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SAHLGRENKA ACADEMY

REFERRAL OF PATIENTS WITH CANCER TO PALLIATIVE CARE: EXPERIENCES OF SWEDISH PHYSICIANS

EAPH Conference Oslo 2019

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20 May 2019**



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Introduction

WHO definition of Palliative Care (PC):

” Palliative care is an approach that improves the quality of life of patients and their families facing the problems 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 “



Randomized clinical trials prove that integration of oncology and palliative care lead to :

- Improved symptom control and quality of life
- Less anxiety and depression
- Improved family satisfaction
- Improved use of health care resources



Kaasa et al The Lancet Oncology 2018

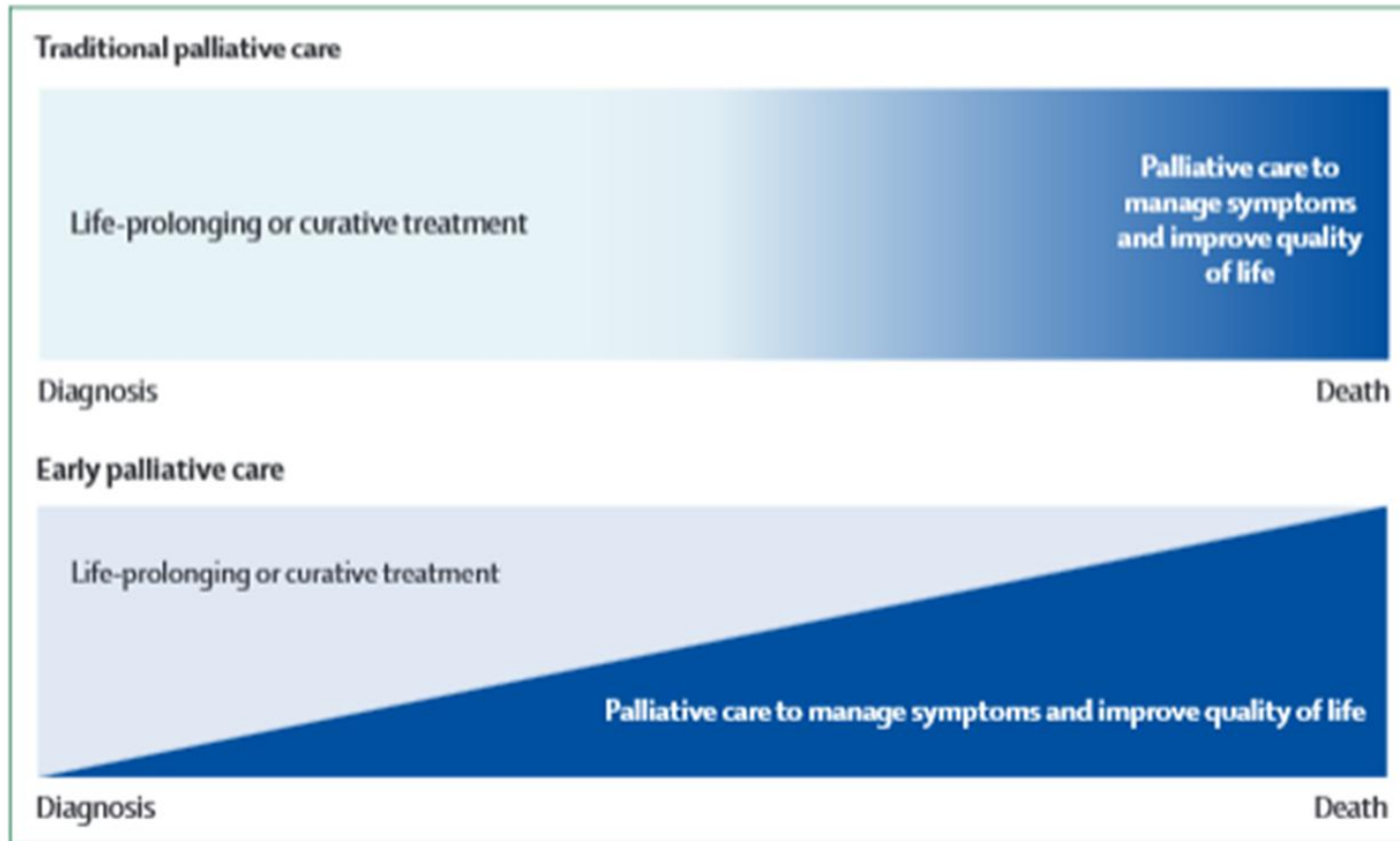


Figure 1: Traditional versus early palliative care



“Patients with metastatic non-small-cell lung cancer receiving early palliative care had less aggressive care at the end of life but longer survival compared with patients receiving standard oncology care.”

