

Psychiatric Involvement in End-of-Life Discussion Among Seriously Ill Patients: Narrative Themes and the Role of Anxiety



Majd Soudan, MD, Cora Lin, MD, Antolin Trinidad, MD, PhD
Department of Psychiatry, Nuvance Health



Introduction

End-of-life discussions and early palliative care interventions have been recognized as essential components in enhancing the quality of life for patients with terminal illnesses. These conversations are often associated with anxiety and are typically facilitated by primary care or palliative care teams. However, the role of psychiatrists in this context remains underexplored in the existing literature. This paper delves into the involvement of psychiatrists in a series of cases concerning end-of-life discussions and examines the influence of anxiety on the outcomes of these discussions. Understanding the unique role of psychiatrists in end-of-life care discussions can significantly impact patient well-being and decision-making. With anxiety emerging as a critical factor in shaping the dynamics of these conversations, this study seeks to shed light on its implications for patient care and the broader healthcare landscape.

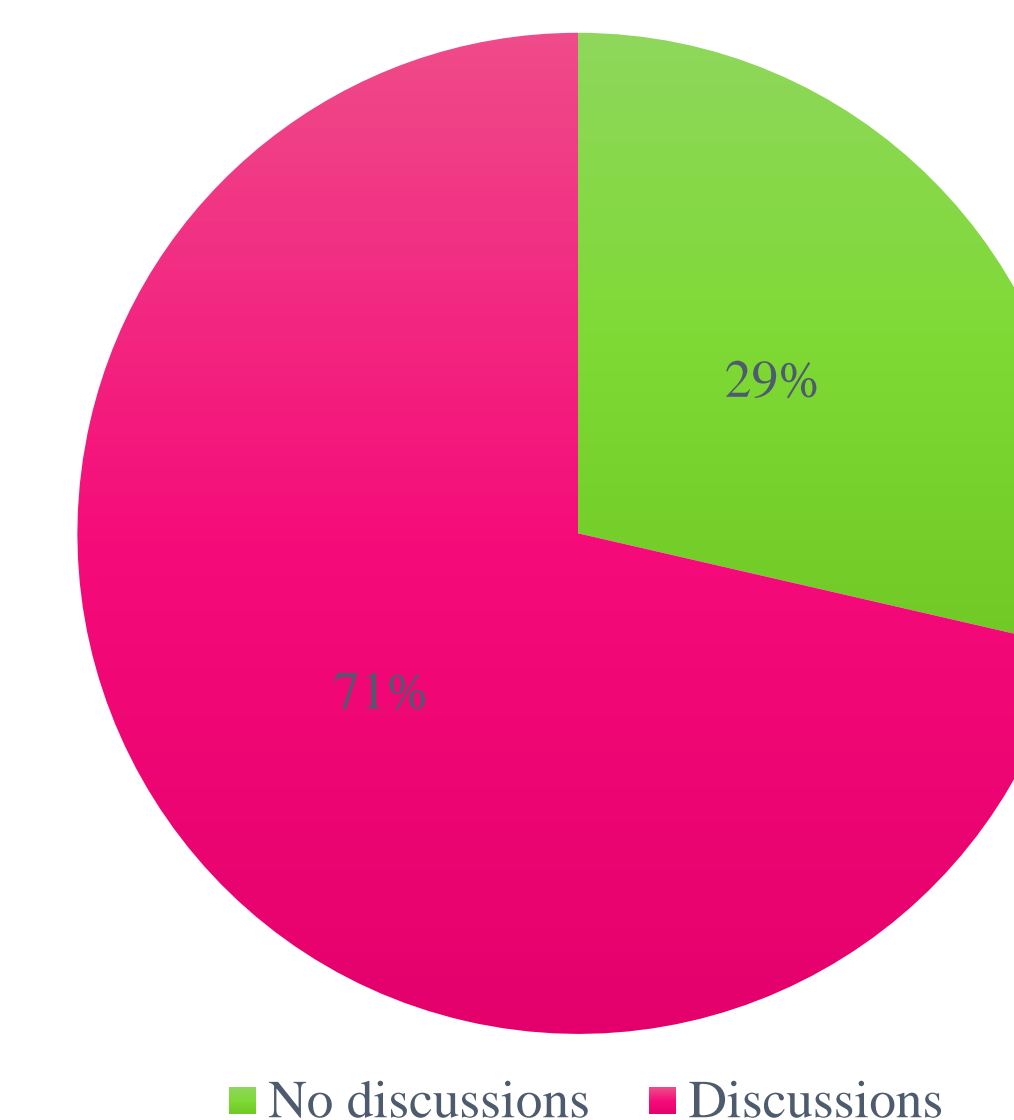
Methodology

A cohort of seriously ill patients was assessed over a 12-month period, with a particular focus on seven individuals facing terminal illnesses and poor prognosis cancers. These patients underwent comprehensive psychiatric evaluations, and treatment recommendations were provided as needed. Each patient's assessment encompassed a range of dimensions, including communication strategies, spiritual and cultural considerations, legal aspects of end-of-life care, presence of caregiver support, and the evaluation of anxiety and grief or bereavement-related issues. An assessment was conducted to determine whether anxiety was either pre-existing or emergent during end-of-life care discussions. The demographic data, such as age, gender, and cancer type, were recorded and analyzed to provide context for the findings. Ongoing research aims to accumulate additional data over the next 6 months to further enrich the study's findings.

Clinical Process

In the clinical process, we observed a cohort of seriously ill patients, a group of seven, over a 12-month period. Among these patients, individuals diagnosed with terminal illnesses and poor prognosis cancers were the primary focus of our assessment. Two key aspects of our assessment were the presence or absence of End-of-life care discussions and the role of psychiatric evaluations in these discussions. Notably, two out of seven patients (28.6%) reported having no end-of-life care discussions, which underscored the need for examining psychiatric involvement in this context. For the majority of our sample, in five out of seven patients (71.4%), end-of-life care discussions took place. It is noteworthy that one patient initiated the discussion herself due to ideations of hopelessness, representing 14.3% of the total participants.

