

Assessing Patient and Caregiver Preferences for Early Palliative Care Delivery in Rural Alberta

An Interpretive Descriptive Study in an Advanced Cancer Context

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BACKGROUND

- Early palliative care (PC) addresses understanding of illness, symptom management, care planning/decision making and care coordination
- Early access to PC leads to fewer potentially inappropriate, aggressive (and costly) interventions at end-of-life (EOL) and improves outcomes¹
- Rural patients face unique challenges in transition from disease-modifying treatments to those focused on palliation^{2,3}
- Rural PC is associated with poorer symptom control, later referrals, and limited access to specialized care

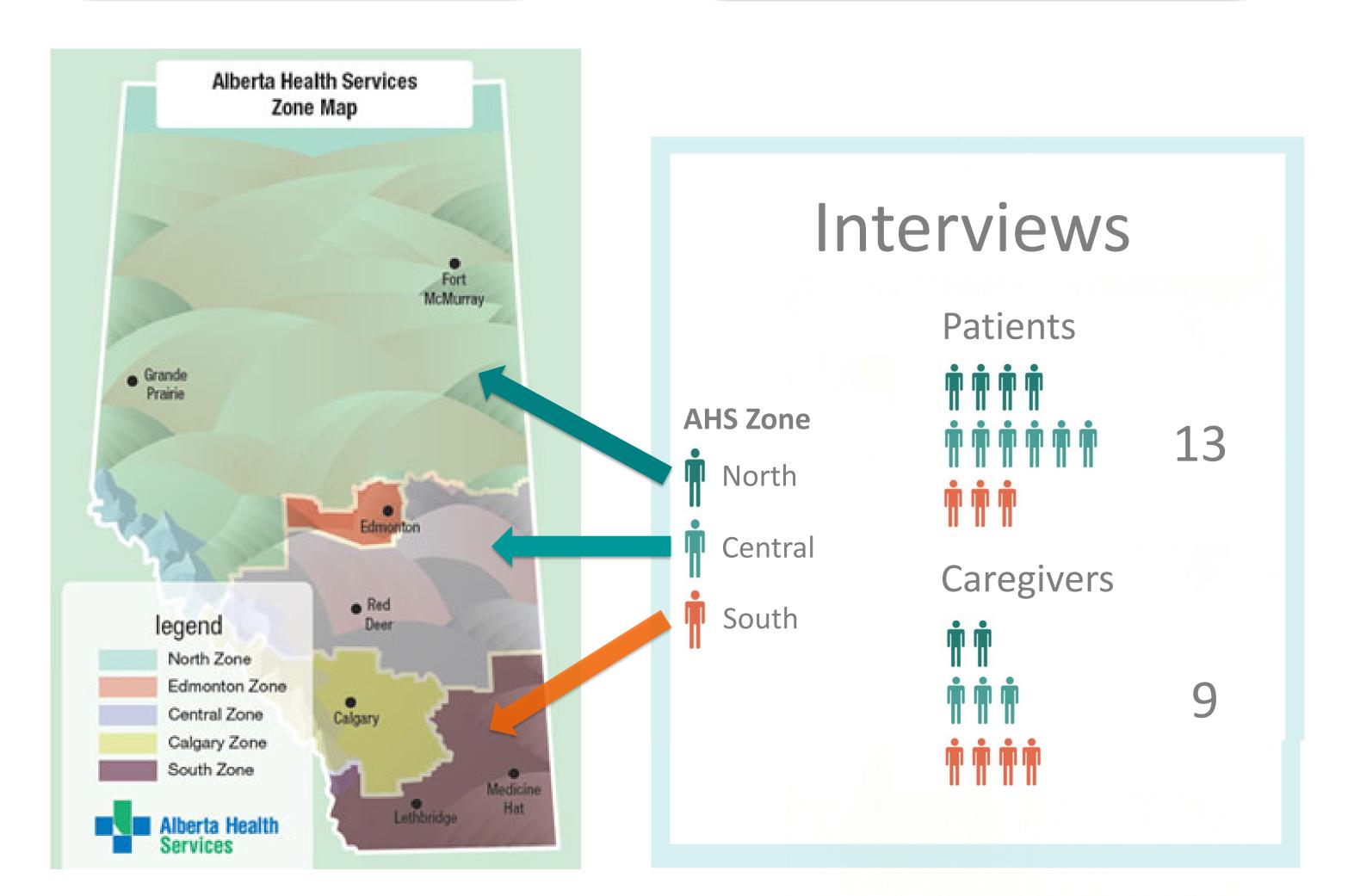
PURPOSE

To learn from rural Alberta patients and their families who are living with advanced cancer:

- how they perceive early referral to
- how to improve PC alongside cancer treatments
- how to make an appropriate transition from disease control- or cure-focused treatment to palliative-focused care

METHODS

- Qualitative
- One-on-one interviews
- Interpretive description methodology⁴ systematic study and analysis of a phenomenon (integration of early PC), situated within a clinical context while considering the social, political, ideological complexities
- Thematic analysis Charmazian **Grounded Theory** method of constant comparative analysis⁵



THEMES, SUBTHEMES AND FINDINGS

Meaning of PC

- Misperceptions of PC
- Realisation that current care is palliative care

Benefits of PC

Benefits, e.g., peace of mind

Introducing PC

- How?
- Who? When?
- Where to get

additional information?

Health care system characteristics

- Interdisciplinary team
- Role clarity
- Home care
- Critical services needed

Patient/ caregiver characteristics

- Advocating for health care
- Challenges with advanced cancer
- Challenges living in rural Alberta

Much uncertainty about PC as a treatment option.

Often perceived as EOL care.

"...when I hear 'palliative,' I just think of someone laying in a bed and dying. And, because I'm not there, I – I just assume I don't need palliative care."

PC contributed to **peace of mind**, knowing that care would be available when it was needed.

"...it was really nice to know that she would see me at any time...and that the services are available to us and that we were aware of them."

Want PC to be introduced 'at the beginning,' after first assessing patient readiness. Want information delivered in a straightforward manner.

"...the sooner, the better." "Right away, as soon as the person has been told."

Communication between clinicians and role **clarity** is important.

Home care, nurse/patient navigators and satellite cancer clinics were identified as critical services.

Support groups for patients and caregivers are crucial but lacking.

Rural patients experience increased cost and stress of travelling distances for care.

"I'd probably have to move closer to the clinic. Or the hospital. And uh, money wise it would cost lots more because living in town is a lot more than it is here."

RECOMMENDATIONS

- Health care providers should be upfront, providing patients/families with a clear explanation of PC, what services are available, and why PC is the most appropriate care.
- Oncologists are key facilitators of PC introduction
- Distinction between PC and EOL care should be made clear
- Early referral to PC is viewed as advantageous
- More study is needed to identify the travel distance challenges for each community and Zone
- Streamlining treatment strategies, telehealth and moving care to the patient may provide system efficiencies
- Financial resources should be made available to patients/families living with advanced cancer in rural Alberta
- Main and satellite Community Cancer Centers should provide support groups for patients/families
- Expanding the nurse navigator role to cover all rural and urban areas should be considered
- Increasing home care resources in rural Alberta is critical in supporting the PC needs of patients and caregivers in their communities

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