"Am I Dying Doctor?": How End-Of-Life Care is Portrayed in Television Medical Dramas

Carmen HM Houben[1*], Martijn A Spruit[1,2], Emiel FM Wouters[1,3] and Daisy JA Janssen[1,4]

[1]*Department of Research & Education, CIRO, Horn, The Netherlands*

[2]*REVAL, Rehabilitation Research Center, BIOMED - Biomedical Research Institute, Faculty of Medicine and Life Sciences, Hasselt University, Diepenbeek, Belgium*

[3]*Department of Respiratory Medicine, Maastricht UMC+, Maastricht, The Netherlands*

[4]*Centre of expertise for Palliative Care, Maastricht UMC+, Maastricht, The Netherlands*

[*]**Corresponding author:** Carmen H.M. Houben, MSc, Department of Research and Education, CIRO, Hornerheide 1, 6085 NM Horn, The Netherlands, Tel: +31 475 587602; Fax: +31 475 587592; E-mail: carmenhouben@ciro-horn.nl

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Abstract

Background: Patient-clinician communication about end-of-life care is important for patients with chronic life-limiting diseases and their loved ones but requires engagement from patients and loved ones. Television is a powerful medium in influencing people's behaviour. However, it is unknown which image is sketched on television about end-of-life care communication.

Objective: To explore communication about end-of-life care between healthcare professionals and patients or loved ones in popular medical dramas on television.

Methods: 68 episodes of television medical drama were reviewed (22 episodes of House, 22 episodes of ER, and 24 episodes of Grey's Anatomy). Three types of events were identified: communication between healthcare professionals and patients or loved ones about end-of-life care, cardiopulmonary resuscitation (CPR), and death.

Results: In total, 99 events of end-of-life care communication, 47 events of CPR, and 27 events of death were observed. Discussions about end-of-life care were mostly initiated by physicians in the presence of patients and loved ones. The most frequently addressed topics were: talking about the possibility of dying, treatment options, and life-sustaining treatments. The immediate success rate of CPR was 51.1%. Of the patients who deceased, the majority died unexpected, usually a life-prolonging treatment was performed before death, and advance directives were uncommon.

Conclusion: Healthcare professionals in television medical dramas talked with patients or loved ones about end-of-life. However, topics important for patients in real life were often not discussed.

Keywords: End-of-life care; Communication; Television; Media

Introduction

Advance Care Planning (ACP) is defined as an ongoing process whereby patients, in consultation with healthcare professionals and loved ones, make individual decisions about their future healthcare, to prepare for future medical treatment decisions, which often take place at the end-of-life [1]. A systematic review and meta-analysis showed that ACP interventions increase the completion of advance directives, occurrence of discussions about ACP, and the concordance between preferences for care and delivered care [2]. However, despite these benefits, discussions between physicians, patients and loved ones about end-of-life care are still uncommon [3,4].

Most patients will not initiate these discussions and will wait for their physician to initiate end-of-life discussions, especially when patients were unaware about the life-threatening nature of their disease [5] or had little knowledge of ACP [6]. Indeed, lack of patient knowledge and understanding of medical information are physician-reported barriers for ACP [7]. In addition, patients reported that they had "never thought about it" [8] and often did not know that they can be involved in discussions about end-of-life care [7,8].

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reality is limited [20]. Furthermore, a recent study demonstrated that discussions about ACP rarely occur in television medical dramas [21].

To the present authors' knowledge, detailed data concerning communication about end-of-life care on television are currently lacking. It seems reasonable that television can play an important role in patient perceptions about end-of-life care. T e aim of this study is to explore communication about end-of-life care between healthcare professionals and patients or loved ones in popular medical dramas on television.

Baby	3 (3.0)
Child	8 (8.1)
Adolescent	11 (11.1)
Adult	73 (73.7)
Initiator of end-of-life communication	
Patient	23 (23.2)
Physician	45 (45.5)
Nurse	2 (2.0)
Loved one	27 (27.3)
Not shown	2 (2.0)
Present during end-of-life communication	
Patient[#]	62 (62.6)
Physician	90 (90.9)
Nurse	12 (12.1)
Loved one	69 (69.7)
Words used during end-of-life communication	
Death	16 (16.2)
by patient	6 (37.5)
by physician	3 (18.8)
by loved one	7 (43.7)
Dying	47 (47.5)
by patient	18 (38.3)
by physician	13 (27.7)
by nurse	1 (2.1)
by loved one	15 (31.9)
Content	
Talking about patients' feelings about getting sicker[†]	0 (0.0)
Talking about possibility of getting sicker[†]	10 (10.1)
Talking about life expectancy[†]	3 (3.0)
Talking about what dying might be like[†]	4 (4.0)
Talking about the possibility of dying[†]	56 (56.6)
Talking about life-sustaining treatments or withdrawing life-sustaining treatments†	12 (12.1)
Asking about important things in life[†]	7 (7.1)
Asking about spiritual, religious beliefs[†]	1 (1.0)
Talking about treatment options	32 (32.3)
Talking about advance directives	6 (6.1)

Talking about surrogate decision making	3 (3.0)
Talking about palliative care	6 (6.1)
Talking about closure	5 (5.1)
Talking about organ donation	8 (8.1)
Brain death	5 (5.1)
Other	12 (12.1)

Data are presented as number of patients or events (%). [*]In one event the patients were a couple, which is scored as one event, but under the heading “gender” separated into male and female. [#]8 patients were unconscious and 2 patients were unborn. [†]Items derived from Quality of Communication (QOC) questionnaire.

