

Evaluation of palliative home care: views of patients, carers, general practitioners and district nurses

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ABSTRACT

The PhD dissertation consists of two published papers, one submitted paper and a resumé. The dissertation originates from the Research Unit, Department of Palliative Medicine, H:S Bispebjerg Hospital, Copenhagen, Department of Social Medicine and Department of Health Services Research, Institute of Public Health, University of Copenhagen.

Aims: To evaluate the model for palliative home care developed and offered by the department of palliative medicine at H:S Bispebjerg Hospital, from the point of view of patients, their carers, general practitioners (GPs) and district nurses.

Material and methods: 1) Patient-completed questionnaires focusing on symptomatology and quality of life. 2) Semi-structured interviews with patients, carers, GPs and district nurses focusing on their expectations to and evaluation of the palliative home-care team. 3) Questionnaires to GPs and district nurses concerning benefits to patients, training issues for professionals, and cooperation between the home-care team and the GP/district nurse.

Results: Patients attached to the department of palliative medicine had pronounced symptomatology. Patients, carers, GPs and district nurses found the contact to the home-care team valuable because of the contact to specialists in palliative medicine and the improved feeling of security; additionally, patients and carers also wanted the contact to avoid repetition of prior unpleasant experiences with the health-care system; some hoped future hospitalisation would be at the department of palliative medicine. After one month 91% of GPs and district nurses experienced benefits to patients resulting from the contact to the home-care team, 57% of GPs and district nurses had learnt aspects of palliative care from the home-care team, and 89% of GPs and district nurses were satisfied with their cooperation with the home-care team.

Perspectives: Patients, carers, GPs and district nurses value the support they receive from the palliative home-care team. Offering respite for carers and 24-hour on-call service would be an improvement.

Future research: Studies comparing different models of palliative home-care including economic evaluations, views of additional specialists in palliative care on how to organise palliative care, and studies of palliative home care for patients with non-malignant diseases would be valuable.