

# The effect of case conferences between general practitioners and palliative care specialist teams on the quality of life of dying people

<b>Submission date</b> 14/12/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 19/01/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 05/09/2008	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Dr Geoffrey Mitchell

### Contact details

Edith Cavell Building  
Univerissty of Queensland Medical School  
Herston Road  
Herston  
Australia  
4006  
+61 (0)7 3365 5504  
g.mitchell@uq.edu.au

## Additional identifiers

## Study information

Scientific Title

## **Study objectives**

For patients with life limiting disease, formal case conferences held between patients General Practitioners (GPs) and their palliative care team will improve Quality of Life (QoL) for patients and their carers.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

1. University of Queensland Human Research Ethics Committee (approval number B/311/Soc & PrevMed/00/PhD)
2. Mater Adult Hospital Research Ethics Committee (ref no: 369A)
3. Townsville Health service District Institutional Ethics Committee
4. Princess Alexandra Research Ethics Committee (ref: 179/01)

## **Study design**

Multisite single blind randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Quality of life

## **Health condition(s) or problem(s) studied**

Palliative care

## **Interventions**

Case conference held between the patient's GP and the specialist palliative care team, held by tele-conference, within three weeks of referral.

The control group receives usual care- ie communication between GPs and the specialist team was by normal means.

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome(s)**

Global quality of life measures at three weeks post intervention

## **Key secondary outcome(s)**

1. Subscale measures of quality of life scales
2. Process evaluation of GP-specialist case conferences

note: Two a priori analyses planned. The first is using the intervention as a fixed time point, evaluating the effect from the time of the intervention. The second is using date of death as fixed time point, and evaluating intervention from time of death, independent of the time of the intervention

**Completion date**

31/05/2003

## Eligibility

**Key inclusion criteria**

1. Adult Patients requiring palliative care, and their caregivers who are referred to a participating specialist palliative care service
2. Aged over 18
3. Life expectancy of at least one month
4. Not confused or too unwell to be approached
5. Could read and speak English
6. Had a current GP

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

Not Specified

**Key exclusion criteria**

1. Life expectancy less than one month
2. Confused
3. Too unwell to be approached
4. Could not read or speak English
5. Did not have a current GP

**Date of first enrolment**

01/07/2001

**Date of final enrolment**

31/05/2003

## Locations

**Countries of recruitment**

Australia

**Study participating centre**  
**Edith Cavell Building**  
Herston  
Australia  
4006

## Sponsor information

**Organisation**  
University of Queensland Medical School (Australia)

**ROR**  
<https://ror.org/00rqy9422>

## Funder(s)

**Funder type**  
Government

**Funder Name**  
Australian Government Department of Health and Ageing, National Health Development Fund (Australia)

## Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Participation and effectiveness results:	15/07/2002		Yes	No
<a href="#">Results article</a>	Quality of life results:	01/12/2008		Yes	No
<a href="#">Abstract results</a>	Lessons from case conferences:	01/05/2005		No	No
<a href="#">Other publications</a>	Methodology comparison:	01/12/2005		Yes	No
<a href="#">Thesis results</a>		01/06/2004		No	No