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CareSearch

Online palliative care information for GPs

Background

General practitioners have always been involved in providing palliative care. As Australia's population ages, the number of patients living with cancer and end stage chronic disease will increase.

Objective

This article looks at existing barriers to, and community expectations of, GP involvement in the provision of palliative care. It presents the CareSearch project as one initiative aimed at building GPs' awareness and skills in palliative care.

Discussion

Palliative care is traditionally viewed as being the intense care of a patient who is close to death. In recent years, the scope of palliative care has expanded to include patients who may live for many years with end stage organ failure or cancer. Care of these patients in the community inevitably involves input from the GP. Barriers to GPs' participation in palliative care include knowledge barriers and structural factors. Some GPs feel unprepared to deal with what they see as the complex clinical and psychosocial aspects of palliative care. A number of initiatives have been developed to build the awareness and skills of GPs in palliative care. The GP section of the CareSearch website has been specifically developed to provide knowledge, skills and practical advice for GPs who provide palliative care in the community.

Keywords: palliative care; education, distance; internet; education, medical, continuing/methods



General practitioners play an essential role in providing palliative care and many find the area satisfying and rewarding. However, some avoid it because they believe palliative care involves stressful consultations, frequent home visits and managing difficult symptoms. Some GPs are unfamiliar with what they see as the complex clinical and psychosocial aspects of palliative care and feel unprepared to deal with them.^{1,2}

Australian GPs report that they see an average of three palliative care patients per year.³ The image most closely associated with traditional palliative care is that of the intense care of a patient who is close to death.⁴ However, the scope of palliative care is changing. In recent years, the palliative care needs of patients with end stage organ failure have been recognised;^{5,6} this is a population that already makes up a large proportion of the caseload of many GPs. In addition, the care of common cancers such as breast, colorectal, prostate, and lung cancer has improved to the extent that GPs are increasingly involved in the ongoing management of these patients in the community.⁷ Palliative care in the 21st century involves assessment and management skills that can be applied to improve the quality of life of all patients with advanced diseases and palliative care needs.

Barriers to GP involvement in palliative care

Barriers to GPs' participation in palliative care have been previously identified and include knowledge barriers and structural factors.⁸ Knowledge barriers occur because of small and sporadic caseloads, the rapidly expanding palliative care knowledge base,^{8,9} and difficulties in accessing training and education.¹⁰ Structural factors include demographic changes in the general practice workforce, remuneration factors, uneven distribution, and limited availability of GPs in some areas, and an increasing reluctance to conduct home visits.⁸ A recent study of GPs in Sydney² New South Wales revealed that 25% of surveyed GPs were not involved in providing palliative care. Reasons given for noninvolvement included lack of interest and knowledge, the need for home visits, and problems with after hours care due to family and personal commitments. Some

GPs in the study described a lack of confidence in managing the psychosocial or specialised medical aspects (eg. subcutaneous medications and syringe drivers) of palliative care.² The importance of basic training of GPs in palliative care has been recognised and addressed in the recent revision of The Royal Australian College of General Practitioners Curriculum for Australian General Practice.¹¹

Differential levels of GP interest and involvement in palliative care have been identified: some GPs are ‘leaders’ with a strong interest in and commitment to palliative care, others are ‘participants’ who are willing to provide competent palliative care. A third group, described as ‘occasional participants’, provide palliative care from time to time but are often reluctant to do so.⁸ This group poses particular challenges as they may not take up educational opportunities and may not identify with a need to attain further knowledge or skills in palliative care. These doctors will continue to see patients with palliative care needs but may not readily identify them as such because they are not actively dying.

Patient and community expectations

Most patients wish to be cared for and, if possible, to die at home.^{12,13} Care for patients living and dying at home inevitably requires the input of a GP with support from other community based services such as a palliative care team and community nurses.^{14,15} The GP plays a critical role in ensuring the continuity and coordination of care in the community, keeping the focus on the ‘big picture’, and initiating conversations about advance care planning at the appropriate time.^{16,17} Importantly, the relationship continuity offered by the GP is highly valued by patients and their families.¹⁷ The National Health and Hospital Reform Commission recognise end of life care as significant reform and support the concept of ‘dying-in place’ and the role of primary care in enabling care in the community.¹⁸

The CareSearch project

A number of initiatives have been developed to build the awareness and skills of GPs in palliative care. The CareSearch website has a designated GP section that aims to provide an accessible educational resource with rapid, relevant and

up-to-date palliative care information for any GP, whatever their current level of interest and skill in palliative care (see the ‘Professional Groups’ section of the website). The information has been developed around a modern palliative care approach, in which palliative care is an evidence based specialty not exclusively identified with cancer or the care of an imminently dying patient. The resources offer positive strategies to assist GPs in identifying and effectively managing the palliative care needs of patients who are already on their books, some of whom they may not previously have thought of as palliative.

The development stage of the GP section of the CareSearch website involved consultations with GPs and a review of the earlier GP resources (this enabled the needs of GPs to be identified). These needs included clear navigation, rapid overviews of content and access to increasing layers of information, tools and supporting resources. Topics covered include:

- information about managing opioids
- tips on managing clinical and psychosocial aspects of palliative care
- assessment skills including understanding prognosis and advance care planning, especially for nonmalignant diseases, and the importance of monitoring performance state
- links to an online palliative care formulary and, where available, clinical guidelines for best practice in palliative care emergencies
- patient and carer information resources and information that can be downloaded and given to patients
- simple strategies to improve communication and to build confidence in initiating and

conducting discussions about prognosis and care planning

- validated assessment tools to assist GPs in monitoring the palliative care needs of their patients, track symptoms, document effects of treatments, and communicate with palliative care teams and other clinicians
- information to assist with referrals – including links to the National Palliative Care Service Directory and to state based resources
- practical suggestions to help manage a palliative care caseload within a busy general practice
- issues to consider when caring for bereaved patients
- opportunities for ongoing education, and issues related to professional self care.

While the GP section can be used on its own, it also links to other components of the CareSearch website; users can easily access a comprehensive database of palliative care literature and evidence. General practitioners can extend their knowledge by going to more detailed clinical pages on symptom management, using free preloaded PubMed palliative care literature searches, or by browsing the collection of systematic reviews on palliative care topics. Quality processes have been developed to ensure that content for the GP pages specifically, and for the website more broadly, is relevant, accurate and current. New evidence and resources identified and assessed by the project team are added on an ongoing basis and a formal review of content is conducted every 2 years. Wherever possible, Australian information is sourced and links lead to full text resources.

CareSearch www.caresearch.com.au

- Get help with managing a one-off palliative care problem
- Assess your personal current practice
- Stay up-to-date with palliative care management approaches
- Find ideas for supporting families and sharing care with other providers, reducing GP burden
- Use web based modules or podcasts to study a particular management issue, read up on the evidence for a particular clinical problem, or do a literature search using the CareSearch search tools
- Refer patients to CareSearch or print information out for them (CareSearch is also a reliable information resource for the extended family of palliative care patients)
- Educational information for practice staff and others (eg. practice nurses, or aged care workers in residential aged care settings)

Conclusion

General practitioners occupy a unique place in caring for patients with terminal illnesses who wish to continue living in the community. Supporting and encouraging GPs to offer or continue providing palliative care is not only important for individual patients and their families but for the health system and the whole community. The GP pages in the CareSearch website are designed to provide immediate access to relevant content and palliative care resources to assist GPs in this role.

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