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MCGILL INTERNATIONAL PALLIATIVE CARE CONGRESS

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Palais des Congrès de Montréal

Clinician attitudes and perceived barriers to caring for transnational patients with cancer seen at U.S. healthcare institutions.

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Harvard Medical School

@releiter

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Before we start, I pause to acknowledge that structural racism pervades the healthcare system in which we work. Explicit and implicit biases influence clinicians, researchers, and policymakers, which results in harm to patients and families. I am not an expert in this realm; I invite anyone in this meeting to point out inaccuracies or insensitivities in my words today.

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AP FOS SIGNAL WEAK
1. Check FOS connection
2. Use alternative AP source
3. Clean/service FOS connector
4. Call field service

CONFLICTS OF INTEREST DECLARATION

- Royalties: UpToDate

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LEARNING OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Recognize the importance of the clinician experience in caring for transnational patients
- Describe a proposed theoretical framework to understand the care of transnational patients
- Summarize results of a qualitative study of oncology and palliative care clinicians

CanMEDS COMPETENCY FRAMEWORK

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Recognize and respond to ethical issues encountered in practice

Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians

Exhibit self-awareness and manage influences on personal well-being and professional performance

Work with patients to address determinants of health that affect them and their access to needed health services or resources

Transnational patients may utilize more resources and receive more intensive end-of-life care

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- Longer LOS
- More likely to die in ICU
- More likely to receive mech. ventilation
- Low AD completion
- High rates of Full Code orders

Our objective in this study was

To identify key sources of

To identify key sources of	**Clinician distress**
	Barriers to care

A qualitative exploratory study

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Focus groups and individual interviews

