

# Many physicians not prepared for end-of-life talks with patients

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(HealthDay)—While nearly all physicians say end-of-life conversations

are important, many report lacking the training to have such conversations, according to a brief report published online May 23 in the *Journal of the American Geriatrics Society*.

Terry Fulmer, Ph.D., from the John A. Hartford Foundation in New York City, and colleagues conducted a 37-item telephone survey to measure attitudes and perceptions of barriers and facilitators to advance care planning among 736 physicians (primary care specialists; pulmonology, cardiology, oncology subspecialists) regularly seeing patients aged  $\geq 65$  years.

The researchers found that 99 percent of respondents agreed that it is important to have end-of-life conversations, yet only 29 percent reported that they have received formal training for such conversations. Younger physicians and those caring for a racially and ethnically diverse population were more likely to have had training. The strongest motivating factors in having advance care planning conversations were patient values and preferences. The vast majority of respondents (95 percent) reported supporting a new Medicare fee-for-service benefit reimbursing advance care planning. Time was the biggest barrier reported to advance care planning, as well as not wanting a patient to give up hope and feeling uncomfortable.

"Given the gap between what people want at the end of life and the care they receive, we need to build on available training tools and embed them systematically into practice," the authors write. "Addressing clinician barriers to [advance care planning](#) to meet the needs of their older [patients](#) and families requires the integration of existing, proven tools into a three-pronged strategy that includes education and [training](#), formal systems, and reimbursement for these critical conversations."

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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