

## Journal Watch

### Family meetings in palliative care: are they effective?

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**Reference:** Hudson, P.; Thomas, T.; Quinn, K.; Aranda, S.. *Palliative Medicine*, Mar2009, Vol. 23 Issue 2, p150-157

**Abstract:**

Despite the promotion of family meetings as an essential tool for information sharing and planning in palliative care, minimal evidence exists to show their effectiveness. We sought to rectify this gap in evidence-based practice by evaluating recently developed clinical guidelines for facilitating family meetings. Palliative care nurses were trained to conduct family meetings using the guidelines. To assess the effectiveness of the guidelines, primary family carers who attended a family meeting completed a self-report instrument to measure unmet needs at three time periods: immediately before the meeting (T1), immediately after the meeting (T2) and two days after the meeting (T3). Phone interviews with carers were also conducted at T3. Patients, health professionals and family meeting facilitators were also invited to complete an evaluation form at T2. A focus group was conducted at the end of the project to gain reflections from the family meeting facilitators about their role, re-evaluate the family meeting clinical guidelines and discuss barriers and facilitators for ongoing implementation. Twenty family meetings were conducted at St Vincent's Hospital (Melbourne, Australia). A total of 42 participants were involved, including 20 family carers, 4 patients and 18 health professionals. Family carers reported a statistically significant increase in having their care needs met, from T1 to T2, which was maintained at T3; they also reported that the meetings were useful. Health professionals and patients advised that the meetings were well facilitated. The results from this pilot study indicate that family meetings, conducted using specific clinical practice guidelines, were useful and effective. However, more research is required to confirm these findings. Strategies for implementation and further research are outlined. *Palliative Medicine* (2009); 23: 150–157

Table 3 Means and standard deviations for the FIN pre-intervention, post-intervention and follow-up (n = 20)

Measure	Time 1 (n = 20)		Time 2 (n = 20)		Time 3 (n = 20)	
	Mean	SD	Mean	SD	Mean	SD
Care needs importance	63.89	8.27	67.22	9.60	66.26	8.35
Care needs met	<b>51.92</b>	8.19	<b>62.46</b>	9.64	<b>61.86</b>	7.78

\*\*\*P < 0.001.

Table 4 Means and standard deviations for pre-meeting questionnaires and post-meeting questionnaires (n = 18)

Measure	Time 1 (n = 18)		Time 2 (n = 18)	
	Mean	SD	Mean	SD
Sig.				

How worried	7.64	2.50	5.03	2.88
0.001**				
How often	7.70	2.27	5.20	3.08
0.004**				
Interferes with life	8.71	1.53	5.85	2.71
0.002**				
Confidence to deal with	6.35	2.29	6.56	2.50
NS				

\*\*P < 0.01.

### **Discussion Points**

- Recruitment from Caritas Christi Hospice (14 families) and Palliative Care Consultative Service (5 families) of St. Vincent's Hospital in Melbourne, Australia.
- 4 Nurses facilitated meetings: minimum 3 yr palliative care experience + “a postgraduate qualification in palliative care”; received training in use of CPG, communication skills, and single session therapy training.
- Family caregivers received letter for study within 3 days of admission, but unclear when family meeting took place.
- Inclusion criteria: advanced cancer, no cognitive impairment, death not imminent (hrs-days), primary caregiver >18 and read and understand English.
- No mention of ethnicity or type of cancer.
- Pre-meeting questionnaire served as agenda for meeting; also evaluated post-meeting:
  - Identify key concerns for caregiver
  - How worried caregiver was about concerns
  - How often concerns arose
  - How much concerns interfered with their lives
  - How confident caregiver was in dealing with issues
- Used “Family Inventory of Needs” (FIN) before, immediately after and 48hrs after meeting.
- Average of 3 family members and 4 health professionals per meeting
- Top 3 concerns: Symptom management/treatment/medication, Discharge planning, Update on patient's condition

### **Strengths:**

- Caregiver group likely similar to those in our area (76% women, mean age 58, caring for spouse 59% or parent 23%, highly dependent patient)
- Used Clinical Practice Guidelines ( CPG) to guide structure of meetings, and validated tool (FIN) to assess family needs
- Agenda of meetings determined by family caregivers via questionnaire
- Meetings done early in admission

### **Weaknesses:**

- Small sample size, limited follow up of only 48hrs
- Presumed Caucasian ethnicity, no mention of cultural differences
- Sources of bias
  - Selection – by nurse-facilitator, as time allowed within normal role
  - Reporting – facilitators of meeting also doing reporting
  - Data – missing items on FIN entered as mean

### **Conclusion:**

This pilot study appears to confirm what we suspect – that family meetings are beneficial for both the family and professional caregivers, at least in the short term. The CPG for family meetings developed and followed by this group seems to be effective, but may need some adjustments.

**Future directions that would be helpful:**

- Randomization with control group
- Greater sample size
- Longer follow up, possibly with a post-discharge/death follow-up