

## Article Highlights Barriers to Quality End-of-Life Care

"Where the Dying Live: A Systematic Review of Determinants of Place of End-of-Life Cancer Care" by Murray, Fiset, Young, and Kryworuchko (2009) raises significant concerns regarding end-of-life care. Hospice services provide end-of-life care with the goal of providing palliative care to achieve the best quality of life for patients and their families. This care emphasizes comfort and pain management in a home environment. Hospice facilitates time with loved ones during the final days of life by offering services and resources to aid families with care, respite, and relief of financial burden. End-of-life care through hospice honors the patient's wishes and facilitates communication among patients, family, and caregivers. Oftentimes the referral to hospice is untimely, resulting in underutilization of services and limited benefits to patients and families. Murray et al. concluded that most patients with terminal cancer die in an institution, despite the fact that they prefer home palliation.

The authors explained that the reasons are complex. The difficult identification of precipitating factors in the literature review could be caused by the large number of studies examined. Perhaps a more focused review would narrow the main causative factors preventing quality end-of-life care.

Royak-Schaler et al. (2006) revealed a direct correlation between a positive end-of-life experience and better access to the healthcare team. The study also indicated dissatisfaction with the lack of communication and education by healthcare workers. I believe that further studies are needed to identify healthcare provider perceptions of barriers, including difficulty communicating poor prognoses to patients and families.

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## References

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- Royak-Schaler, R., Gadalla, S., Lemkau, J., Ross, D., Alexander, C., & Scott, D.

(2006). Family perspectives on communication with healthcare providers during end-of-life cancer care. *Oncology Nursing Forum*, 33(4), 753-760.

## The Author Responds

My colleagues and I read with interest the letter submitted by Ms. Montana. We agree that hospice care offers significant and important support to patients and families. In planning the scope of the review, our collective palliative care clinical and research experience indicated the need to cast a wide search net. As we found, factors influencing place of end-of-life care are multidimensional, encapsulating complex social, relational, and practical factors, as well as factors related to the illness.

Systematic reviews provide important information about the state of current knowledge about phenomena and aid in the development of pragmatic research agendas. This systematic review provided the foundation for a qualitative study examining nurses' perceptions about providing decision support for place of end-of-life care and subsequently an implementation trial of an evidence-based intervention aimed at helping providers to strengthen the quality of decision support they provide for place of end-of-life care. We thank Ms. Montana for her comments and reflections.

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## Student Nurse Hopes Profession Will Correct Disparities

Thank you for giving readers the opportunity to critique and respond to articles in your journal. The format of this journal is very conducive to discussion and critical thinking about the articles that are included. The article that I reviewed came from the January 2009 issue and was titled, "Examining the Impact of Socioeconomic Status and Socioecologic Stress on Physical and Mental Health Quality of Life Among Breast Cancer Survivors" (Ashing-Giwa & Lim, 2009). The title of the article was very informative and captured the core of the material that followed.

The article was of particular interest to me because a close friend of my family is

a breast cancer survivor. It would seem that the issue at hand is not just limited to breast cancer survivors, but a continuous problem among all illness populations. It is discouraging to me that such disparities exist in the industry where I will soon find myself working and that the disparities have such a negative impact on patient outcomes. Across the healthcare industry, these are issues that warrant great attention, and it is research and studies like this one that will hopefully prompt the appropriate channels to address the issues.

An area of concern is the discrepancy in your findings that African Americans with low and high levels of education reported higher mental and physical quality of life than African Americans with a medium level of education. This supports the possibility that not all of the data were accurately provided. Another area of concern is the manner in which the data were collected: mailed surveys and telephone interviews. It assumes that subjects with low education levels could read and interpret the mailed survey in an appropriate manner. I realize that the subject population that fell into this category was relatively small, comparatively speaking, but a potential problem nonetheless. For those who received telephone interviews, clarification could be made for any questions and concerns.

I found the article to be informative and factual and a good first step toward future research on the subject matter. As a student nurse, it is important to me that I am entering into a profession that encourages and promotes equal treatment to all patients regardless of socioeconomic status. This article is a great eye-opener to the healthcare community and will hopefully foster change. Thanks again for sharing this important information and allowing me the opportunity to respond to this article.

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## Reference

- Ashing-Giwa, K.T., & Lim, J.W. (2009). Examining the impact of socioeconomic status and socioecologic stress on physical and mental health quality of life among breast cancer survivors. *Oncology Nursing Forum*, 36(1), 79-88.

Digital Object Identifier: 10.1188/09.ONF.383