Semi-structured guide

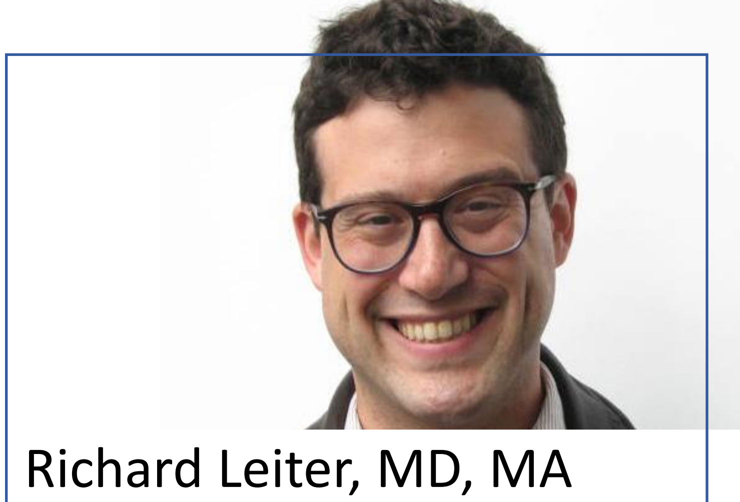
Inclusion criteria

- MD/DO, PA, NP, SW
- DFCI or BWH
- 1º or 2º appointment in Med Onc, POPC, or SW

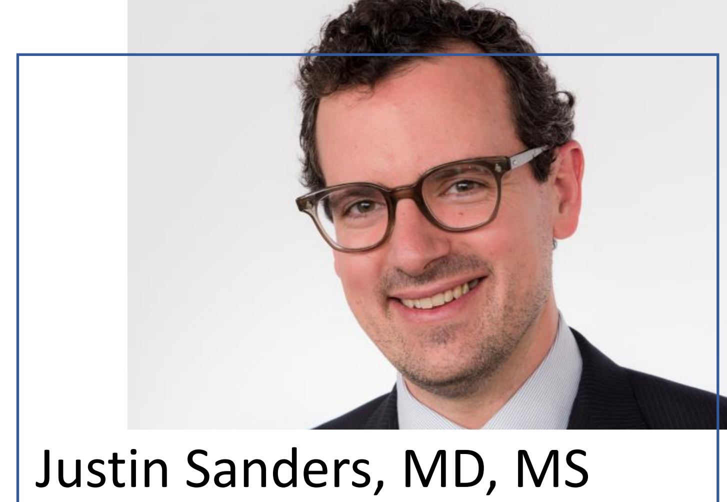
Exclusion criteria

- Unable to participate in a focus group or interview
- Non-English speaking

Research Team

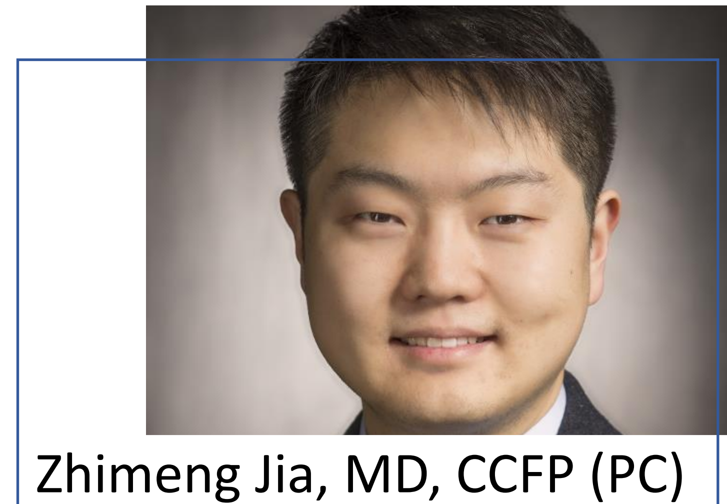


Richard Leiter, MD, MA



Justin Sanders, MD, MS

Hibah Osman, MD, MPH



Zhimeng Jia, MD, CCFP (PC)

