

# Palliative care for American veterans with non-malignant respiratory disease: a qualitative study.

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## INTRODUCTION

Globally, 210 million people have a diagnosis of chronic obstructive pulmonary disease (COPD) and, although the exact amount is not known, it is estimated that millions of others have another form of non-malignant respiratory disease (NMRD) [1]. Non-Malignant Respiratory Disease is an umbrella term that includes Interstitial Lung Disease (ILD), bronchiectasis and COPD. Chronic lung diseases, such as COPD, are a growing health concern within the veteran population. Veterans are three times more likely to develop COPD than the general population, and it is the fourth most prevalent condition amongst veterans [2]. The involvement of palliative care with a COPD population has been shown to reduce the number of emergency department visits, acute hospitalisations and admissions to Intensive Care Unit (ICU) experienced by veterans with a life limiting condition, including NMRD [3]. However patients with NMRD and their caregivers often do not receive the same standards of palliative care as patients with malignant respiratory disease. Geographical location can also impact the availability of local palliative service provision to patients with NMRD [4, 5]. However, there is a dearth of evidence regarding the palliative care provision available for veterans with NMRD living in rural areas.

## AIM

This study aimed to explore palliative care provision for veterans with NMRD living in remote areas of America.

## METHODS

- This study had an explorative design using focus groups (n=4) with healthcare professionals (HCPs) involved in the care of veterans with a diagnosis of COPD, bronchiectasis or ILD.
- Focus groups were conducted with 16 healthcare professionals
- Data was analysed using thematic analysis.
- All participants were recruited from a large rural veteran hospital

Inclusion Criteria	Exclusion Criteria
Members of the multi-disciplinary team that are involved in the care of patients with non-malignant respiratory disease from the site involved in the study.	Are not employed by the site.
Have, or working towards, an appropriate professional qualification in their field of work.	Are not a healthcare professional involved in the care delivery to this client group.

## DISCUSSION

Lack of prognostic certainty, aligned with a NMRD diagnosis, resulted in challenges identifying disease progression. Healthcare professionals perceived that a lack of education regarding disease progression enhanced feelings of anxiety amongst veterans with NMRD, and their family carers. Furthermore, HCPs perceived that this impeded referral to hospice services within the primary care setting due to referral criteria indicating that patients in America must be within the last 6 months of life. A perceived compounding factor to palliative care uptake, was the perceptions held by the veteran population. Healthcare professionals expressed that alongside aligning palliative care with dying, veterans also viewed accepting palliative care as 'surrendering' to their disease. A particular barrier also related to this particular patient population, was a perceived lack of ability to afford relevant services. Additionally, HCPs perceived that a lack of palliative care provision for veterans with NMRD in America, also resulted from a lack of physicians specialising in palliative care. Telemedicine may be a beneficial platform to which palliative care can be provided to veterans with NMRD, and their family carers, in rural areas using a digital platform.

## FINDINGS

Overarching Themes	Interpretative Themes
1. Barriers to providing appropriate palliative care to veterans with NMRD	1(a) Lack of prognostic certainty 1(b) Misconceptions associated with palliative care and NMRD 1(c) Geographical location 1(d) Cultural background 1(e) Lack of palliative care services
2. Future Direction of Palliative Care for veterans with NMRD	2(a) Involvement of generalist and specialist palliative care 2(b) The role of telemedicine

## CONCLUSIONS

Non-malignant respiratory disease is a life limiting condition commonly experienced within the veteran population. This study has demonstrated that HCPs perceive there to be significant challenges in providing palliative care to this population due to misconceptions held by HCPs and veterans, and a lack of palliative service provision. A lack of local palliative service provision can be particularly challenging for veterans with NMRD, and their family carers, living in areas of great rurality. A new model of palliative care utilising a dynamic digital platform for this particular veteran population may provide an optimal way of providing efficient holistic care to areas with limited palliative services.

## REFERENCES

1. World Health Organisation (WHO). Global alliance against chronic respiratory disease action plan 2008–2013. Italy, WHO, 2008.
2. Walsh JW. Fighting for Air: Veterans face higher risk developing lung diseases. <https://www.veteransenterprise.com/index.php/articles-online-magazine/articles/aid/274-fighting-for-air>. Date last updated: August 30 2012. Date last accessed: March 1 2018.
3. Dunn EJ, Markert R, Hayes K, et al. The Influence of Palliative Care Consultation on Health-Care Resource Utilization During the Last 2 Months of Life: Report From an Integrated Palliative Care Program and Review of the Literature. *American Journal of Hospice and Palliative Medicine* 2018; 35: 117-122.
4. McVeigh C, Reid J, Larkin P, et al. The experience of palliative care service provision for people with non-malignant respiratory disease and their family carers: an all-Ireland qualitative study. *Journal of Advanced Nursing* 2018; 74: 383-394.
5. McVeigh C, Reid J, Larkin P, et al. The provision of generalist and specialist palliative care for patients with non-malignant respiratory disease in the North and Republic of Ireland: a qualitative study. *BMC Palliative Care* 2017; 17: 1-12.

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