



# To treat or not to treat? Oncologists' perceptions and experiences regarding overtreatment in end stage cancer patients

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## Introduction

Best practice guidelines and “do not do” recommendations often target oncology services, yet overuse continues to occur.

Bringing about change should utilize a multipronged approach, including both bottom-up and top-down approaches.

Oncologists are critical players for any approach.

## Objectives

- Understand perceptions and experiences of oncologists regarding why overuse of services is occurring for cancer patients at the end-of-life
- Elucidate physician level factors which impede implementation of best practices at the end-of-life in cancer.

## Methods

In-depth, semi-structured telephone interviews conducted with 3 groups of oncologists in Israel.

The interview guide was developed based on the **Theoretical Domains Framework** (TDF).

## Findings

Thirty oncologists were included in the study.

Participants identified six major barriers, across 4 TDF domains, and many physician-level facilitators to the implementation of best practices in end-of-life care in cancer.

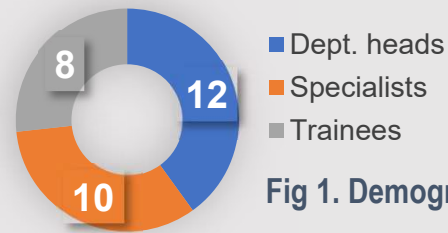


Fig 1. Demographics

### Barriers

- Social/professional role and identity
- Belief in consequences
- Environmental context and resources
- Emotion

### Facilitators

- Knowledge
- Skills
- Social/professional role and identity
- Beliefs about capabilities
- Beliefs about consequences
- Intention
- Memory, attention and decision making
- Environmental context and resources
- Social influences
- Behavioural regulation

## Conclusion

Creating access to care is complex, but results demonstrate a foundation for change.

## Policy Implications and Recommendations

Leadership should promote and encourage the use of palliative care services as part of normal patient protocol.

Integrating multidisciplinary teams for palliative care into oncology clinics should be assessed and considered in Israel.