Temel et al N Engl J Med 2010



American Society of Clinical Oncology's expert panel recommend that :

- *“Combined standard oncology care and palliative care should be considered early in the course of illness for any patient with metastatic cancer and/or high symptom burden “*

Smith TJ et al J Clin Oncol 2012



- Studies have shown that oncologists, gynecological oncologists and hematologists tend to refer patients for palliative care late in the course of the disease and there are differences between specialities (Hui et al, 2015; Kaye et al, 2018)
- Early inclusion to palliative care is not yet standard of care in Sweden



Aims

To explore attitudes, experiences and practices among physicians regarding the referral process, integration and transition between oncological treatment and palliative care in South- east part of Sweden



Method

- Presumptive participants were identified by the head of the department of each medical speciality, $n=239$, of which 130 participated in the study
- A cross-sectional online survey with questionnaires dealing with the referral process to palliative care was sent to all physicians working within oncology, gynecology, hematology, pulmonology, urology and pediatrics in Southeast Sweden
- The online survey lasted between Nov 2016 - Febr 2017



Study specific questionnaire

- The questionnaire consisted of 76 items including demographics
- The options were presented on Likert scales (1-6) with free worded answers
- ..or the rating alternatives "yes", "no" and "I partly agree" and free worded answers
- Data was analysed with descriptive statistics and the questions answered by Likert scale were dichotomized with the alternatives: often/always and seldom/never



Results

- 130 physicians participated in the study representing a response rate of 54% of presumptive participants
- The response rate among the subpopulation of oncologists was 56%



Demographics

Characteristics	Total n (%)	Female n (%)	Male n (%)
Oncologist	130	71 (55)	59 (45)
Urologist	36 (28)	22 (17)	14 (11)
Hematologist	22 (17)	4 (3)	18 (14)
Pediatrics	10 (8)	6 (5)	4 (3)
Pulmonologist	14 (11)	8 (6)	6 (5)
Gynecologist	10 (8)	5 (4)	5 (4)
	38 (29)	26 (20)	12 (9)
Medical specialist	128		
Speciality registrar	100 (78)	54 (54)	46 (46)
Non-responders	28 (22)	15 (54)	13 (46)
	2		
Experiences in treating cancer patients:	118		
≤ 10 years	48 (41)	29 (60)	19 (40)
> 10 years	70 (59)	36 (50)	34 (50)
Non-responders	12		



Result- attitudes

- The general opinion (98%) among the physicians was that PC was beneficial for the patient
- The majority (82%) had a positive attitude towards early integration in PC highest rating within oncology (94%), lowest within hematology (57%)



Result –practices

- Pediatric oncologists stated that they introduced PC early in the course of the disease compared to hematologists (80%) and (20 %), respectively
- Referral to PC was made late in the disease trajectory (84%) or when the patient was suffering from inadequate symptom control (75%)
- Oncologists referred patients to early PC to the greatest extent (52%), compared to pediatric oncologists (17%)



Result - experiences

- Oncologists could easily motivate their patients to accept PC (82%), compared to pediatric oncologists (50%)
- The participants depicted having difficulties in motivating the referral recipient /healthcare provider about the need for PC (49%)
- After referral the physicians expressed an extensive need to know (71%) that the patient had been taken care of



Conclusions

- This study explored Swedish physicians' experiences concerning early referral to PC of cancer patients with advanced disease.
- Despite the physicians' positive approach towards this strategy and the previously documented benefit for the patient with early integration of PC, referral often occurred late in the course of the disease.
- The reasons for discrepancies between attitudes and practices are probably multifactorial and related to medical and organizational encounters, attitudes within specialties, and the challenge of disrupting a close patient-physician relationship



Acknowledgments

All physicians from Southeast Sweden participating in the study

Financial support from FORSS , Medical Research Council of Southeast Sweden, Futurum academy for Health and Care Region Jönköping County, Sweden, Foundation for Clinical Cancer Research in Jönköping, Sweden



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Thank you !





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