Yes	24 (51.1)
No	18 (38.3)
Not shown	5 (10.6)
Data are presented as number of patients or events (%). Abbreviations: ICU=Intensive Care Unit; OR=Operating Room; ER=Emergency Room. *Other=in front of the hospital (n=1) or in the elevator of the hospital (n=1).	

Table 2: Cardiopulmonary resuscitation (CPR) in television medical dramas.

Death

During the 68 episodes, 27 patients died (59.3% in *ER*, 33.3% in *Grey's Anatomy* and 7.4% in *House*) (Table 3). In general, death was unexpected and patients were surrounded by a physician, loved one and/or nurse. Life-sustaining treatments were shown for 81.5% of the patients who eventually died and mechanical ventilation was discontinued in a minority before death. In only 11.1% of the situations in which patients died there was a reference to an advance directive.

Total events of dying	**27**
ER	16 (59.3)
Grey's Anatomy	9 (33.3)
House	2 (7.4)
Gender	
Male	15 (55.6)
Female	12 (44.4)
Life stage	
Unborn	0 (0.0)
Baby	0 (0.0)
Child	3 (11.1)
Adolescent	2 (7.4)
Adult	22 (81.5)
Unexpected death	
Unexpected	20 (74.1)
Expected	5 (18.5)
Unknown	2 (7.4)
Present at the time of death	
Physician	19 (70.4)
Nurse	8 (29.6)
Loved one	10 (37.0)
Not shown	6 (22.2)
Location of death	
ICU	6 (22.2)
Hospital department	1 (3.7)
OR	4 (14.9)

ER	12 (44.4)
Other*	2 (7.4)
Not shown	2 (7.4)
Advance directive known	
Yes	3 (11.1)
Not shown	24 (88.9)
Life-sustaining treatment(s) performed before death	
CPR	18 (66.7)
NIV	0 (0.0)
Mechanical ventilation	16 (59.3)
Cardiopulmonary bypass	1 (3.7)
No life-sustaining treatments performed	2 (7.4)
Not shown	3 (11.1)
Life-sustaining treatment(s) discontinued before death	
Yes	3 (13.6)
No	18 (81.8)
Not shown	1 (4.6)
Distress	
Yes	1 (3.7)
No	20 (74.1)
Not shown	6 (22.2)
Data are presented as number of patients or events (%). Abbreviations: ICU=Intensive Care Unit; OR=Operation Room; ER=Emergency Room; CPR=Cardiopulmonary Resuscitation; NIV=Non-Invasive Ventilation. *Other=in front of the hospital (n=1) or in the elevator of the hospital (n=1).	

Table 3: Dying in television medical dramas.

Discussion

Key findings

The present study shows that in television medical dramas healthcare professionals and patients or loved ones talked regularly about end-of-life care. Also CPR and death were frequently portrayed. Discussions about end-of-life care in television medical dramas were mostly initiated by physicians in the presence of patients and loved ones. The most frequently addressed topics were: talking about the possibility of dying, treatment options, and life-sustaining treatments. The immediate success rate of CPR was 51.1%. Death was often unexpected. Usually, a life-prolonging treatment was performed before death. Finally, advance directives were uncommon.

Communication

The physician was mostly the initiator of the discussion about end-of-life care and the discussion was rarely initiated by a patient. Therefore, watching television medical dramas will not activate people to engage in ACP and initiate a discussion about end-of-life care by themselves. Indeed, studies performed in real life showed that patients believe it is the healthcare professional's responsibility to initiate discussions and that patients will rarely initiate these discussions [8,24]. However, physicians perceive initiation of a discussion about end-of-life care by a patient as a facilitator for communication about end-of-life care [24]. In addition, preferences for end-of-life care in the observed television medical dramas were mostly discussed because of an acute life-threatening trauma or injury, while in real life healthcare professionals need to have these conversations with chronically ill patients or elderly living in long term care settings [2]. Therefore, television medical dramas do not contribute to the public awareness of the fact that ACP is of major importance for patients with a chronic disease.

The possibility of dying was discussed in more than half of the events, but topics as life expectancy, what dying might be like, feelings about getting sicker and things that are important in life were rarely discussed. However, research performed in real life showed that a majority of the patients want more information regarding prognosis than is provided in current care [25]. Patients and caregivers also desired more detailed information about what dying might be like

[26], whereby in general caregivers require more detailed information about the dying process, allowing them to prepare for what to expect [27]. Moreover, patients emphasized the importance of talking about things that are important for them during the end-of-life, such as maintaining dignity, getting support from healthcare professionals and family, and pain management [27]. Finally, it is important for patients to talk about their feelings about getting sicker and probably dying, because they are o f en afraid of the dying process and also want to talk about the meaning of death in order to prepare for a “good death” [28].

Although treatment options were frequently discussed, there was little attention for documenting preferences for life-sustaining treatments in the form of an advance directive or appointing a surrogate decision maker. T erefore

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