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Progress in GPs' confidence in end-of-life care? – a five year follow-up study

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Background & Aim: Most terminally ill patients prefer to die at home, and General Practitioners' (GPs) involvement is important achieving this. A questionnaire-study in 2010 among all GPs in Copenhagen revealed poor knowledge concerning subcutaneous (sc) medicine to terminally ill patients. However, since 2010 there has been an increased focus on education of GPs regarding palliative and end-of-life care.

The aim was to re-examine GPs' knowledge, confidence and experience in providing end-of-life care in 2015 and compare the results with results from 2010.

Method: An internet-based questionnaire was sent by e-mail to all 254 GPs in the City of Copenhagen, Denmark. Descriptive statistics were calculated and comparisons between answers from 2010 and 2015 were performed on digotomised answers testing for significant differences using two-sample test of proportion.

Results: The response rate was 39% (in 2010: 62%). Compared to 2010 there was a statistically significant increased confidence in using sc medicine (27% vs 68% feeling very/somewhat confident) and converting oral medicine to sc medicine (21% vs 61% feeling very/somewhat confident). 72% of the GP's felt confident being the primary doctor responsible for end-of-life care trajectories compared to 57% in 2010. However, this difference was not statistically significant. 86% of GPs agreed/totally agreed that end-of-life care is an important part of the GPs' responsibilities, but only few GPs had set procedures in providing end-of-life care.

Conclusions: There has been a significant positive change in attitude and confidence in end-of-life care among GPs. This change may be related to an extensive education strategy in the area. However, the low response rate may cover selection bias, and since 'positive' GPs tend to answer, the 'true picture' may be less positive. Further and continuing education is recommended for GPs in end-of-life care with a particular focus on the organization and systematic procedures.