

# PERSONAL & SYSTEM BARRIERS TO END-OF-LIFE CARE DISCUSSIONS IN THE ACUTE CARE SETTING: IDENTIFYING THEM & PROVIDING SOLUTIONS

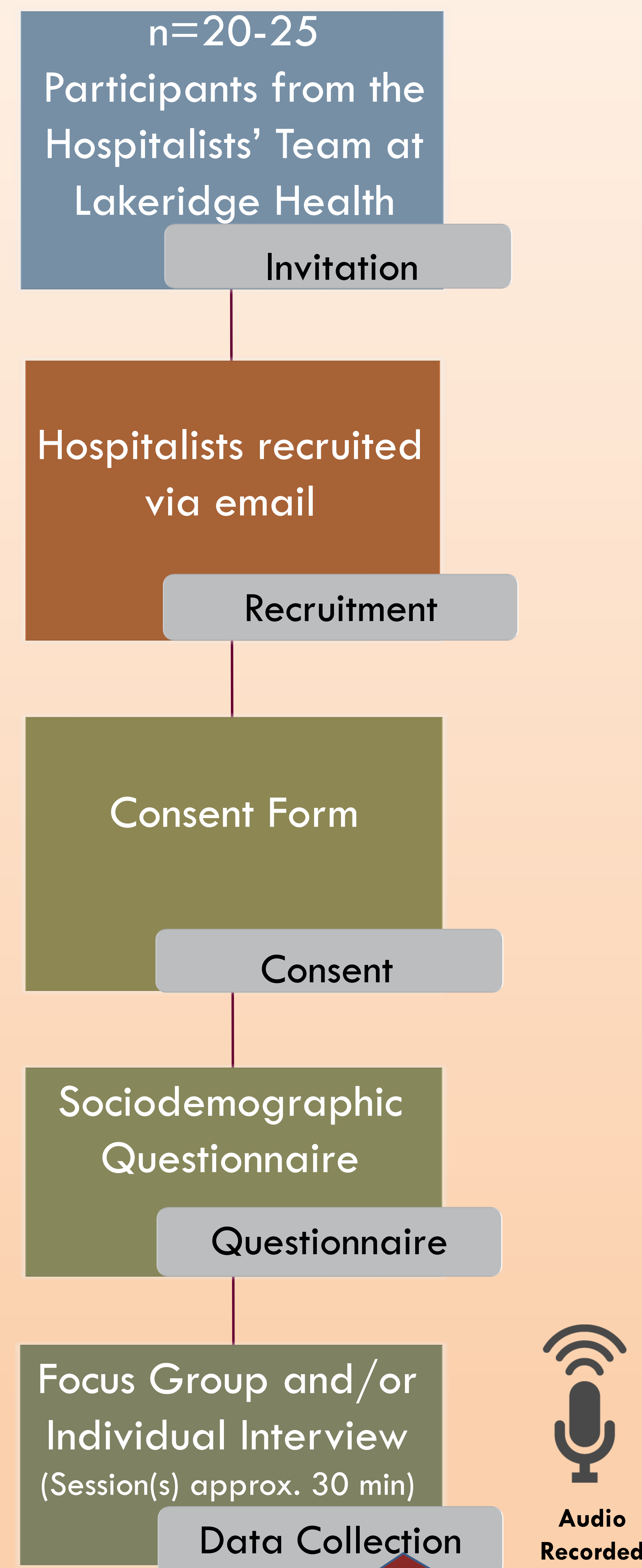
## BACKGROUND

With Canada's aging population, end-of-life (EOL) care is increasingly becoming an important part of health care delivery. Physicians play a key role in end-of-life care discussions as they engage in shared decision-making, often through communication with patients and their family members. In the acute care setting, physicians are often approached about end-of-life care. In such circumstances, concerns are raised with respect to the quality and nature of these discussions. Concerns include noise, lack of privacy and time, language barriers between MD and patient, as well as the absence of family and power of attorney. To the best of our knowledge, there seems to be limited literature with respect to physicians' perspective on end-of-life care in acute care settings, especially that based on community hospitals.

## RESEARCH QUESTIONS

- How comfortable are hospitalists in discussing end-of-life care with their patients in the acute care setting?
- What are the barriers and facilitators to initiating end-of-life care discussions?
- What strategies and solutions are hospitalists willing to adopt to improve end-of-life care discussions?

## METHODOLOGY



- "Have you had an experience where having an end-of-life care discussion was difficult, if so, what made it difficult?"
- "What could be done to make end-of-life care discussions more comfortable in the acute care setting?"

## DATA ANALYSIS

Descriptive analysis of sociodemographic data will be used. All interview audio recordings will be transcribed by the researcher verbatim into written text. Pseudonyms will be used to protect the identity and maintain anonymity of the participants. Transcripts will be analyzed using Interpretive Phenomenological Analysis.

### Interpretative Phenomenological Analysis

*"The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world"*—Smith & Osborn (2007)<sup>1</sup>.



## IMPLICATIONS

It is hoped that this study can contribute to the greater understanding of hospitalists' perceptions of end-of-life care discussions in the acute care setting, with respect to the barriers they face and ultimately identifying potential solutions to improve their practice.

### REFERENCES

1. Smith, J, A., & Osborn, M. (2007). Interpretative Phenomenological Analysis. *Qualitative Psychology*, 53-80.