Presence of end-of-life care discussions



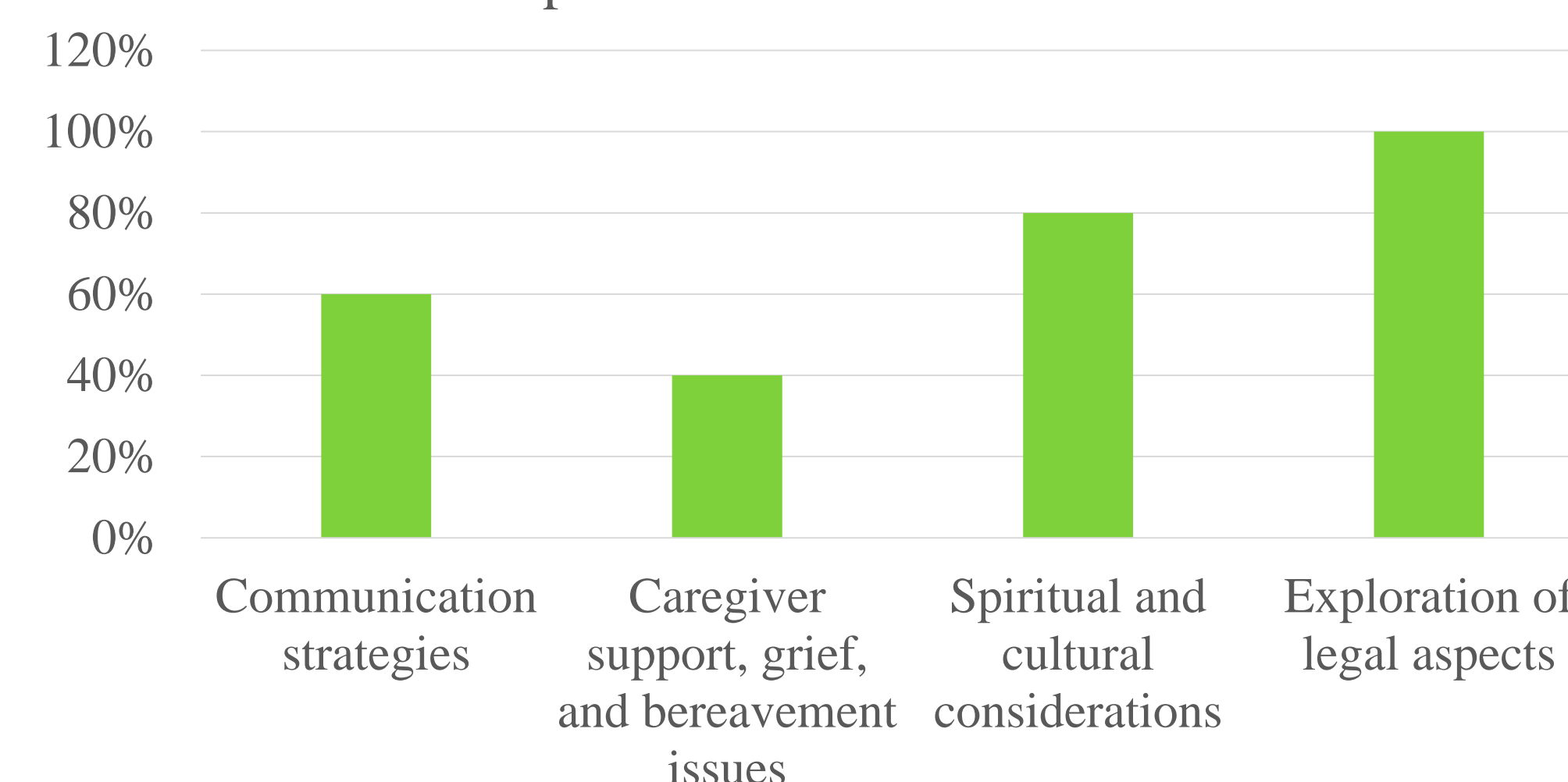
Results

In the group of patients who had end-of-life care discussions, we delved into the components of these conversations. Of those, 60% incorporated communication strategies designed to overcome potential barriers in conveying crucial information, while 40% addressed caregiver support, grief, and bereavement issues. Spiritual and cultural considerations were present in 80% of these discussions, and all discussions included an exploration of the legal aspects associated with end-of-life care.

