

ORIGINAL ARTICLE

Analysis Of Responses To Questionnaire Administered During 'Advanced Care Planning And End Of Life Care Workshop' At Hospital Raja Permaisuri Bainun, Ipoh.

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ABSTRACT

A questionnaire was administered during the 'Advanced Care Planning And End Of Life Care Workshop' conducted in the Auditorium of the Ambulatory Care Centre of Hospital Raja Permaisuri Bainun on 20th January 2017 to all participants comprising Specialists, Medical Officers and House Officers to assess their knowledge, attitude and practice of Advance Care Planning during patient consultations. This report is an analysis of the responses to the questionnaire administered. The objectives of this study were in general to assess and analyze the knowledge, attitude and practice of medical practitioners on Advance Care Planning in clinical practice in Hospital Raja Permaisuri Bainun, Ipoh and specifically to determine analytically the level of awareness on Palliative Care and knowledge, attitude and practice of medical practitioners on Advance Care Planning in clinical practice in Hospital Raja Permaisuri Bainun, Ipoh. The questionnaire designed was administered to all medical practitioners who attended the workshop and was analyzed on SPSS without the personal identifiers. The 70 respondents who filled out the questionnaires comprised of doctors subdivided into 3 categories namely House Officers (38.8%) Medical Officers (36.3%) and Specialists (12.5%). Amongst the respondents, 34.3% of the respondents were males and the remaining 65.7%) were females. The minimum age of the respondents was 24 and the maximum age was 52. The mean age was 30.03 years with a standard deviation of 5.228 years. From the analysis by age, majority of the respondents were aged between 26-30 years (48.6%) followed by 31-35 years (34.3%).

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Only 1.4% of the respondents were aged above 50 years and 4.3% of the respondents were aged 25 years and below. Majority of the respondents were Muslims (33.3%), followed by Buddhists (30.4%) and Hindus (20.3%). Majority of the respondents had less than 5 years of work experience (66.7%) within their present designation. 18 respondents (26.1%) had 10-15 years of work experience and 7.2% had more than 5 years of work experience. there was statistically significant difference when categorical age was cross tabulated with the 9th and 11th questions with $p= 0.004$ and $p=0.003$ respectively. The 9th question was pertaining to if a patient has a right to discuss treatment options and refuse treatment even if his disease could advance and the 11th question was concerning awareness of Advanced Care Planning (ACP). There was a secondary statistically significant correlation between the Questions 1a and 1b on if the respondent has ever received teaching on managing EOL patients and the place where this teaching was obtained with $p= 0.005$. There was statistically significant correlation between position / designation at work and Question 6 on whether the respondent was comfortable with discussions on patient's deterioration and resuscitation status with $p = 0.004$. There was also a secondary statistically significant correlation between the cross tabulation of designation with Question 2a on Experience with taking care of EOL patients and 2b on number of EOL patients seen per month with $p= 0.001$. There was otherwise no other statistically significant difference in comparisons made between majority of the 11 questions in comparison to position / designation at work. There was also statistically significant difference established in the correlation between years of experience and awareness of Advanced Care Planning with $p = 0.000$. However, there was otherwise no other statistically significant difference in comparisons made between majority of the 11 questions in comparison to position / designation at work. In conclusion, the analysis of this questionnaire has successfully established the level of knowledge, attitude and practice of Advanced Care Planning and End Of Life Care amongst doctors who attended the workshop.

INTRODUCTION

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

A questionnaire was administered during the 'Advanced Care Planning And End Of Life Care Workshop' conducted in the Auditorium of the Ambulatory Care Centre of Hospital Raja Permaisuri Bainun on 20th January 2017 to all participants comprising Specialists, Medical Officers and House Officers to assess their knowledge, attitude and practice of Advance Care Planning during patient consultations. This report is an analysis of the responses to the questionnaire administered.

LITERATURE REVIEW

Numerous books, journals, articles and websites were studied prior to the topic selection. Amongst the most relevant to our topic of interest is the one given below which demonstrates how scientific evidence has helped policy makers shape and expand the role of modern day Palliative Care practices around the globe.

OBJECTIVES

General Objective(s)

- (i) To assess and analyze the knowledge, attitude and practice of medical practitioners on Advance Care Planning in clinical practice in Hospital Raja Permaisuri Bainun, Ipoh.

Specific Objective(s)

- (ii) To determine analytically the level of awareness on Palliative Care and knowledge, attitude and practice of medical practitioners on Advance Care Planning in clinical practice in Hospital Raja Permaisuri Bainun, Ipoh.

METHODOLOGY

1. The questionnaire designed was administered to all medical practitioners who attended the 'Advanced Care Planning Workshop And End Of Life Care Workshop' conducted at the Auditorium of the Ambulatory Care Centre of Hospital Raja Permaisuri Bainun on 20th January 2017.
2. The completed questionnaires (which were absent of personal identifiers) were collected at the end of the workshop.
3. The data thus compiled were then immediately keyed into a formatted SPSS database.
4. The data was then analyzed statistically to compare level of education and training with levels of awareness on Palliative Care as well as knowledge, attitude and practice of medical doctors on Advance Care Planning.
5. A report was then prepared

RESULTS AND FINDINGS

The 70 respondents who filled out the questionnaires comprised of doctors subdivided into 3 categories namely House Officers (38.8%) Medical Officers (36.3%) and Specialists (12.5%). Amongst the respondents, 34.3% of the respondents were males and the remaining 65.7% were females. The minimum age of the respondents was 24 and the maximum age was 52. The mean age was 30.03 years with a standard deviation of 5.228 years. From the analysis by age, majority of the respondents were aged between 26-30 years (48.6%) followed by 31-35 years (34.3%). Only 1.4% of the respondents were aged above 50 years and 4.3% of the respondents were aged 25 years and below. Majority of the respondents were Muslims (33.3%), followed by Buddhists (30.4%) and Hindus (20.3%). Majority of the respondents had less than 5 years of work experience (66.7%) within their present designation. 18 respondents (26.1%) had 10-15 years of work experience and 7.2% had more than 5 years of work experience.

