Exposing Palliative Care Communication Strategies to Improve Outcomes for Glioblastoma Patients and their Families.

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Background:
Glioma tumours account for 80% of malignant brain tumours (Ostrom et al., 2014). The most aggressive type of glioma, glioblastoma multiforme, accounts for the majority of glioma tumours (Ostrom et al., 2014). This disease is currently incurable and patients diagnosed with glioblastoma multiforme have a prognosis of 12-15 months (Pill, Jufer, Jakobsen, and Jarden, 2015). While surgical interventions have been implemented and optimal chemotherapy and radiation treatment have been identified and implemented, effective communication strategies to prepare families for the change in quality of life of their loved one has not yet been comprehensively studied within this patient population (Pill et al., 2015). In fact, glioblastoma patients often report feelings of uncertainty regarding their condition (Gatley, Mclachlan, Dowling, and Philip, 2017). Other serious issues faced by glioblastoma patients include changes in mental status, motor impairment, depression, and sleep disturbances (Fox, Lyon, and Farace, 2007). Care of glioblastoma patients and their families beyond surgery and oncology would further educate and help to prepare patients and their families for the difficulty associated with these symptoms.

Currently, there are no existing tailored palliative care communication strategies for glioblastoma multiforme patients and their families. Lack of a communication strategy acts as a knowledge barrier and makes patients and their families ill-prepared for handling the very rapid clinical changes associated with glioblastoma. In addition, preparing patients and their families for difficult moments can help avoid improper and expensive hospitalization (Pomplili, Telera, Vilani, and Pace, 2014). A previous evaluation of palliative care has shown that implementation of a palliative care communication strategy, compared to standard palliative care, provides health practitioners with training in discussing palliative topics, resulting in experience and confidence discussing topics (Wittenberg-Lyles, Goldsmith, and Small, 2014). We propose that a palliative care communication strategy be introduced to glioblastoma patients and families in order to effectively convey information such as prognosis, as well as help families prepare for impending changes and end of life stages.

Three methods of palliative care communication exist in the literature: 1. The Communication Plan: Early through End of Life (COMPLETE) method; 2. The Communication, Orientation and opportunity, Mindful presence, Family, Openings, Relating, and Team (COMFORT) method; and 3. The Dignity Therapy (DT) method. We plan on comparing these methods to standard palliative care within a population of glioblastoma multiforme patients to determine the most effective palliative care communication strategy for glioblastoma multiforme patients and their families.

Hypothesis:
We believe that we will identify one or more palliative care communication strategies with significantly greater positive patient and family outcome measures in the short and long term.

Methodology:
Our proposal’s design is a randomized control trial. Our sample will be recruited from patients recently diagnosed with glioblastoma multiforme and divided into four groups that will receive distinct palliative care intervention techniques: 1. Communication Plan: Early through End of Life intervention (COMPLETE); 2. Communication, Orientation and opportunity, Mindful presence, Family, Openings, Relating, and Team (COMFORT); 3. Dignity Therapy (DT); 4. The control group, who will not receive identical intervention techniques but instead will receive the standard care their particular health care facility would traditionally offer. Prior to treatment, health care providers administering COMPLETE, COMFORT, and DT will be trained and evaluated in their respective palliative care intervention technique to ensure proper protocol is followed. Interventions will begin as soon as possible. The efficacy of the intervention techniques will be derived from a detailed survey taken of the patient and
their family, measuring communication satisfaction, uncertainty about the future, understanding of prognosis, sleep disturbances, stress, decision regret, hope, and mood (with an emphasis on feelings of depression and anxiety). This survey will be administered every six weeks until death to determine whether there are differences in measured outcomes in the short and long-term. The patient and their family will have the option of taking the surveys online or in person at their care facility. Results will be delivered blindly to a statistician to avoid bias.

**Implications:**

We believe this proposed study of palliative care in the glioblastoma population will result in the identification of the most effective palliative care communication strategy in the short and long term. We also believe this study of palliative care will result in improved communication surrounding aspects such as prognosis, symptom management, and future care. Lastly, we believe this method of palliative care will result in improved reported satisfaction of communication by patients and their families.

**References:**


**Other Key Sources of Information:**


