

# DIFFERENCES IN ATTITUDES ABOUT GOOD DEATH BETWEEN CANCER PATIENTS AND ONCOLOGY HEALTH CARE PROFESSIONALS

Ivana Kuček, MD<sup>1</sup>, Ivona Poljak, Psychologist<sup>1</sup>, Marin Golčić, MD, PhD<sup>2</sup>, Ana Borovečki, MD, PhD<sup>3</sup>, Sanja Pleština, MD, PhD<sup>1</sup>

<sup>1</sup>University Hospital Centre Zagreb, Oncology Department <sup>2</sup>University Hospital Centre Rijeka, Oncology Department <sup>3</sup>School of Medicine Zagreb

## Introduction

This study aimed to evaluate the differences in attitudes towards good death among oncology healthcare professionals (HCP) and cancer patients during oncology conference in Croatia. Essential aspects of a good death in the Croatian context include the absence of pain, the presence of family and loved ones, and not being a burden to them, a sense of meaning and fulfillment of life, reconciliation with God, the presence of awareness and sobriety.

## Methods

A cross-sectional anonymous survey was conducted using Google Forms during the 15th Congress of the Croatian Society for Medical Oncology in 2023, featuring a dedicated section for cancer patients—a novel inclusion. The questionnaire design drew inspiration from a recent cross-sectional survey among the general public in Croatia.

## Results

The respondents of our survey were 63 female patients, and 72 HCP (male 27.8%, female 72.2%). The majority of HCP were oncologists (58.4%), followed by physicians of other specialties (13.9%), nurses (5.6%), and others. The age distribution showed a prevalence of HCP in the 25-35 age group (33.3%) and patients over 65 (33.3%).

Both groups emphasized the absence of pain (patients 69.8%, HCP 90.3%), a sense of meaning and fulfillment (patients 46%, HCP 76.4%), the presence of family (patients 36.5%, HCP 70.8%), and not being a burden (patients 41.3%, HCP 54.2%).

Notably, a significant difference was observed in attitudes toward dying at home (patients 17.5%, HCPs 36.1%).

Both groups had the experience of caring for a seriously ill person (patients 68.3%, HCP 66.7%), as well as being involved in the care of terminally ill or dying individuals (patients 58.7%, HCP 70.8%).

## Conclusion

Although it was a random sample and different groups, prioritizing pain relief and presence of family are common characteristics of good death. Disparities, especially regarding preferences for dying at home, emphasize the importance of integrating patient perspectives into healthcare discussions.

## References

- Borovečki A, Nikodem K, Ćurković M, Braš M, Palić-Kramarić R, Špoljar D, Matulić T, Grosek Š, Tonković D. What Constitutes a "Good Death"?-A Representative Cross-Sectional Survey Among the General Public in Croatia. *Omega (Westport)*. 2023 Mar;86(4):1415-1431.
- Krikorian A, Maldonado C, Pastrana T. Patient's Perspectives on the Notion of a Good Death: A Systematic Review of the Literature. *J Pain Symptom Manage*. 2020 Jan;59(1):152-164.

What, in your opinion, are the most important characteristics of a good death?

