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Provision of quality care to end-of-life patients: a longitudinal survey on attitude and practice of doctors

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Introduction

According to the guidelines on in-hospital resuscitation of Hospital Authority in 1998, “Do not attempt resuscitation” (DNAR) was considered for end-of-life patients. However, DNAR decision always poses great challenge to doctors as it encompasses both clinical and ethical judgment, with involvement of both patients and their families.

Objectives

This study aimed to investigate the doctors' attitudes on DNAR in the medical department of Queen Elizabeth Hospital as well as its documentation practice.

Methodology

We conducted an anonymous, self-administered questionnaire survey among the doctors in the Medical Department in 2004 and 2008 . Descriptive statistics were used to report the results. Chi square test or Fisher's exact test were used for comparisons of categorical data and Man-Whitney test was performed to explore the difference in the proportions of respondents who disagreed or agreed with the statements. All p values of less than 0.05 were considered significant.

Result

60 respondents returned the questionnaire in 2004 and 46 respondents returned the questionnaire in 2008. In both 2004 and 2008, most respondents claimed that they could achieve consensus about DNAR decision with families in more than 50% of cases (86.7% of respondents in 2004 and 93.3% of respondents in 2008, p=0.10). However, when they were on call, a higher proportion claimed that they could reach such consensus in less than 50% of cases (77.6% in 2004 and 77.3% in 2008, p=0.43). In 2008, a higher proportion of the respondents agreed that documentation with the DNAR form was useful for managing terminal patients (54.4% in 2008 vs 31.7% in 2004, p=0.004) and such form was useful for their colleagues (84.8% in 2008 vs 48.3% in 2004, $p < 0.0001$). In 2004, 80% of the respondents never or seldom signed such form for documentation but only 13% claimed that they never or seldom used it for documentation in 2008. Regarding training and education, half of the respondents (50%) claimed that there was inadequate training for handling

end-of-life patients in 2004. Conclusion: DNAR decision may pose difficulty to the clinicians when consensus cannot be reached with relatives. More training and education on communication may be needed to equip doctors with essential skills for providing quality end-of-life care to the terminal patients. DNAR form provides a useful tool for doctors to manage such patients and documentation by DNAR form is gaining wider acceptance among doctors.