Domains explored

Institutional structure/support

Role of patient culture

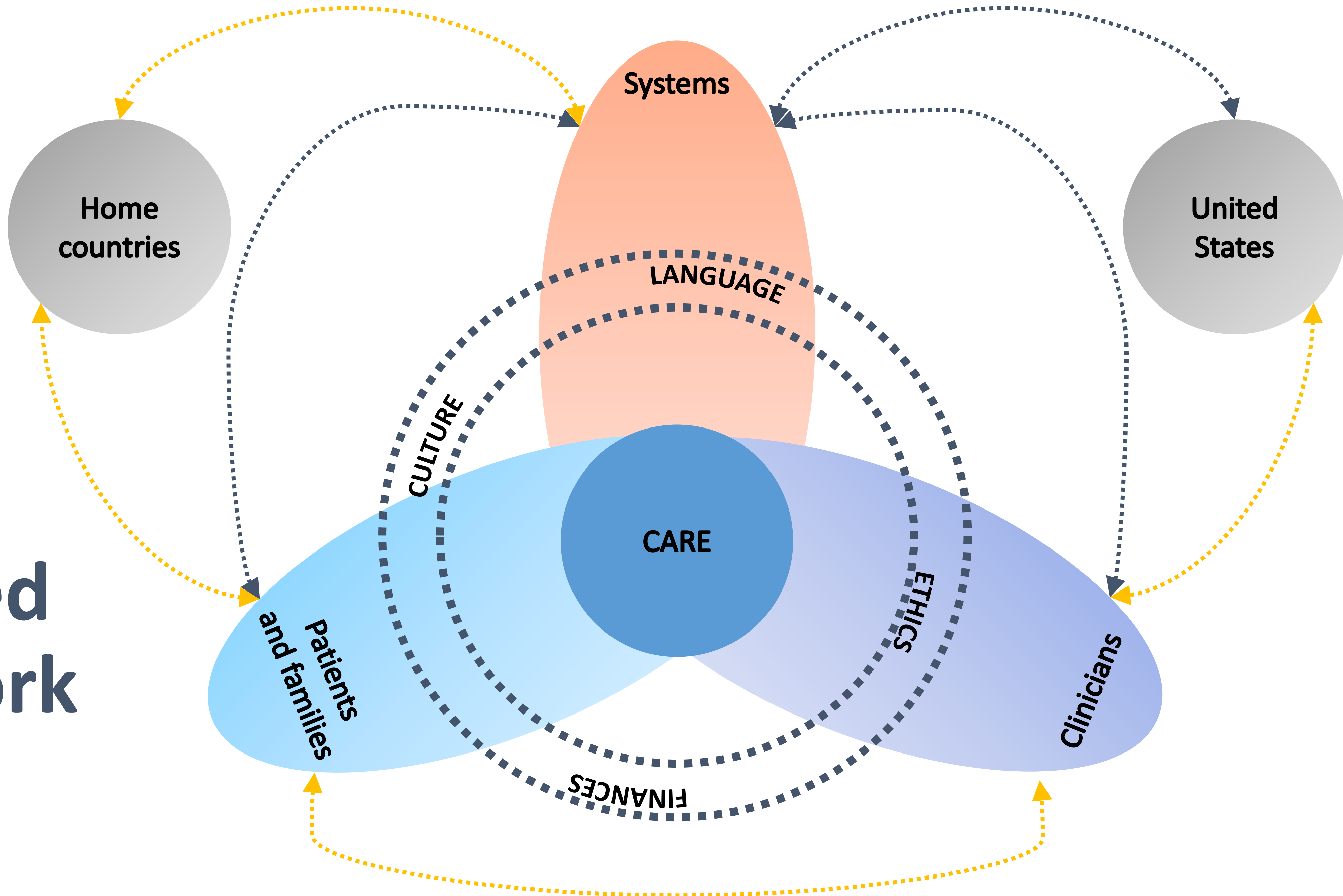
Patient religion

Communication challenges

End-of-life care

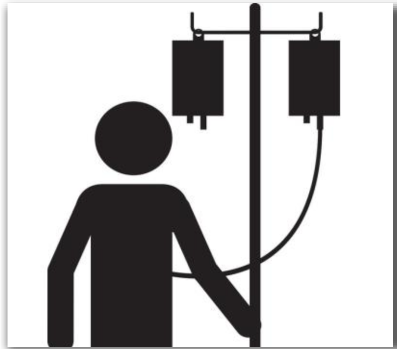
Role of financial incentives?

Our proposed framework



The codebook had 5 domains

Patient



- Demographics
- Approach
- Expectations
- Culture
- Religion

Country of Origin

- Culture
- Ethics and law
- Religion

System

- International Office
- Embassy
- Finances
- Support
- Ethics

Clinician

- Approach
- Knowledge
- Emotions
- Professional Identity

Care

- Communication
- Decision-making
- Processes
- Outcomes

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We reached data saturation after 30 participants

	Number of
	Number of participants
Clinician type	
MD/DO	10
NP	3
PA	13
SW	4
Specialty	
Oncology	14
Palliative Care	12
Both	3
Other	1
Years in practice, mean (SD)	9.6 (8.4)
International patients seen in last 3 months, median (range)	4 (1-20)

Results

There are multiple levels of barriers to high-quality care

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- Lack of information
- Communication
- Patient expectations

But even if their expectations are taken down many notches they are still going for that 1%...This home run phenomenon is difficult even on the domestic side, it is even more difficult when patients are dislocated from their families in another country, with another language and with another culture, and still, they are super sick, and you cannot discharge them.

Oncologist

Caring for transnational patients is time- and labor-intensive and clinicians do not feel adequately supported

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Interpreters

Paperwork

Complexity

Discharge

"I think when I think of international patients I always tend to steel myself because they're just generally tougher, they're going to take longer, they're typically more complex and I usually-- and for all the VIP reasons and the scheduling with the interpreters and what have you -- I schedule my day around that versus complexity or severity which I think is always not a great way to think about care."

Palliative care physician

Clinicians are deeply uncertain about transnational patients and how to care for them

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- Culture
- Religion
- End-of-life care
- Finances

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"I guess in some sense, [culture is] this kind of a grayish box that kind of obscures a lot of the things that we're trying to do…I'm always really curious to understand this better but it's hard. So, it just adds this layer of unknown into a lot of what we're doing."

Palliative care physician

And when someone comes from a very different country, very different culture, I just don't think we know the right language to talk with our patients about end of life in a way that's going to be acceptable to them. And so, I think we sometimes get very frustrated by the unwillingness of patients to…accept moving towards palliative care or comfort care when it's so obvious to us that that's really what they need. And I wonder if it's…we just don't know how to talk to those patients.

