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An Evaluation of the Patient Dignity Question in Three Palliative Care Settings

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Background: The provision of dignity conserving, whole-person care is a key component of quality palliative care. The Patient Dignity Question (PDQ) is a tool that was developed as a simple means of inquiring about personhood and aiding in the preservation of the true self. It has been found to enhance patient, caregiver, and healthcare provider experiences near the end of life¹.

Objectives: To identify the characteristics of patients and/or family members who complete the PDQ and determine if these characteristics differ between locations of care (acute care consultation versus inpatient palliative care unit); to consider potential barriers to PDQ implementation; and to develop an understanding of what dignity means to patients and their family members.

Methods: The total sample of 300 patients was comprised of 100 consecutive referrals/admissions to one of three sites: an inpatient palliative care unit (PCU) (n=100); acute care palliative care consult service one (n=100) and consult service two (n=100). A written copy of the PDQ and corresponding probing questions were provided to patients or their family members by a member of the medical care team within the week following admission for the inpatient PCU, and either at the time of initial consultation (acute care site one) or at the first follow-up visit (acute care site two). Quantitative data analysis consisted of descriptive and inferential statistics. Qualitative data analysis involved interpretive description and thematic content analysis.

Results: A higher frequency of patients received the PDQ on the inpatient PCU (69%) than the acute care sites: site one (53%) and site two (31%). For patients given the PDQ, completion rates were highest for the inpatient PCU (72%), followed by acute care site two (39%) and acute care site one (25%). The PDQ was more often completed by family members in the acute care setting (site one, 77%; site two, 58%); and by patients in the inpatient palliative care setting (56%). At the acute care sites, the most common reasons for not administering the PDQ were poor patient condition, death prior to administration, and patient/family distress. Overall, the acute care sites were less likely to give patients the PDQ than the inpatient PCU (site one, $p=0.001$; site two, $p=0.002$). There was no significant difference between gender ($p=0.566$) and age groups ($p=0.598$) in terms of form completion for both patients and family members combined. However, within the family member group, the older a patient was, the more likely family completed the form on his/her behalf ($p=0.009$). Qualitative analysis revealed 17 themes. The most common themes across all sites were Personal Attributes, Important Relationships, Care Wishes, and Identity/Key Roles.

Conclusion: The PDQ had greater uptake on the inpatient PCU than the acute palliative care consultation sites, which may be related, in part, to the unique referral patterns and continuity of care provided in these settings. However, the similarity in PDQ themes across all sites indicates that the PDQ is effective in understanding the patient as a person, regardless of setting.