



Hong TC¹, Yau LM¹, Ng CC¹, Au Yeung HY², Ma SY², Ng HY², Leung MW², Lam PT², Lam TP³, Chao DVK¹

¹Department of Family Medicine and Primary Health Care, United Christian Hospital, ²Department of Medicine and Geriatrics, United Christian Hospital, ³Family Medicine Unit, The University of Hong Kong

ATTITUDES AND EXPECTATIONS OF PATIENTS WITH ADVANCED CANCER TOWARDS COMMUNITY PALLIATIVE CARE SERVICE IN HONG KONG

BACKGROUND

- Palliative care can improve patients' end-of-life quality.
- In Hong Kong, palliative care is mainly provided by palliative care specialists in hospital setting lacking primary care physicians' involvement.
- From overseas experience, community palliative home care is another approach with primary care physicians providing shared care to enhance service coverage.
- Our previous study showed that 96.8% of local family physicians agreed that primary care physicians should be involved in providing palliative care service and 77.7% wished to provide it in practice.
- Local data of patient's attitudes and expectations are lacked.

OBJECTIVES

- To investigate the attitudes and expectations towards continuity of doctor-patient relationship and community palliative care service, of patients with advanced cancer in the palliative care unit of a regional public hospital in Hong Kong.

METHODOLOGY

- Combined qualitative and quantitative research method including individual in-depth interviews and questionnaire survey.
- All patients who had advanced cancer disease under the care of the palliative care unit of United Christian Hospital were invited to participate in voluntary basis during their stay or visit in the in-patient, out-patient, home visit or day center service in the period Jan-Jun 2009. Those who were physically or mentally incapable to complete the questionnaire were excluded.

RESULTS

13 patients were recruited for semi-structured individual interviews by the principal investigator until saturation was reached when no new data was being collected. The results helped in the construction of the questionnaire survey.

Questionnaire survey

Demographics:

- 121 patients were recruited. They had mean age of 72.6 and 65.3% of them were male.
- 63.6% of them were living in public housing. 34.7% were on Comprehensive Social Security Assistance.
- 74.4% of them were living with family while 14% were living alone. 33.1% had no daytime care giver.

Disease factor (Figure 1):

- Most (93.6%) of them were currently having symptoms, namely pain (47.9%), tiredness (36.4%), shortness of breath (32.2%), etc.
- Half (48.8%) of them were partially or totally dependent in activities of daily living.

Community Palliative Care:

- 64.5% of them visited a fixed clinic or doctor but only 28.9% had a family doctor.
- Half of them (49.6%) wished to have a doctor who knew their history well that they can visit him whenever they have any problem and 52.9% wished that doctor can work with the hospital doctor to take care of their cancer related problem.
- Most (81.8%) of them wished to have home visit by health care professional when in need.
- 37.2% wished to stay at home in the pre-terminal period and 19% wished to die at home (Figure 2).
- The factors considered for where to stay were medical support (47.9%), influence to family (37.2%), availability of care giver (33.1%), time with family (28.9%), degree of comfort (27.3%) and symptom control (24.8%) (Figure 3).
- Using logistic regression analysis, lack of daytime care giver ($p=0.023$) and currently having pain symptom ($p=0.047$) were significantly related to the wish of spending the pre-terminal period in hospital (Table 1).

Figure 1: Primary cancer of the respondents

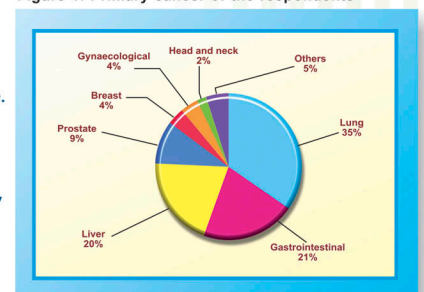


Figure 2: The preferred place to stay during the pre-terminal period vs the preferred place of dying

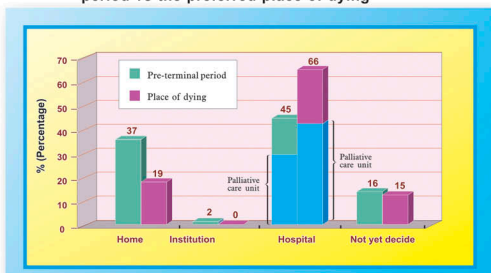


Figure 3: The factors considered for where to stay in pre-terminal period and place of dying

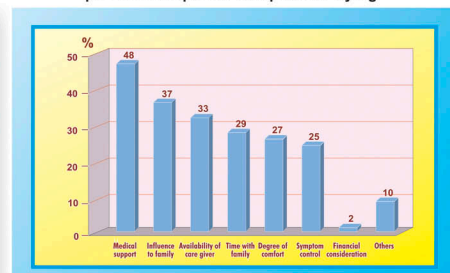


Table 1: Factor affecting the wish on where to spend the pre-terminal period (hospital = 1, non-hospital = 0), by logistic regression

Factor	OR (95%CI)	p-value
Lack of daytime care giver	3.174 (1.172-8.595)	0.023*
Pain symptom	2.370 (1.010-5.560)	0.047*

Factors adjusted were whether on CSSA, having a family doctor, having a fixed clinic visit, symptom of tiredness, symptom of shortness of breath
* $p<0.05$

CONCLUSION

- The family doctor concept is still underdeveloped in this population group.
- Community palliative care model is desired but further enhancement in the primary care system, as well as the social and medical supports are needed to provide quality end of life care.
- Further larger scale study including patients in private setting and in other palliative care units may reveal a more complete picture of the scenario.

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None.

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