India and End of Life Discussions: A Comment on End of Life Discussion in an Academic Family Health Team in Kingston, Ontario, Canada

Dear Editor,

This is in regard to the article, "End of Life (EOL) Discussion in an Academic Family Health Team in Kingston, Ontario, Canada" published in Journal of Family Medicine Primary Care (2013;2:263-5).

The authors have done a commendable job in exploring the prevalence of EOL discussions in non-terminal adult patients, the perceived barriers to such discussions and suggested methods for improvement. The topic is of major importance given the growing concerns on end of line discussions, more so in our setup. We would like to make a few suggestions in this regard. Firstly, EOL discussions in terminally ill-patients should receive a major attention from not just the researchers but policy makers as well. Conducting EOL discussions with terminally ill-patients needs impetus as they are in greater need for the same.

Research in the past has also shown that physicians can be poor prognosticators, frequently overestimating the life expectancy of a patient resulting in patients dying without the support of hospital, or due to the late nature of the referral, not realizing the full services that hospital are committed to provide.^[2]

Therefore, a guideline based protocol needs to be worked out for this purpose detailing the roles and responsibilities of different health care providers on EOL discussions. Many a times, EOL is avoided simply because of the non-availability of the treating physician at that point of time hence nursing staff also needs to be trained for the same. The timing of EOL discussion is another factor that needs to be taken into account.

In this direction, a workgroup can be constituted to develop protocols as educational tools in conjunction with other educational materials for the benefit of a terminally ill-patient. This would help make patients aware of their options for quality EOL care. [2]

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