

# Hospital Doctor's Experience of Caring for Dying Patients: themes from free text response

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## Background

A postal questionnaire was used to study the experience of all grades of doctors caring for patients dying in an acute hospital in Scotland. 41% response rate (127/306). 65% of responding doctors agreed that their most memorable patients death had had a strong emotional impact upon them. Responding doctors reported benefit from peer support. There was no association between length of time as a doctor and difficulty rating for talking to patients about death (p-value 0.203). There was no association between difficulty rating and length of time working as a doctor when talking to relatives about death and dying (p value 0.205). The main themes from free text responses related to issues surrounding DNACPR decision making (greatest number of responses), withdrawal of treatment, personal emotions, dealing with uncertainty, symptom control issues and discussing futility.

## Themes

### DNACPR

Many respondents who reported difficulty in this area described that this related to the initiation of discussions with patients and relatives. The challenges described included finding an appropriate time and place to have discussions, with patients and feelings of compulsion to have these discussions.

**"Timing-encouraged to do this as close to the front door as possible often inappropriate setting in 6 bedded bay"**

**"Feels like shoving the facts down someone's throat sometimes. If there is someone clearly dying then everyone is clearly aware. I think formal discussions can be unnecessary and cruel"**

**"Unrealistic expectations discussing at a less appropriate time, time pressure at acute and high emotional scenarios"**

### Personal Emotion

There were a number of respondents who described the challenges of dealing with personal emotions when patients are dying or have died.

**"I do not find talking about death and dying difficult. However, years of working in XXXX have had their toll on me. I find myself questioning my existential beliefs."**

**"Accepting that there is nothing else can be done for them"**

**"Feeling helpless. I don't know what help the Team//anyone can give them. Families of young people who have died. This is often when relatives get angry".**

### Difficult Situations

The deaths of children and young people were particularly difficult for respondents as were the deaths of those patients with young children. Deaths occurring as a result of trauma and violence were also more difficult for doctors to deal with.

**"Find it difficult to find words of comfort when there may be no reason to comfort"**

## Conclusion

The complete questionnaire study showed that the doctors responding described similar experiences in terms of communication difficulties and emotional effects of caring for dying patients irrespective of their level of seniority. The free text helps to illustrate the emotional effect that caring for a dying patient can have on the individual clinician. Further thought and discourse may be required to determine how to ensure that doctors feel "adequately trained and supported to provide palliative and end of life care" as stated in a commitment from the Scottish Governments Strategic Framework for Action on Palliative and End of Life Care.

