Talking about End-of-Life in the Hospital - What is Going on? A Qualitative Case Study

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BACKGROUND

End-of-life conversations (EOL) are often referred to as "the difficult conversation." The purpose of such conversations is to give the patient the opportunity to deal with future treatment options in advance and to help the patient clarify their values and wishes before it becomes relevant to make decisions about treatment. These conversations often take place in the hospital. Healthcare professionals are expected to initiate and conduct these conversations. Difficult decisions must be taken, but in Denmark, there is no tradition for performing these conversations systematically. This may mean that patients and their relatives do not talk about the end of life and might fail to make these decisions. There is a lack of knowledge about whether this is the case. Furthermore, there is a lack of knowledge about who is responsible for conducting these conversations, and when and how they are conducted.

AIM

The aim of this study was to explore the existing practices with EOL conversations in a hospital setting. The particular focus of the study was to discover how EOL conversations took place in hospital, which topics were discussed and how the EOL conversations were experienced by the healthcare professionals.

METHODS

The study included participatory observational studies in a pulmonary medical and surgical ward (two weeks each ward); and four focus group interviews with healthcare professionals (n=14) from the wards.

"...it's an instinctive feeling, I mean you feel your way towards it (initiating the conversation). I've never been told how to do it or anything. It's learning by doing."

Quote Medical doctor
Pulmonary Ward

The nurse tells the doctor that the patient's son or daughter would like to talk to them. They had a long conversation yesterday and the doctor says that they can't have a conversation for half an hour every single day. There just isn't time for that."

Field notes from
Pulmonary Medical Ward

"But it's the doctor's job. Perhaps the nurses can come in afterwards and give comfort ... and tidy up."

Quote Medical Doctor
Surgical Ward

"In the middle of the ward round the door opens and a nurse and porter come barging in. Another patient on the ward has to be moved to another department. They're raising their voices and they don't give ANY consideration to the fact that there's a conversation going on."

Field Notes Surgical Ward

"...you run the risk of opening a box, which you won't be able to figure out how to close again, and it's extremely dangerous."

Quote Social and health assistent
Surgical Ward

FINDINGS

The findings revealed three cultural categories related to: 1. The organizational and physical environment; 2. The timing of addressing end-of-life issues and; 3. Topics and roles in EOL conversations. The EOL conversations were part of daily clinical practice, but they were not conducted systematically. Appropriate competencies were lacking, roles were unclear and the physical and organizational environment were not conducive to the conversations. The topics of the EOL conversations revolved around a "here-and-now" status of the patient's disease progression and decisions about the level of treatment. To a lesser extent, the conversations included the patient's and relatives' thoughts and wishes concerning EOL, which allowed long-term care planning.

CONCLUSION

This study demonstrates that there are several barriers to talking about EOL in an acute care hospital setting, and future strategies must address an overall approach. In order to provide patients and their relatives with better opportunities to express their EOL wishes, there is a need for clearer roles in an interdisciplinary approach to EOL conversations, alongside improved staff competencies and changes to the organizational and physical environment.

The authors have no conflicts of interests.

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