

Access to palliative care services in hospital: a matter of being in the right hospital. Hospital charts study in a Canadian city

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Abstract:

Access to palliative care (PC) is a major need worldwide. Using hospital charts of all patients who died over one year (April 2008-March 2009) in two mid-sized hospitals of a large Canadian city, similar in size and function and operated by the same administrative group, this study examined which patients who could benefit from PC services actually received these services and which ones did not, and compared their care characteristics. A significantly lower proportion (29%) of patients dying in hospital 2 (without a PC unit and reliant on a visiting PC team) was referred to PC services as compared to in hospital 1 (with a PC unit; 68%). This lower referral likelihood was found for all patient groups, even among cancer patients, and remained after controlling for patient mix. Referral was strongly associated with having cancer and younger age. Referral to PC thus seems to depend, at least in part, on the coincidence of being admitted to the right hospital. This finding suggests that establishing PC units or a team of committed PC providers in every hospital could increase referral rates and equity of access to PC services. The relatively lower access for older and non-cancer patients and technology use in hospital PC services require further attention.

Comments:

Strengths/uniqueness:

This report raises interesting questions about the value of data obtained in retrospective chart reviews and the then potentially misleading conclusions that can result.

Weakness:

The lack of clear definitions and detail for the methodology to identify patients eligible for palliative care, palliative care services provided, and level of consciousness would make this study very difficult to reproduce in another setting. The description of the palliative care service is inaccurate and misleading.

Relevance to Palliative Care:

There are important issues to consider in regard to researchers disconnected from clinical care attempting interpreting clinical data in isolation from clinicians providing that care.