

HotPick April 2006

Acceptability of low molecular weight heparin thromboprophylaxis for patients receiving palliative care: qualitative study.

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Background: Up to 52% of patients in specialist palliative care units may have deep venous thromboembolism and up to one in seven inpatients with cancer dies from pulmonary embolism. Yet, there may be a reluctance to use heparin thromboprophylaxis because of a perception that it may cause distress to patients in palliative care. Therefore this study explored the attitudes of patients with advanced cancer receiving palliative care to low molecular weight heparin thromboprophylaxis.

Method: Patients with advanced metastatic cancer or a primary brain tumour with no curative treatment available who were receiving palliative care in one specialised regional unit in Wales, were recruited. The incurable nature of their disease had to have been discussed with them and the patient had to have been receiving low molecular weight heparin for at least 5 consecutive days. Semistructured interviews were taped and a thematic analysis conducted using an inductive approach to obtain categories that demonstrated how the participants viewed low molecular weight heparin thromboprophylaxis within their care.

Results: All 28 patients recruited were Eastern Cooperative Oncology Group performance grade 4 (Karnofsky 10-20). They were aged 53-76 and had a variety of diagnoses. The patients knew about deep venous thrombosis from media coverage related to long haul flights. All found low molecular weight heparin thromboprophylaxis acceptable and many found it improved their quality of life by giving them reassurance and a feeling of safety. Other major themes identified were that most patients had insight into the incurable nature of their disease, and all understood the purpose of treatment with low molecular weight heparin with many aware why they might be at risk for venous thromboembolism. Minor themes identified were that the only negative effect of low molecular weight heparin was bruising, that antiembolic stockings were uncomfortable and that there was a need for patients to be involved in the decision making regarding the administration or non administration of treatments.

Commentary: This is an interesting study that explores the last of the tenets of evidence based practice that is rarely discussed – that is the application of best research evidence in conjunction with our skills and *the views and attitudes of our patients*. While the sample may be biased in that all patients had been receiving low molecular weight heparin for at least 5 days, it still demonstrates that such a treatment is acceptable and improves quality of life in at least a proportion of patients at high risk for potentially fatal venous thromboembolism. Greater thought needs to be given to discussing low molecular weight heparin thromboprophylaxis with such patients.

Reviewer

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Professor Paddy Phillips has held previous academic appointments at the University of Melbourne and University of Oxford. He has expertise in basic, clinical and health services research and is responsible for internal medicine services at Flinders Medical Centre and the Repatriation General Hospital, Daw Park, Adelaide (total budget ~\$65million). He is a foundation member of the recently established Australian Council for Safety and Quality in Health Care and in 2003 joined its Executive. He has been a member (1993-96) and is Chair of the Casemix Clinical Committee of Australia (1998-2000 and 2001-3). The Casemix Clinical Committee of Australia is the peak ministerial committee of the Commonwealth government responsible for casemix issues in health. He has been a member of the Strategic Research Development Committee (SRDC, one of the four peak committees of the NHMRC) and chair of the SRDC Evidence Based Clinical Practice Research Committee (1998-2000), and is foundation chairman of the Australian Centre for Evidence Based Clinical Practice. He has been a member or chaired various Royal Australasian College of Physicians committees and been a RACP Councillor, and has been a member of the Heart Foundation of Australia Cardiovascular Health Advisory Committee (the peak clinical committee of the Heart Foundation). He was a member of the South Australian Generational Health Review. He has authored over 130 academic publications and has held over \$10million in competitive research grants.