

Improving end-of-life care

October 4 2010

Better psychological and spiritual support, better planning of care and stronger relationships with physicians are necessary to improve end-of-life care in Canada, states a study published in *CMAJ* (*Canadian Medical Association Journal*).

The study, a questionnaire that aimed to measure satisfaction with end-of-life care for patients with advanced diseases and their families, involved 363 patients over 55 years of age and 193 [family caregivers](#). The patients, located in cities in British Columbia, Ontario, Quebec, Nova Scotia and New Brunswick, were all cognitively competent.

While overall satisfaction for end-of-life care was rated as good, ratings for complete satisfaction ranged from 9% to a high of only 57%, suggesting the need for improvement.

The highest priorities were improving the emotional support for patients, better communication and involvement in decisions and improving the relationship between the patient, family and doctor.

"High quality end of life care should be the right of every Canadian," says Dr. Daren Heyland, a researcher at Kingston General Hospital and Professor of Medicine and Epidemiology at Queen's University. "But it's not always happening. We know from international studies that Canada ranks 9th in the world in terms of quality of care provided at the end of life. Our research goal was to find out what people consider to be important at the end of life and how satisfied they were with the current care, and to provide this information to [health care professionals](#) to allow

them to work towards developing that model of care."

"For both patients and families, the highest priority quality improvement issues were improving the [emotional support](#) provided to patients, improving communication with the health care team and improving decision-making," says Dr. Heyland. "Patients were least satisfied with their understanding of what to expect in the end stage, discussions with their physician regarding final location of care, and the use of technology at the end of life."

Provided by Canadian Medical Association Journal

Citation: Improving end-of-life care (2010, October 4) retrieved 23 April 2024 from <https://medicalxpress.com/news/2010-10-end-of-life.html>

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