Oncologist

Multiple barriers interfere with the clinician-patient relationship

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- Lack of connection
- Psychosocial care
- Conflict
- Transactional care

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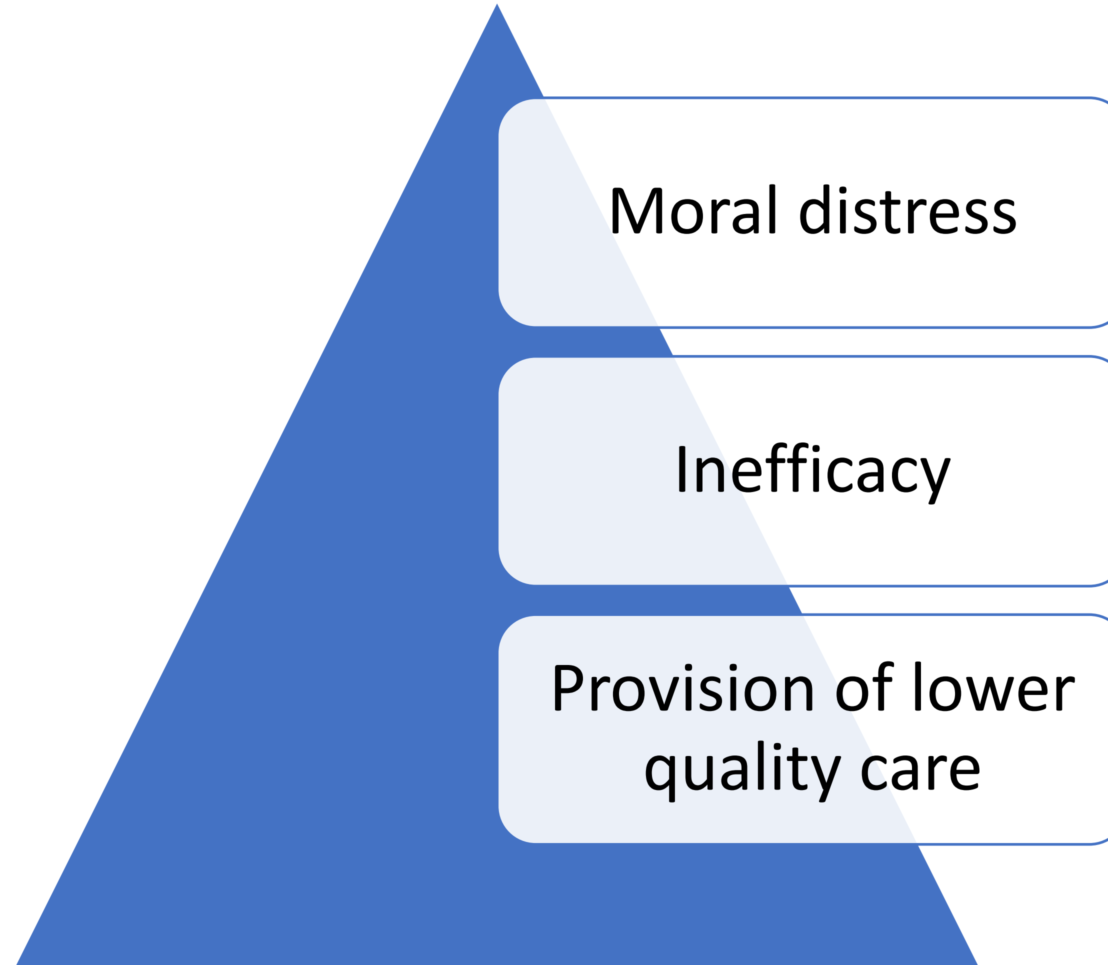
In many ways, our procedure is the relationship and having like a layer with an interpreter and then a layer where the culture could be different makes that procedure doubly hard, right? You know, it makes it harder to like have that relationship, to build that rapport and it's out of the norm of your typical practice and that makes it challenging.

Palliative care physician

Caring for transnationl patients threatens clinicians' professional identity and values



