End-of-life care content in 50 textbooks from multiple specialties.


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Abstract:

Context: Prior reviews of small numbers of medical textbooks suggest that end-of-life care is not well covered in textbooks. No broad study of end-of-life care content analysis has been performed on textbooks across a wide range of medical, pediatric, psychiatric, and surgical specialties.

Objective: To determine the quantity and rate the adequacy of information on end-of-life care in textbooks from multiple medical disciplines.

Design and Sources: A 1998 review of 50 top-selling textbooks from multiple specialties (cardiology, emergency medicine, family and primary care medicine, geriatrics, infectious disease and acquired immunodeficiency syndrome (AIDS), internal medicine, neurology, oncology and hematology, psychiatry, pulmonary medicine, and surgery) for the presence and adequacy of content in 13 end-of-life care domains.

Main Outcome Measures: Chapters on diseases commonly causing death and those devoted to end-of-life care were identified, read, rated, and compared by textbook specialty, chapter, and domain for the presence of helpful information in the 13 domains. Content for each domain was rated as absent, minimally present, or helpful. Textbook indexes were analyzed for the number of pages relevant to end-of-life care.

Results: Overall, helpful information was provided in 24.1% (range, 8.7%-44.2%) of the expected end-of-life content domains; in 19.1% (range, 6.2%-38.5%), expected content received minimal attention; and in 56.9% (range, 23.1%-77.9%), expected content was absent. As a group, the textbooks with the highest percentages of absent content were in surgery (71.8%), infectious diseases and AIDS (70%), and oncology and hematology (61.9%). Textbooks with the highest percentage of helpful end-of-life care content were in family medicine (34.4%), geriatrics (34.4%), and psychiatry (29.6%). In internal medicine textbooks, the content domains with the greatest amount of helpful information were epidemiology and natural history. Content domains covered least well were social, spiritual, ethical, and family issues, as well as physician after-death responsibilities. On average, textbook indexes cited 2% of their total pages as pertinent to end-of-life care.

Conclusion: Top-selling textbooks generally offered little helpful information on caring for patients at the end of life. Most disease-oriented chapters had no or minimal end-of-life care content. Specialty textbooks with information about particular diseases often did not contain helpful information on caring for patients dying from those diseases.

Comments:

Strengths/uniqueness: The authors used a fairly rigorous systematic approach in reviewing 50 textbooks that were sold in 1997.
**Weakness:** It is not clear how much has changed regarding end-of-life content in textbooks since the index year used in this study. It is possible that there could have been considerable change in the three years between 1997 and the publication of this article in 2000.

**Relevance to Palliative Care:** Despite the previous comment on weaknesses, one suspects that there has been only limited improvement in end-of-life care coverage in medical textbooks in the last couple of years. Anecdotally, it would appear that a number of publishers are focusing more on end-of-life care, particularly over the course of the last year. It is possible that this article may have stimulated some of this interest.