



Palliative radiotherapy

General practitioners and referral for palliative radiotherapy:
A population-based surveyAns Vulto^{a,*}, Marjo van Bommel^a, Philip Poortmans^b, Marnix Lybeert^c, Marieke Louwman^a,
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ABSTRACT

Background and purpose: The suspicion exists that the referral rate for palliative radiotherapy (RT) is too low. RT, especially in a short series, is an essential and established modality within palliative cancer care for localised symptoms.

Material and methods: Questionnaires to evaluate the knowledge of palliative RT were sent to the 1100 general practitioners (GPs) in the area of the Comprehensive Cancer Centre South in the Netherlands, covering about 2.6 million inhabitants. Four hundred and ninety-eight questionnaires were evaluated.

Results: Forty-six percent of the respondents had cared for patients referred for palliative RT in the last two years. Knowledge about the effects of palliative RT on bone metastases and spinal cord compression was good but about other palliative indications it was moderate to poor. Determinants of the actual referral for palliative RT were mainly patient related. GPs considered their own knowledge to be poor with only 10% reporting previous RT education.

Conclusions: It is absolutely necessary to inform GPs about the possibility of short series of palliative irradiation in order to improve their information for symptomatic cancer patients about all possibilities for palliative treatment.

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In the Netherlands general practitioners (GPs) provide primary care for an average of 2350 inhabitants. In general, for more complex and specialized care, GPs refer their patients to second line specialists, who, if necessary, refer to third line specialists such as radiation oncologists.

GPs increasingly provide day-to-day home-bound care for cancer patients who need palliation [1]. The number of such patients has increased substantially over the last decades because of the growing incidence of cancer in the aging population in the Netherlands [2] and the trend that people prefer to spend the last phase of their life in their own environment. Radiotherapy (RT), especially a short series, is an essential and established modality within palliative care, for example for localised symptoms including painful bone metastases, spinal cord compression, brain metastases or airway obstruction due to a vena cava superior syndrome [3,4]. Samant and colleagues (Ontario, Canada) evaluated the knowledge of GPs about the indications for palliative RT and factors that affect patient referral by means of a survey [5]. Many GPs appeared to be

unaware of the effectiveness of RT for a variety of common palliative situations, and RT referral could be correlated with knowledge about indications for palliative RT.

Earlier studies [6,7] of the pattern of care showed a marked variation in secondary or delayed RT for breast and rectal cancers, suggesting differences in the referral of such patients with metastases or recurrence, while the higher referral for patients with spinal cord compression on Fridays [8] illustrated deficiencies in clinical awareness also among GPs. We thus thought it worthwhile to evaluate knowledge of palliative RT and factors which influence referral for palliative RT among general practitioners.

Materials and methods

We developed a questionnaire, based on the Canadian survey [5]. Because GPs are often the medical care-takers in the last three months of the life of cancer patients, we concentrated only on palliative RT given in this terminal phase. The questionnaire included the following sections: respondent characteristics, number of patients in the palliative-terminal phase and number of patients referred for palliative RT, factors influencing referral for palliative RT, perception of the effectiveness of palliative and symptomatic

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RT, former education and willingness to learn more about palliative RT. The questionnaire was tested on GPs attending a peer group course on palliative care [9]. After a few adaptations the survey consisted of 23 questions. The completion time was less than 15 min.

In January 2007 the survey was sent to all GPs ($n = 1140$) within the area of the Comprehensive Cancer Centre South and a small adjacent region in the west, together covering about 2.6 million inhabitants. This region is supported by general hospitals only and by two large radiotherapy departments, one in the western and one in the eastern part of the region; most patients live within 30 min distance and never have to travel more than one hour for RT. Some patients might be referred to an RT Department outside the region, closer to their home. The completed surveys were collected and analysed. Forty questionnaires could not be delivered because the physician's address was no longer applicable. The survey response was 503 out of 1100, but two surveys arrived after the results had been processed, yielding a response rate of 45.5%. Three questionnaires were not valid because only one or no items were filled in. So we had 498 (45.2%) surveys for our analyses. If we assume that in each GP Health Centre two or three GPs work and only one GP returned the survey, then, assuming that all GPs follow the same policy, we could re-calculate the response rate to be between 58.2% and 71.2%.