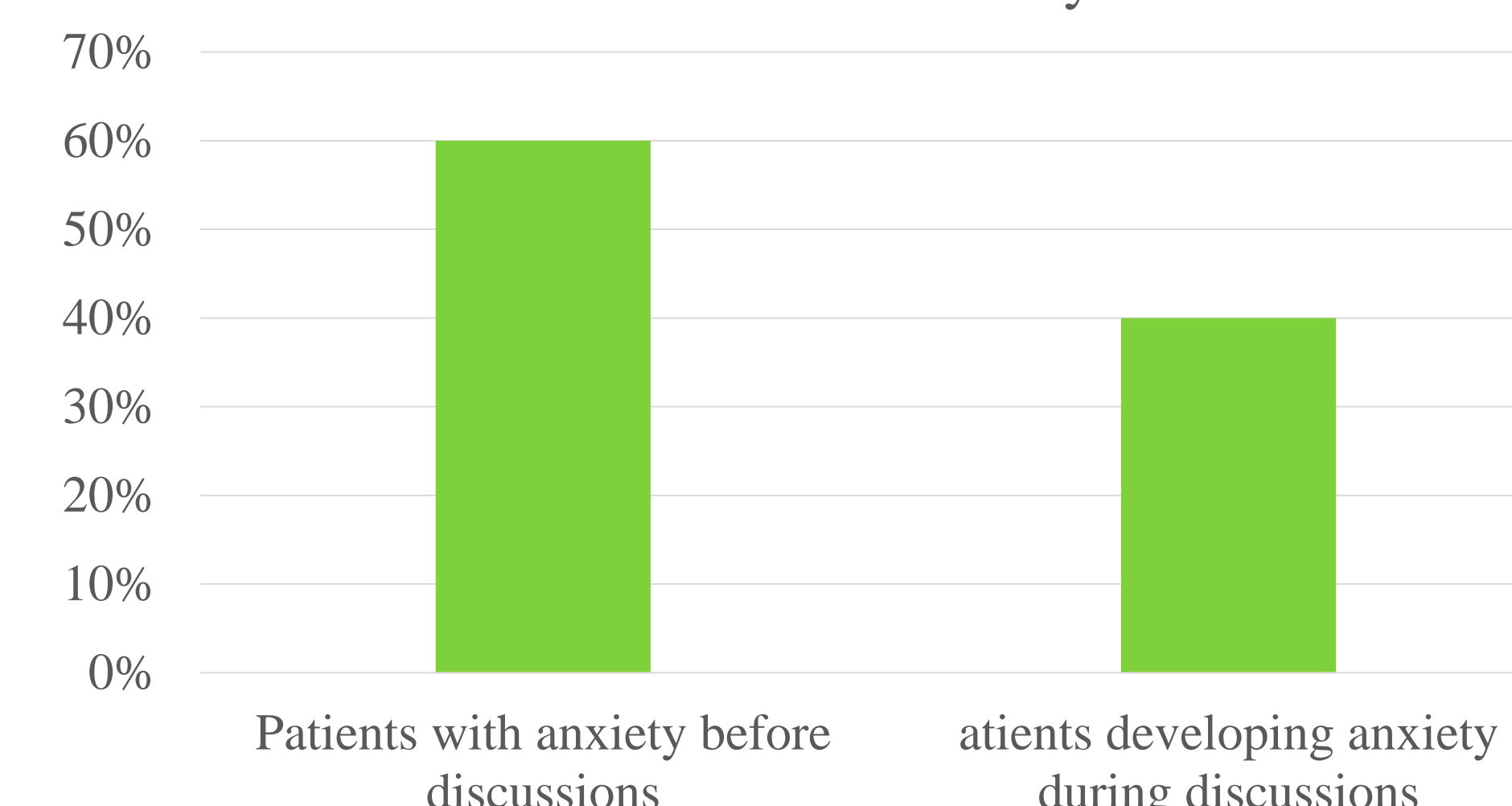
Anxiety, a critical factor in our analysis, was assessed on two fronts: 60% of patients experienced anxiety prior to the discussion, while 40% developed anxiety as a result of the discussion itself.

This initial analysis serves as a foundation for ongoing research, with an expectation to report more comprehensive results accumulated over the next six months. The implications of these findings on the integration of psychiatric care in end-of-life discussions and the role of anxiety in shaping such conversations will be central to our discussion and conclusion.

Components of the conversations



Assesment of Anxiety



Conclusion

The findings of this study underscore the importance of considering psychiatric involvement in end-of-life care discussions for seriously ill patients. While previous research primarily emphasizes the roles of primary care or palliative care services, our study highlights the value of incorporating psychiatrists into these conversations. Anxiety emerged as a significant factor influencing the outcomes of these discussions. Pre-existing anxiety was prevalent among a substantial portion of the participants, and discussions often triggered new anxiety in patients. This emphasizes the need for comprehensive support in addressing anxiety during end-of-life care discussions. Our analysis revealed that end-of-life care discussions often encompassed crucial components such as communication strategies, caregiver support, and addressing grief and bereavement issues. Additionally, the inclusion of spiritual and cultural guidance, as well as considerations related to the legal aspects of end-of-life care, was notable. In conclusion, the role of the psychiatrist in end-of-life care discussions should be acknowledged and integrated more broadly in the healthcare system. Recognizing the influence of anxiety in these discussions is critical to ensure comprehensive, patient-centered care. This study serves as a foundation for further research and practice that better aligns end-of-life care with the holistic well-being of seriously ill patients. The ongoing research will provide additional insights and recommendations for optimizing these discussions and their outcomes.

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