

Video Testimonials Improve Consensus Regarding Patients' Wishes



Adding a patient-created video testimonial to a living will or "POLST" form makes it easier for medical providers to interpret patients' wishes for critical versus end-of-life care, according to a study published in Journal of Patient Safety. "Our study shows that medical professionals are more likely to reach a consensus after viewing a video testimonial, proving that we can do better than paper forms alone," says lead author Dr. Ferdinando L. Mirarchi of University of Pittsburgh Medical Center (UPMC) Hamot, in Erie, Pa.

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Written documents such as living wills (LWs) seek to direct medical treatments in the event the patient loses decision-making capacity. A newer type of document – called Physician Orders for Life-Sustaining Treatment, or POLST – provides a one-page format for seriously ill patients to indicate their treatment preferences. However, both LWs and POLST are prone to medical errors related to provider misinterpretation of what is documented and appropriate patient selection. Dr. Mirarchi notes three ways in these medical errors can cause harm: by taking a life inappropriately, by preventing the natural dying process, or by leading to overuse of costly medical resources.

In a nationwide internet survey, 741 physicians at 13 hospitals were presented with clinical scenarios involving critically ill patients who had either an LW or POLST. Doctors were randomly assigned to interpret the patients' wishes based on the LW or POLST alone, or with the addition of a scripted video testimonial in which patients talked about their treatment choices.

Responses were compared to see if the video testimonials led to more accurate interpretation of the patient's intentions. Choices included full aggressive treatment including CPR; aggressive care with a brief attempt at CPR; or no CPR/allow natural death.'

The researchers found that doctors reached a higher level of agreement in interpreting the patients' wishes when they viewed the video testimonials. Based on the LW or POLST documents only, doctors reached a consensus (95 percent agreement) in two out of nine clinical scenarios.

Furthermore, adding the video testimonials produced statistically significant changes in the responses of seven scenarios – in five of these, physicians were more likely to choose full aggressive treatment. Overall, the addition of a video testimonial was the most consistent predictor of resuscitation choices achieving interpretive consensus.

"Video testimonials can ensure the safe interpretation of LWs and POLST documents and ensure that these documents are faithful to the wishes and goals of the patient producing benefits for all stakeholders in the health care system," the study concludes.

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