

Video conferencing could increase shared decision-making in hospice care

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Researchers at the University of Missouri have found that shared decision-making, although beneficial, could be enhanced in hospice care. Credit: MU Health / Justin Kelley

While there is vast research on shared decision-making between patients and providers, little research exists on how providers and family



caregivers reach mutual decisions—a dynamic that is prominent in hospice care, a type of medical care given to patients near the end of their lives. Now, researchers at the University of Missouri have found that shared decision-making, although beneficial, could be enhanced in hospice care. The researchers recommend that health care workers employ measures such as video conferencing to help increase the likelihood of shared decision-making between patients and family caregivers.

"Patients in hospice care generally have less than six months to live, and some very important decisions need to be made during this time," said Debra Parker-Oliver, PhD, professor in the Department of Family and Community Medicine at the MU School of Medicine and lead researcher on the study. "Shared decision-making is critical to patient-centered care because it helps ensure <u>patients</u> will receive care that is in line with their preferences and values. It is a process where decisions are jointly made between providers and patients, or in most hospice care cases, family caregivers."

Parker-Oliver and Karla Washington, PhD, assistant professor in the Department of Family and Community Medicine at the MU School of Medicine and co-researcher on the study, reviewed video recordings of hospice team meetings that involved family caregivers. They found that shared decision-making occurs infrequently in hospice team meetings that involve family caregivers due to barriers such as time constraints, a lack of communication skills and unaddressed emotional needs. The researchers said hospice providers who want to include family caregivers in the decision-making process should consider using video conferencing to facilitate caregivers' participation.

"The quality of team meetings is enhanced when you have a visual image," Washington said. "It facilitates things like turn-taking and helps ensure meeting attendees are listening and engaged in the discussion."



Although researchers found that including family caregivers through video conferencing is a useful tool for shared decision-making, they say it does not guarantee shared decision-making will occur.

"Although shared decision-making is facilitated by having family caregivers participate in team meetings through video or Web conferencing, that alone does not mean shared decision-making will actually take place," Parker-Oliver said. "Specific steps need to be taken to ensure <u>family caregivers</u> participate in the decision-making process."

The study shows the need for more research on shared decision-making in hospice care, and the researchers believe that through more research, they can help hospice teams become more effective and engaged in more shared decision-making with patients' families.

Provided by University of Missouri-Columbia

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