Journal Watch:

General practitioners' experiences of the psychological aspects in the care of a dying patient

Presenter:
Brendan Wong, Nov.5, 2009, Grey Nuns Tertiary Palliative Care Unit

Reference:
Kelly B, Burnett P, Robertson M, Mitchell G & Treston P. *Palliative and Supportive Care*. 2008: 6, 125-131.

Purpose:
General practitioners (GPs) play an integral role in addressing the psychological needs of palliative care patients and their families. While they describe the work as rewarding, they recognize it can be burdensome due to personal, relational, and organizational barriers. Doctors often report feeling ill-prepared for the tasks of caring for the dying patient. Despite evidence suggesting that having a doctor who is willing to discuss death and dying is important for terminally ill persons, there is evidence that clinicians have considerable difficulty in addressing end-of-life issues with palliative care patients.

The purpose of this study was to examine the perceptions and experiences of nonspecialist GPs providing care to palliative care patients, focusing on the psychological aspects of palliative care. The aim of the study was to describe these aspects as an initial step in developing interventions to provide guidance and consultation/supervision to primary care clinicians when they are treating the terminally ill.

Method:
A convenience sample of 15 doctors was recruited at the point of referral of their patient to a hospice/home care specialist palliative care service. Twelve of the GPs reported long-term (4 years or more) clinical relationships with their palliative patient. The patient population of the GPs was not limited by any means.

Data was collected through face-to-face semi-structured interviews by a consultant psychiatrist in the GP's offices. The interviewer was blind to the patient data and details, other than that described by the doctor during the interview. The original design included three separate interviews with GPs fortnightly over a 6-week period in order to examine the changes that clinicians may report over time in their care of the patient; this was not attained in all cases due to patient's death.

Results:
A total of 27 interviews with the 15 GPs were analyzed for common themes. Significant themes that emerged were related to perceived barriers to explorations of emotional concerns, including spiritual issues and the discussion of prognosis and dying; the perception of patients' responses/coping styles; and the GPs personal experience of the care (usually expressed in terms of identification with the patient).

Strengths of Study:
        -face-to-face interviews between GPs and trained psychiatrists
        -follow-up interviews in some cases
        -gives good basic outline of underlying themes that often accompany end-of-life care but are often not discussed

Limitations of Study:
        -small sample size (n=15)
        -GPs interviewed may have been a biased sample (non-random sample); patients discussed were also not representative of general palliative population
        -qualitative data
        -subjective interpretations of interviews rather than objective scoring

Relevance to Palliative Care:
        These findings indicate challenges facing clinicians in discussions with patients and families about death, as well as barriers to exploring the patient's emotional responses to terminal illness and spiritual concerns.
        It is important, as a clinician, to be proactive about these issues and bring them up for discussion rather than rely on the patient to take the lead on exploring the various topics that surround end-of-life care. These discussions will have a significant positive impact in helping patients and families adjust and adapt to a terminal illness. Approaches to improve skills in psychological aspects of care may also assist in maintaining clinicians' emotional well-being.
        These qualitative data indicate important tasks in the training and clinical support for doctors providing palliative care and the potential benefits of clinical supervision to improving patient, family, and clinician outcomes.