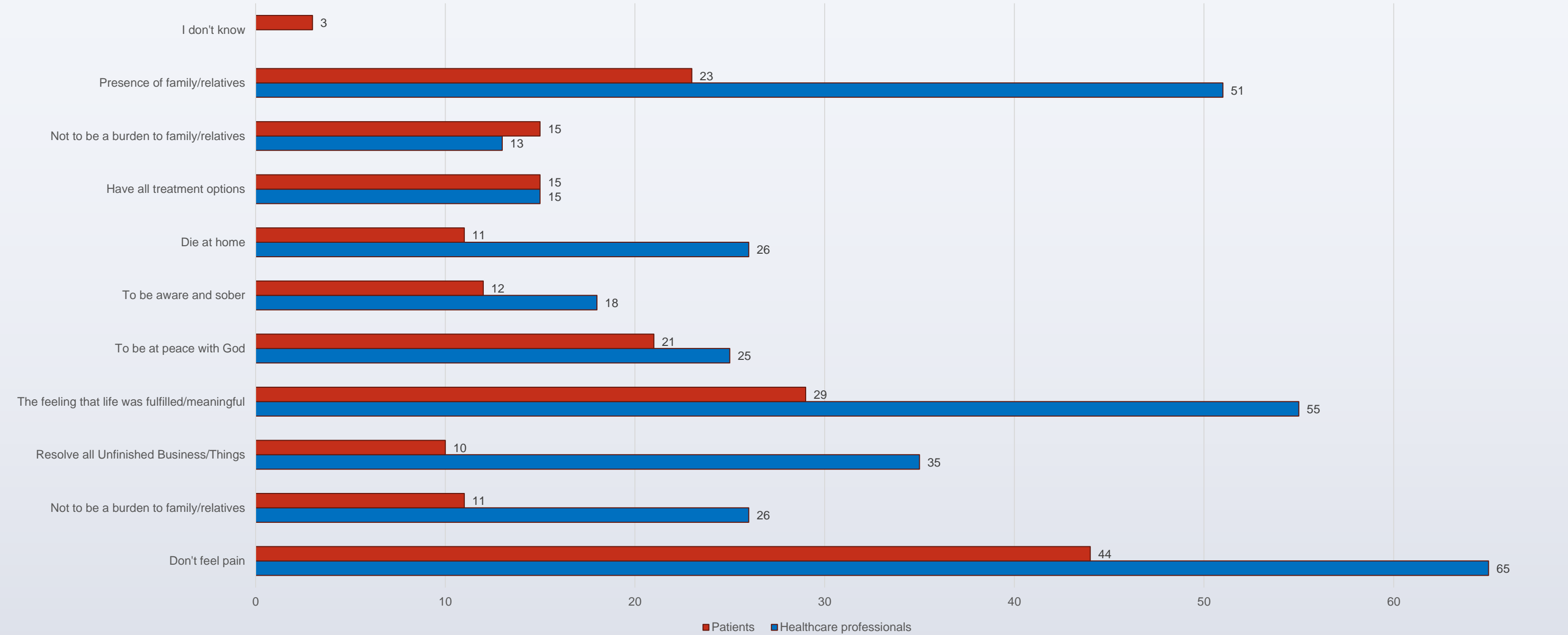


Figure 1. Opinions about death among cancer patients and oncology healthcare professionals (multiple choice questions)

