

Table 22: Christakis 2000⁹⁶

Study (ref id)	Christakis 2000 ⁹⁶
Aim	To investigate factors that affect doctors' prognostication of people in outpatient hospice settings.
Population	All people admitted to 5 outpatient hospice programmes in Chicago, USA. Children were excluded. n=504, mean age 69 (SD 17) years, 45% were men, the diagnosis was cancer in 65%, Aids in 12% and other conditions in 23%. The median performance status was 3.
Setting	Outpatient hospice programme
Study design	<p>Prospective telephone survey of doctors on new referral of a person's admission to outpatient hospice services, gathering:</p> <ul style="list-style-type: none"> • An estimate of how long the person had to live • Eastern Cooperative Oncology Group performance status • Duration of illness, • Doctors experience of dealing with similar people • Doctors self-rated dispositional optimism • Duration recentness and frequency of contact of the person with the doctor. <p>The patient demographics were taken from hospice records, and the person's actual date of death was taken from public archives.</p>

Methods and analysis	<p>A prognosis accuracy was determined by dividing the observed by the predicted survival:</p> <ul style="list-style-type: none"> • Values between 0.67-1.33 this was deemed accurate • Values less than 0.67 were deemed optimistic • Values greater than 1.33 were deemed pessimistic <p>Analysis of variance and chi squared tests were used to evaluate continuous and categorical variables. Multinomial logistic regression was used to assess the multivariate effect of patient and doctor variables on prognostic accuracy.</p>
Themes with findings	<p>Doctors are prone to error when predicting survival time.</p> <ul style="list-style-type: none"> • 20 % of predictions regarding when the person would dies were accurate, 63% optimistic and 17% pessimistic. The longer the observed survival (that is the less ill the person), the lower the error, and conversely the longer the predicted survival, the greater the error. • Factors associated with prognostic accuracy (bivariate analysis): • Speciality of the doctor – doctors in non-oncological medical subspecialties were the least likely to give correct estimates. • Pessimistic predictions were associated with the most recent examinations.
Limitations	<p>There was a high non-response rate in the study (12%)</p>
Applicability of evidence	<p>Indirect- the survival time ranged to over a 1000 days and median survival was 24 days. The predicted time of death was also greater than 14 days in the majority of people.</p>