Training Doctors to Discuss Goals of Care with Patients Who Have Advanced Cancer

**Principal investigator**
Nina Bickell, MD, MPH

**Organization**
Mount Sinai School of Medicine

**What was the research about?**
Patients with serious illness and their doctors may talk about goals of care, or GOC, discussions that include:
- What matters most to the patient
- What the patient wants to accomplish with treatment
- How long the patient might live

GOC talks can be hard for patients and doctors. Without GOC talks, patients with late-stage cancer might not understand their treatment options or understand that treatment won't cure them. But doctors don't always have training to bring up these topics.

In this study, the research team provided extra training to doctors who treat patients with cancer about how to have GOC talks with patients. The team compared newly diagnosed patients who saw these doctors with patients whose doctors didn't have the extra training. Then the team looked at whether patients reported having a GOC talk and how well that talk went.

**What were the results?**
Patients whose doctors had extra training didn't report a difference in the number or quality of GOC talks compared with patients whose doctors who didn't have the extra training. Whether or not their doctors had extra training in GOC talks, patients were equally likely to:
- Say they had a GOC talk
- Say their doctors did the best job the patient could imagine in the GOC talk
- Say that the care they got in the six months after the GOC talk matched their preferences
- Go to the emergency room or hospital, stay in an intensive care unit, or receive chemotherapy in the last month of life

Doctors who had extra training improved their communication skills compared with the start of the study. Doctors who didn't have the extra training didn't improve their communication skills.

**Who was in the study?**
The study included 265 patients who were newly diagnosed with advanced cancer and had a life expectancy of less than two years. Of these, 51 percent were white, 29 percent were black, and 20 percent were Asian or another race; 19 percent were Hispanic. The average age was 64, and 60 percent were men.

**What did the research team do?**
The research team recruited 22 cancer doctors at four hospitals. All doctors attended a one-hour class about why talking about GOC with patients is important. The team then chose 11 doctors by chance to receive extra training on how to have GOC talks with patients.
The research team recruited 265 patients of the doctors taking part in the study. Patients filled out a survey about

- Whether they talked with their doctors about the GOC topics
- How well the doctors had done talking about GOC topics

Six months later, patients or caregivers completed a survey about whether the care patients received matched their preferences. To assess doctors’ communication skills, the research team recorded each doctor having a GOC talk with a patient before and again after training. The team looked at health records of patients who died to see how often in the last month of their life they

- Went to the emergency room or hospital
- Stayed in an intensive care unit
- Received chemotherapy

Patients with cancer, caregivers, and doctors gave input during the study.

**What were the limits of the study?**
The extra training doctors got was only part of a larger program on how to talk with patients about sensitive topics. Results may have been different if doctors had received more training.

Future research could explore other ways to help doctors and patients talk about GOC.

**How can people use the results?**
Cancer centers can use results of this study when considering ways to improve GOC conversations between doctors and patients.

*To learn more about this project, visit [www.pcori.org/Bickell256](http://www.pcori.org/Bickell256).*