers to Goals of Care Discussions with Seriously Ill Hospitalized Patients and Their Families: A Multicenter Survey of Clinicians.**

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### **Abstract:**

**Context:** Seriously ill hospitalized patients have identified communication and decision making about goals of care as high priorities for quality improvement in end-of-life care. Interventions to improve care are more likely to succeed if tailored to existing barriers.

**Objectives:** To determine, from the perspective of hospital-based clinicians, (1) barriers impeding communication and decision making about goals of care with seriously ill hospitalized patients and their families and (2) their own willingness and the acceptability for other clinicians to engage in this process.

**Methods:** Multi-center survey of medical teaching units of nurses, internal medicine residents, and staff physicians from participating units at 13 university-based hospitals from 5 Canadian provinces. Importance of 21 barriers to goals of care discussions rated on a 7-point scale (1 = extremely unimportant; 7 = extremely important).

**Results:** Between September 2012 and March 2013, questionnaires were returned by 1256 of 1617 eligible clinicians, for an overall response rate of 77.7% (512 of 646 nurses [79.3%], 484 of 634 residents [76.3%], 260 of 337 staff physicians [77.2%]). The following family member–related and patient-related factors were consistently identified by all 3 clinician groups as the most important barriers to goals of care discussions: family members' or patients' difficulty accepting a poor prognosis (mean [SD] score, 5.8 [1.2] and 5.6 [1.3], respectively), family members' or patients' difficulty understanding the limitations and complications of life-sustaining treatments (5.8 [1.2] for both groups), disagreement among family members about goals of care (5.8 [1.2]), and patients' incapacity to make goals of care decisions (5.6 [1.2]). Clinicians perceived their own skills and system factors as less important barriers. Participants viewed it as acceptable for all clinician groups to engage in goals of care discussions—including a role for advance practice nurses, nurses, and social workers to initiate goals of care discussions and be a decision coach.

**Conclusions:** Hospital-based clinicians perceive family member–related and patient-related factors as the most important barriers to goals of care discussions. All health care professionals were viewed as playing important roles in addressing goals of care. These findings can inform the design of future interventions to improve communication and decision making about goals of care.

### **Comments:**

#### **Strengths/uniqueness:**

Multi-center survey included Canadian university hospitals (BC, Alberta, Manitoba, Ontario, Quebec, Newfoundland and Labrador including french translation of surveys. Surveys were validated through feedback of experienced clinicians.

#### **Weakness:**

Survey selection bias - completion of the self-administered questionnaire in response to an invitation to participate voluntarily in the study. Survey did not include allied health professionals such as physiotherapy or spiritual care, only surveyed residents, physicians and nurses. Clinical vignette set the context for survey responses; however such a vignette is not representative of all scenarios.

Not representative of other settings such as hospitals outside Canada, non-teaching hospitals, non-medical inpatient units or outpatient settings. Participants may be disproportionately influenced by infrequent but memorable interactions with patients and families when rating the importance of barriers. Respondents may have underestimated the impact of clinician and system factors in barriers of care.

#### **Relevance to Palliative Care:**

The largest barriers for clinicians and nurses are patient related factors such as difficulty accepting a poor prognosis for understanding the nature of life-sustaining treatments. Future work could seek to optimize inter professional team members' roles in addressing goals of care. Effective communication skills are needed to navigate feelings of anxiety and denial of patients and their families including enhancing ability to build rapport, listen with empathy, and discuss prognosis. Advanced care planning and increased knowledge about life sustaining treatments may be helpful with aids for low health literacy with expansion of interprofessional team members for communication around goals of care. Enhanced formal training is needed for residents and medical students in addressing barriers to goals of care, and teaching around advanced care planning.