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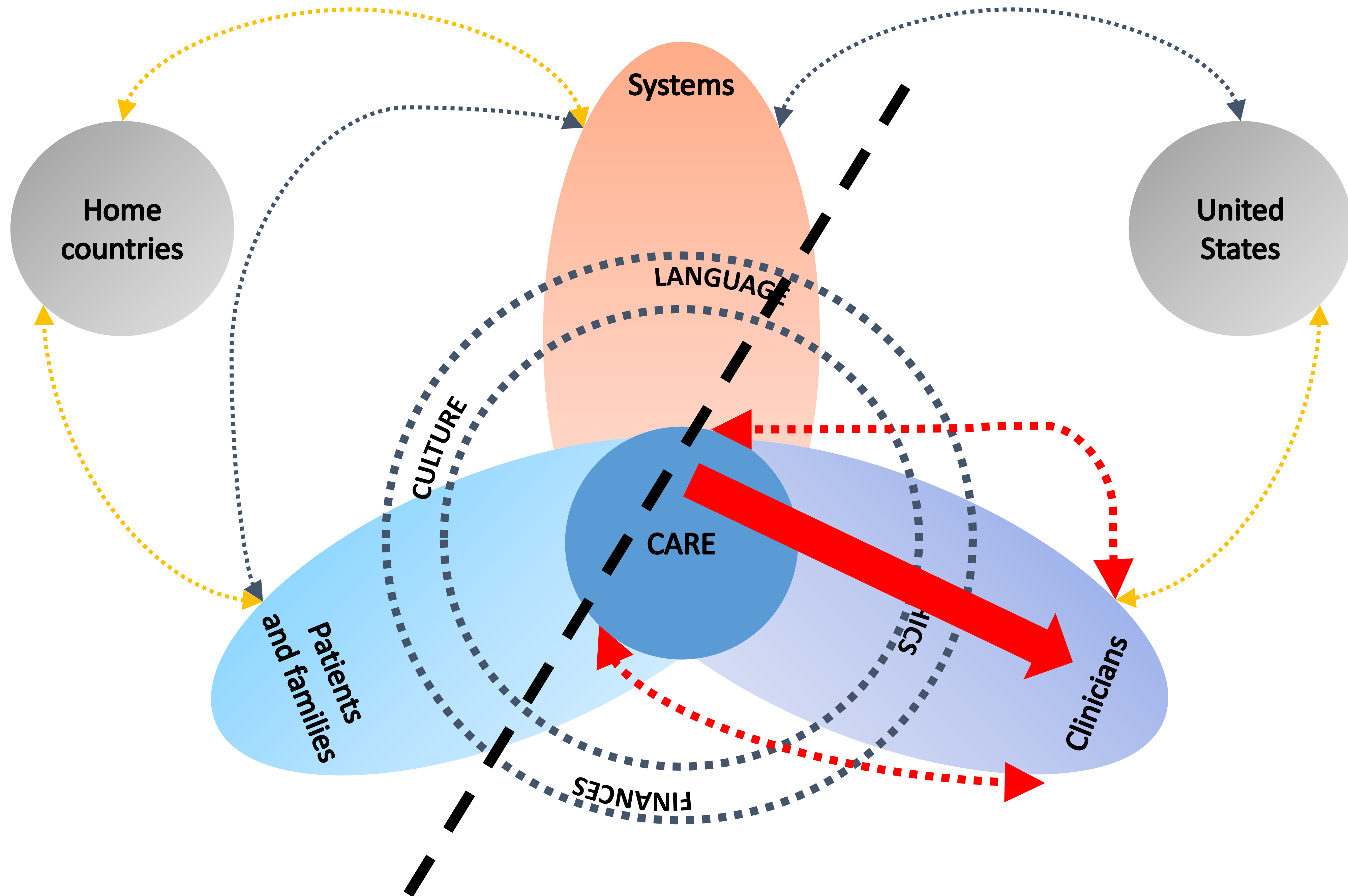
It just seems like our system is also between a rock and a hard place where like we're trying to do what's right for the patient and even if it's not going to be what we imagine a good death would be, even to provide them with what they imagine a good death could be, sometimes can be hard to accomplish in the system that we're in.

Physician assistant

Accepting them into the system, I think is colluding saying ‘Here we think we have something for you.’ If we were not getting paid for that, would we accept those patients?

Oncologist


Systems
Home countries
United States
LANGUAGE
CULTURE
CARE
Patients and families
Clinicians
FINANCES

Our findings have implications for health systems with transnational patient programs

Emotional exhaustion

Burnout

Lack of fulfilment

Deperson-alization

Thank you!

- Study participants
- Zhimeng Jia
- Justin Sanders
- Hibah Osman
- Miranda Ravicz
- Hannah Catzen
- James Tulsky
- Charlotta Lindvall
- Joanne Wolfe
- Andrea Enzinger
- Jane deLima Thomas
- Jeanne Jacobs
- Eric Yenulevich
- Julie Goldman
- Elise Brannen
- Eric Winer
- Katya Losk
- Areej El-Jawahri
- Catherine Benedict
- Anna Revette
- Miryam Yusufov
- Hanneke Poort
- Kei Ouchi
- Isaac Chua
- POPC clinicians and staff