Responses To The Questionnaire can be summarized as follows:

1. Received teaching on managing EOL patients

Majority of the respondents (71.4%) affirm to have received teaching on managing patients who are dying or with life limiting illnesses during medical school or post-graduate training; of which 78.3% respondents claim began in medical school but 21.7% responded during postgraduate training.

2. Prior experience with taking care of EOL patients

88.2% have taken care of a patient who was dying from serious illness in the past; of which 51.4% usually see less than 5 patients per month, 24.3% each saw 5-10 and more than 5 patients per month each.

3. Specialist / self has made decision not for resuscitation before

95.7% respondents affirm to have come across cases where they themselves or with their specialist decided not to continue treatment due to futility and decided not to resuscitate

4. Been involved in the DNR discussion before

94.3% respondents have previously been involved in the DNR discussion before.

5. Ask Patients Family If They Still Want Active Resuscitation When The Patient Goes Into Cardiorespiratory Arrest

However, 92.9% respondents affirm to still continue to ask patients family if they still want active resuscitation when the patient goes into cardiorespiratory arrest.

6. Comfortable with discussions on patient's deterioration and resuscitation status

Majority of respondents feel they are comfortable(47.1%) discussing with patient and family with regards to their deterioration and resuscitation status. 5.9% felt they were very comfortable, 19.1% were not sure and 23.5% were uncomfortable with the discussion. Only 4.4% were very uncomfortable.

7. Resuscitate patient if family insists on CPR

75% of respondents still resuscitated patients when the family insisted on CPR. Amongst those who continued to resuscitate patients, 42% felt they were honoring the family's request, 30% did it for fear of medicolegal litigations, 16% because they believed they were providing the best treatment to patients and the remaining for other reasons but failed to elaborate.

8. Is withdrawal of care equivalent to euthanasia?

94.2% of respondents did not believe that withdrawal of care was equivalent to euthanasia.

9. Patient has a right to discuss treatment options and refuse treatment even if his disease could advance

62.9% of respondents agreed and 35.7% strongly agreed that the patient has a right to discuss treatment options and refuse treatment even if his disease could advance.

10. Comfortable discussing prognosis of patient when asked by patient's family

64.7% of respondents were comfortable and 2.9% of respondents were very comfortable when discussing prognosis of patient when asked by patient's family. 17.6% were not sure, 11.8% were uncomfortable and 2.9% were very uncomfortable. Only 4 respondents elaborated on why they were uncomfortable or very uncomfortable with discussions on prognosis. The 4 responses recorded were fear of medicolegal litigation, unsure of how to react when asked, had a tendency to relate to family members emotions when asked and also difficulty in assessing family's expectations and ability to accept the situation.

11. Heard of Advanced Care Planning (ACP) before

61.4% of respondents have heard of Advanced Care Planning before. Amongst those who've heard of ACP, 45.5% had their first exposure in HRPB, 13.6% each in medical school and PPUM respectively, and 4.5% each responded medical journals, general reading, PACES, Palliative Care Conference, Palliative Care Course and at a Geriatric Conference.

DISCUSSION

There was no statistically significant difference in comparisons made between majority of the 11 questions in comparison to categorical age. However, there was statistically significant difference when categorical age was cross tabulated with the 9th and 11th questions with $p= 0.004$ and $p=0.003$ respectively. The 9th question was pertaining to if a patient has a right to discuss treatment options and refuse treatment even if his disease could advance and the 11th question was concerning awareness of Advanced Care Planning (ACP). There was a secondary statistically significant correlation between the Questions 1a

and 1b on if the respondent has ever received teaching on managing EOL patients and the place where this teaching was obtained with $p= 0.005$.

There was statistically significant correlation between position / designation at work and Question 6 on whether the respondent was Comfortable with discussions on patient's deterioration and resuscitation status with $p = 0.004$. There was also a secondary statistically significant correlation between the cross tabulation of designation with Question 2a on Experience with taking care of EOL patients and 2b on number of EOL patients seen per month with $p= 0.001$. There was otherwise no other statistically significant difference in comparisons made between majority of the 11 questions in comparison to position / designation at work.

There was also statistically significant difference established in the correlation between years of experience and awareness of Advanced Care Planning with $p = 0.000$. However, there was otherwise no other statistically significant difference in comparisons made between majority of the 11 questions in comparison to position / designation at work.

CONCLUSION

In conclusion, the analysis of this questionnaire has successfully established the level of knowledge, attitude and practice of Advanced Care Planning and End Of Life Care amongst doctors who attended the workshop on 'Advanced Care Planning and End Of Life Care' as mentioned above. It is difficult to assess the generalizability of the results of this analysis to all doctors practicing in HRPB, Ipoh or Malaysia at large as the population of doctors attending this workshop may not be sufficiently representative. This may be because of variations in their scope of practice and subjective interests in Palliative Care.

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