Results

The characteristics of the responding GPs are shown in Table 1. The office of 95% of all physicians was located less than one hour from an RT Department, 77% said their patients were treated in one of the two RT Departments in the region, 23% in RT Depart-

ments in adjacent regions (Rotterdam, Utrecht, Nijmegen, Heerlen-Maastricht). Almost all GPs who completed the survey (96%) considered themselves to be the most important care-giver of terminal patients who received palliation. Most physicians (57%) indicated caring for one to five terminal patients per year and 31% for five to ten. Forty-seven percent said they had ever referred patients directly for palliative RT, 36% of whom had more than once in the last two years. Fifty percent of the responding physicians referred patients after consulting a second-line specialist.

The most important negative factors affecting referral for palliative RT were general condition, presumed discomfort and wish of the patient. RT-dependent factors, such as accessibility of a radiation oncologist, were found to have little influence (Fig. 1). For one-third of the respondents, life expectancy did not seem important for referral for palliative RT, whereas 42% considered a minimum life expectancy of six weeks to be essential.

Most responding physicians considered RT effective for painful bone metastases, spinal cord compression, painful local disease, brain metastases and airway obstruction. The potential effectiveness for managing haemoptysis and haematuria was not as well recognised (Fig. 2).

About 40% of the respondents assessed their own knowledge of RT as modest, including their knowledge about the application and benefit of short series of palliative RT. Knowledge about possible side-effects and their management was reported by 56% and 43%, respectively. Time since graduation as GP did not seem to affect these figures. However, only four percent of the physicians who graduated in the seventies had received education in palliative care, in contrast to 78% of those who graduated after 2000. All together, only 10% of all GPs received education in palliative RT, either during their training for GP or post-academically. Ninety-five percent of all responding physicians would consider attending courses in palliative RT.

Discussion

In the South of the Netherlands almost all of the responding general practitioners appeared to be actively involved in the care of cancer patients in the terminal phase of their disease.

The profile of the responding GPs was roughly comparable with the profile of all Dutch GPs, as registered by NIVEL (Netherlands Institute for health services research) [10] (Table 1), with some overrepresentation of older, male physicians working alone and underrepresentation of young physicians [11]. Some underrepresentation of GPs working in a health centre seems likely since often only one GP per centre responded.

Earlier studies reported the presence of five to six terminal cancer patients in a median GP practice; 31% of the GPs in this survey indicated that they cared for a somewhat higher number of patients in need of palliation. Furthermore, almost all of them considered themselves to be the most important care-giver, while earlier studies reported GPs to be the most important care-giver for only two patients out of five to six terminal patients [12,13].

According to the radiation oncologist most patients are referred by specialists such as surgeons and oncologists, whereas 47% of the responding GPs indicated that at some time they had referred patients directly for palliative RT. We assume that the responding GPs meant that the patients were referred indirectly for palliative RT, by specialists to whom the GP referred. Furthermore, while GPs only have about five terminal patients per year, they might have a different experience with referral patterns than radiation oncologists who see many patients. Moreover there might have been some "socially desirable" answers.

Patient-related characteristics such as discomfort and poor condition (but not age) affected the decision to refer for palliative RT. Most important, GPs indicated that they reacted to the wish of the

Table 1
Profile of the responding general practitioners.

	Respondents ($n = 498$)		All GPs ^b in the Netherlands ^a
	Number	%	%
<i>Gender</i>			
Male	375	75.3	65
Female	122	24.5	35
Not reported	1	0.2	
<i>Year of graduation as GP^b</i>			
1970–79	145	29.1	17
1980–89	184	36.9	36
1990–94	66	13.3	11
1995–99	61	12.2	14
2000–2006	41	8.2	22
Not reported	1	0.2	
<i>Type of practice</i>			
Solo	153	30.7	20
Association	190	38.2	30
Health Centre	143	28.7	50
HIDHA ^c	9	1.8	
Not reported	3	0.6	
<i>Working days per week</i>			
3 Days or less	111	22	25
4 Days	120	24	^e
Fulltime	265	53	75 ^e
Unknown	2	0	
<i>Distance to RT^d Department</i>			
<30 min	196	39.4	
30–60 min	281	56.4	
>60 min	21	4.2	

^a NIVEL: Netherlands Institute for health services research [10].

^b GP: general practitioner.

^c HIDHA: GP employed by an independently working GP.

^d RT: radiotherapy.

^e Considered fulltime by NIVEL.

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