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The results displayed in Figure 1 show that 60% and 90% of the family member in the total sample reported that they were 'very satisfied' or 'satisfied' with the treatment and care [15]. The items marked with red show significant differences between family members of patients in the intervention group (at the PMU) and in the control group. Family members of patients in the intervention group reported to be most satisfied with the care. Satisfaction with pain and symptom relief (items 1 and 18), information about how to manage the pain (item 16), information about the patient' tests and prognosis (items 2 and 17) were significant higher among the family members of patients in the intervention group than the family members to patients in the control group. The family members of patients in the intervention group reported significant higher satisfaction with family conversations with physicians and nurses discussing the patients' disease and treatment (item 7) and the physicians' availability for the family and the patient (item 11). Furthermore, family members of male patients reported to be more satisfied with treatment and care than family members of female patients. Place of death was also important [15]. The family members of patients who died at home reported to be more satisfied with the treatment and the care compared to the family members of those who died at hospitals or nursing homes

patients participating in the intervention group and the family members of the patients in the control group [15]. The family members of those in the first mentioned group reported significantly higher satisfaction with care than those who ho m

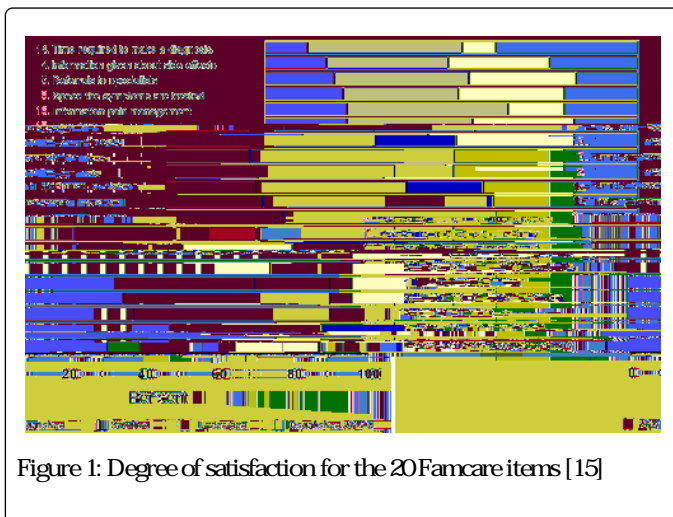


Figure 1: Degree of satisfaction for the 20 Famcare items [15]

Discussion

Generally high levels of satisfaction with the palliative care were reported among the family members of patients in the intervention group as well as the family members of patients in the control group [15]. The high amount of those who reported satisfaction with care is in accordance with earlier findings [6,7,12]. It has been discussed as a method problem in assessment of satisfaction also named 'ceiling effect' indicating poor ability to discriminate between groups of respondents [19,20]. There may be different reasons, for instance, it may be that the patients hesitate in giving negative evaluation of the treatment and care at the hospital where they themselves are patient, and it may be that the instrument used is not sensitive enough to discover changes of satisfaction over time. Another reason may be that such studies often use a retrospective design, which also was the case in our study [15], where it is not possible to exclude the problem that remembering increase with time. Based on this possible methodological shortcoming, it has been claimed that satisfaction research is of little importance. We found, however, a significant difference between the respondents who were family members of

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