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A Qualitative exploration of hospital palliative care consultation service – "no ordinary consultation"

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Background

Palliative care knowledge among hospital staff is essential, considering the great need for palliative care in hospitals and a large proportion of hospital deaths. Palliative consultation has shown to have positive effects on in-hospital care, also creating opportunities for palliative knowledge translation. However, barriers towards contact with and uptake of palliative consultation advice are reported, posing needs for further knowledge about the process of palliative consultations.

Aim

The aim was to explore how palliative consultations in hospitals were practised, as perceived by consultants and health care professionals on receiving wards.

Method

Qualitative focus groups (n=13) were conducted with palliative consultation services (n=9 focus groups), health care personnel from receiving wards (n=2) and managers of palliative consultation teams (n=2). Questions mainly concerned perceived consultation practice, influencing factors, and opportunities for development. Focus groups were audiotaped and transcribed. Interpretive description formed the overarching approach and constant comparative method guided the analysis process.

Result

The most common way of practicing palliative consultations described, was through regular consultation rounds. However, variations were seen in practice regarding professions representing palliative expertise, ward representatives, perceived main purpose and function of the consultations. Perceived contributions of the palliative consultant were to: create space for palliative care, add palliative knowledge and approach, enhance cooperation and ameliorate transition. Based on a perception of carrying valuable perspectives and knowledge, several of the consultation services utilized practices that were active and taking initiative in relation to receiving wards. A perceived divergence in views on how to conceptualise palliative care also seemed to affect palliative consultations.

Conclusion

A lack of policy and divergent views on how to conceptualise palliative care appeared to be associated with variations in consultation practices and a tentative approach among several consultation services. Palliative consultations largely seemed to constitute a bottom-up driven development by palliative care specialists.