

Table 33: Sullivan 2007

Study (ref id)	Sullivan 2007 ⁴²⁶
Aim	To describe whether and when physicians report recognizing and communicating the imminence of death and identify potential barriers and facilitators to recognition and communication about dying in the hospital
Population	n=196 physicians as part of teams caring for 70 people who died in hospital, USA
Study design	Cross-sectional survey
Methods and analysis	<p>Medical records of people recently deceased were randomly sampled for inclusion in the study and a median of 3 physicians participated in interviews about each sample patient case. Patient cases with a minimum of 2 responding clinicians were included in analysis. Clinicians participated in interviews 90 minute semi-structured interviews in which they were asked both closed and open ended question about the person’s illness and death. Patient data from medical records were also abstracted. Variables for timing, recognition of and communication of likelihood imminent death were constructed from open-ended questions in physician interviews. Other quantitative physician-level variables were drawn from closed-ended survey questions.</p> <p>Bivariate analyses using chi squared tests of independence and t-test were used to analyse associations between physician or patient characteristics and recognition of imminent death. Then multiple logistic regression models were used to assess predictors for whether discussions occurred with the person.</p>
Survey findings	<p>Certainty of physician that the person would die during the hospitalisation was associated with discussion of possibility of death with patient and family.</p> <p>Proportion of people with whom possibility of death was discussed according to physician certainty of prognosis: Uncertain 0%, certain hours before death 30%, certain days before death 51.2%</p> <p>Proportion of families with whom possibility of death of relative was discussed according to physician certainty of prognosis: Uncertain 33%, certain hours before death 100%, certain days before death 97.7%, certain 92.9%</p> <p>Time at which physicians became aware of likelihood of death during hospitalisation was significantly associated with discussion: Controlling for person age and level of consciousness, OR 3.4 95%CI 1.28-9.08 comparing physician confident of prognosis 1 week prior to death and confident of prognosis days before death.</p> <p>Physicians were more likely to discuss possibility of death during hospitalisation the older the person was (p=0.06 Wald test in logistic regression).</p>

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Limitations	Very serious limitations.
Applicability of evidence	Setting outside UK, but, findings applicable to UK context.