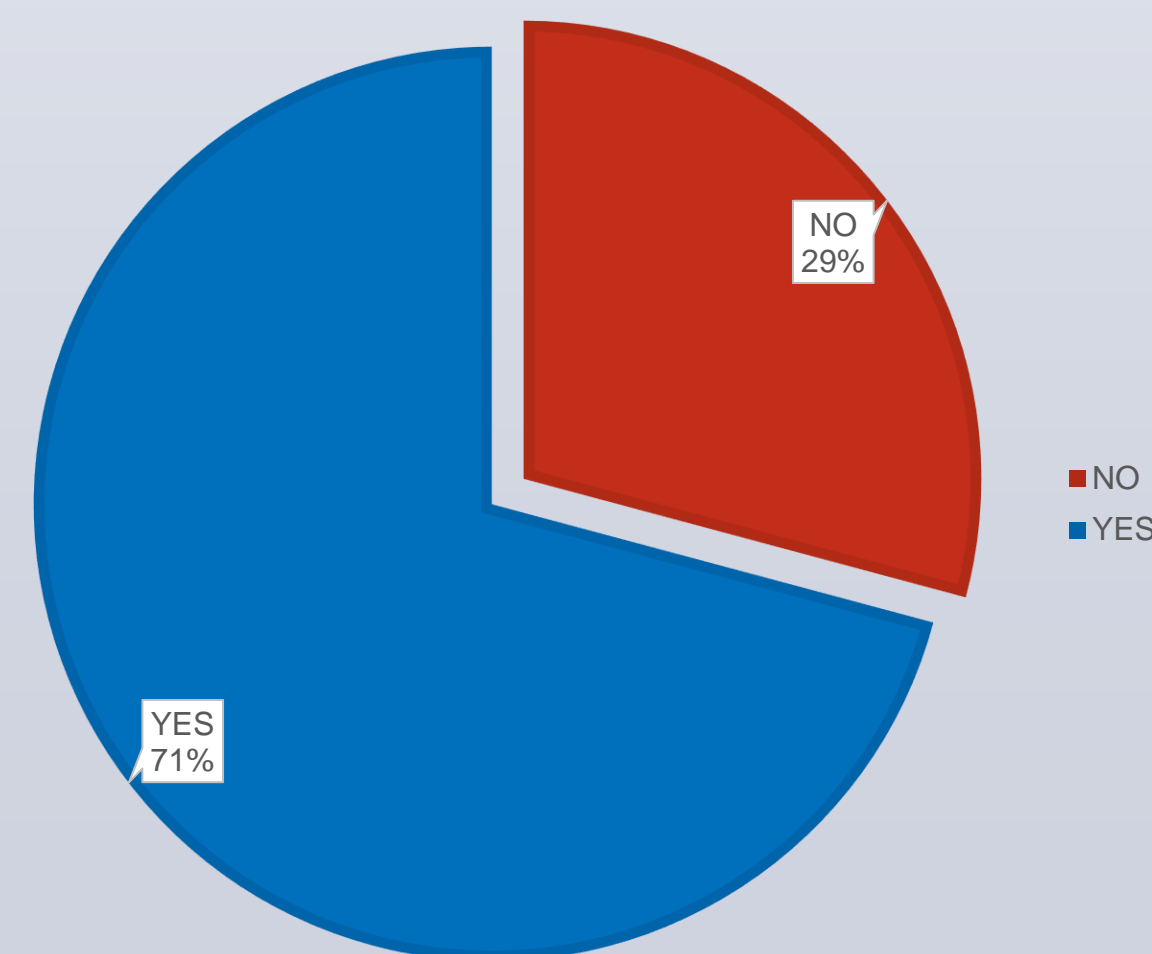


Figure 2. Experience of care for terminally ill (dying person) Healthcare professionals

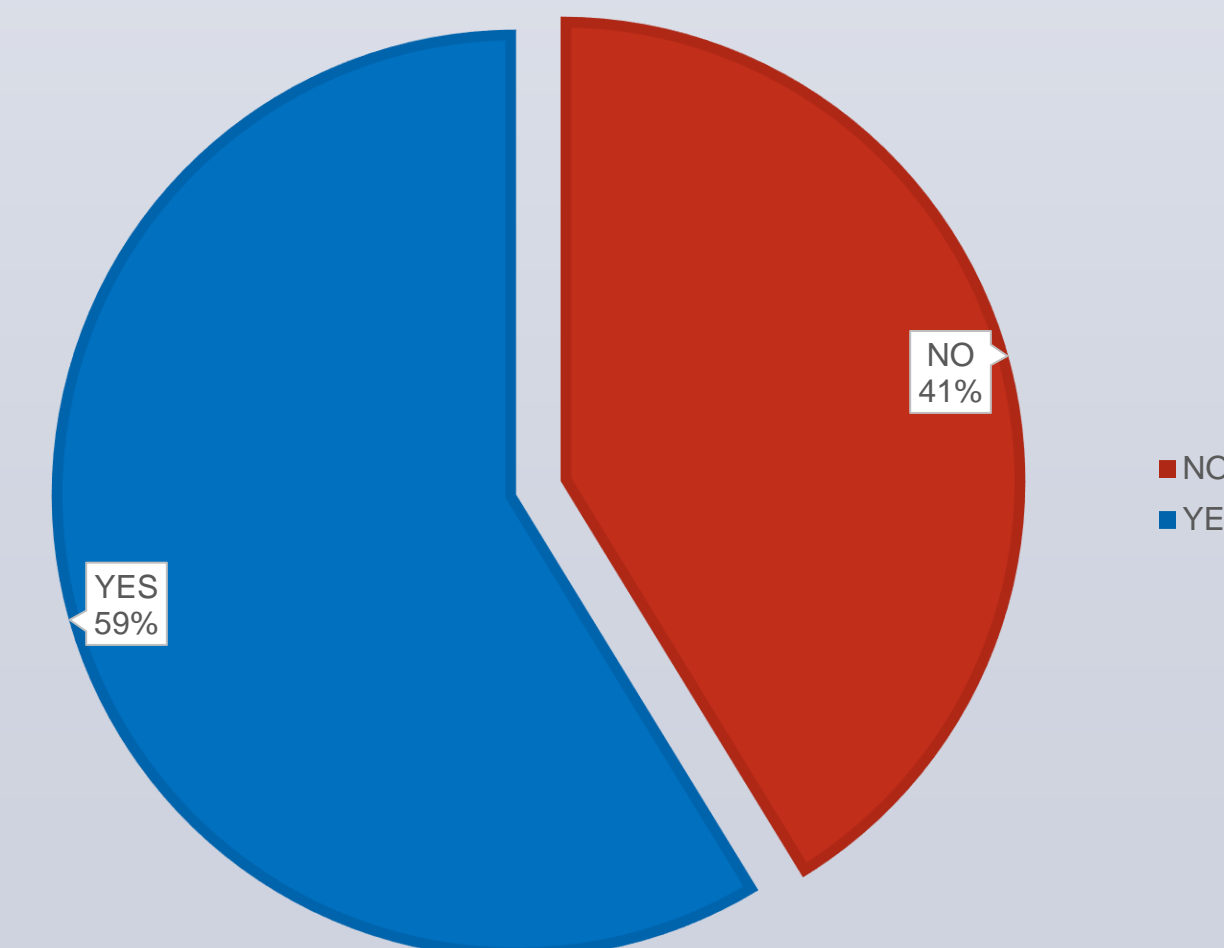


Figure 3. Experience of care for terminally ill (dying person) Patients