

Journal Watch

Randomized controlled trial of a prompt list to help advanced cancer patients and their caregivers to ask questions about prognosis and end-of-life care.

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Abstract:

PURPOSE: To determine whether provision of a question prompt list (QPL) influences advanced cancer patients'/caregivers' questions and discussion of topics relevant to end-of-life care during consultations with a palliative care (PC) physician.

PATIENTS AND METHODS: This randomized controlled trial included patients randomly assigned to standard consultation or provision of QPL before consultation, with endorsement of the QPL by the physician during the consultation. Consecutive eligible patients with advanced cancer referred to 15 PC physicians from nine Australian PC services were invited to participate. Consultations were audiotaped, transcribed, and analyzed by blinded coders; patients completed questionnaires before, within 24 hours, and 3 weeks after the consultation.

RESULTS: A total of 174 patients participated (92 QPL, 82 control). Compared with controls, QPL patients and caregivers asked twice as many questions (for patients, ratio, 2.3; 95% CI, 1.7 to 3.2; $P < .0001$), and patients discussed 23% more issues covered by the QPL (95% CI, 11% to 37%; $P < .0001$). QPL patients asked more prognostic questions (ratio, 2.3; 95% CI, 1.3 to 4.0; $P = .004$) and discussed more prognostic (ratio, 1.43; 95% CI, 1.1 to 1.8, $P = .003$) and end-of-life issues (30% v 10%; $P = .001$). Fewer QPL patients had unmet information needs about the future ($\chi^2_1 = 4.14$; $P = .04$), which was the area of greatest unmet information need. QPL consultations (average, 38 minutes) were longer ($P = .002$) than controls (average, 31 minutes). No differences between groups were observed in anxiety or patient/physician satisfaction.

CONCLUSION: Providing a QPL and physician endorsement of its use assists terminally ill cancer patients and their caregivers to ask questions and promotes discussion about prognosis and end-of-life issues, without creating patient anxiety or impairing satisfaction.

Comments:

Strengths/uniqueness: This study comes from a group of investigators with extensive experience in communication research. It is of high methodological quality.

Weaknesses: Although there were statistically significant differences between the intervention and control groups in terms of numbers of questions asked and topics discussed, the absolute differences seemed small. Also, there were no differences in overall measures of achievement of information needs and satisfaction with the

consultation (although “what to expect in future” was an unmet information need less often in the intervention group). The time provided to review the question prompt list prior to the consultation was quite short (20 minutes), and perhaps greater differences would have been seen if more time had been given. The results are specific to English-speaking advanced cancer patients who are able to attend an outpatient clinic and may not be generalizable to other populations.

Relevance to Palliative Care: The use of a question prompt list may have a modest positive effect on the number of questions asked and concerns discussed by patients and their caregivers during a palliative care consultation. Most palliative care physicians and teams would probably cover the topics at some point during their contact with the patient and caregiver. However, a question prompt list may be a useful tool for empowering patients and their caregivers to actively express their questions and concerns, and ensuring that their individual information needs are met.