

RWJ Excellence in EOL Care  
Rural Health Study  
Provider Instrument

Please tell us about yourself.

1. Gender

Male

Female

2. What is your age?

Years old

3. What is your racial/ethnic background? (Check All That Apply)

White/Caucasian

Hispanic or Latino

Black or African American

Asian (Japanese, Chinese, Korean, Filipino, Taiwanese, Hmong,  
Cambodian)

Other Native Hawaiian or other Pacific Islander American Indian or Alaskan

Native Mixed

Other, Specify

4. Please tell us your current profession and/or student status

5. What is your professional or student title?

6. What is your current place of employment or training?

Agency Address

7. Do you have any experience working with the terminally ill?

No

Yes # of years

8. Do you have any experience working in the hospice setting?

9. About how many dying patients have you cared for since completing your professional training?

**RWJ Excellence in EOL Care  
Rural Health Study  
Provider Instrument**

In the following section, please read each paragraph describing a patient's condition, and then select the best answer to the related questions. Some conditions may involve treatment choices or courses of action outside of your education, expertise, or responsibilities, but we still would like you to answer each question as best as you can.

**A 27-year-old woman with AIDS comes to a clinic. She complains of constant bilateral, burning pain along the bottom of her feet. The pain has been present for 4 months and is slowly worsening. There is often a numbing sensation with the pain and the pain limits her ability to walk. She takes acetaminophen with codeine, 1-2 tabs every four hours. She says the medicine provides virtually no relief and it makes her feel sleepy.**

10. This woman's pain is best described as...

- Visceral pain
- Somatic pain
- Neuropathic pain
- Vascular pain

11. The most appropriate next step in oral drug-therapy for this patient would be to prescribe...

- Lorazepam (Ativan)
- Ibuprofen (Motrin)
- A long-acting oral morphine' preparation (e.g., Oramorph SR or MS Contin)
- Amytriptyline (Elavil)

**A 54 year-old woman is hospitalized for an exacerbation of rheumatoid arthritis. She also has chronic mid and low back pain from corticosteroid-induced compression fractures of the spine. A long acting oral morphine preparation and a short-acting oral morphine for breakthrough pain is prescribed.**

12. How often she can take the short-acting oral morphine for pain?

- Every 2 hours
- Every 4 hours
- Every 6 hours
- Every 8 hours

13. Following the first dose of morphine the patient develops nausea. Which of the following statements is true concerning patients who experience nausea while taking opioids?

- Tolerance to nausea develops in most patients within 7 days
- Nausea represents a drug allergy
- Nausea to opioids is due to bowel distension and stimulation of the vagus nerve
- Nausea is usually accompanied with opioid—including itching

14. The first night after this patient starts morphine the nurse reports that her respiratory rate has dropped to 6-8 breaths/min. What should be done?

- Administer 0.4 mg naloxone (1 amp of Narean)
- Administer oral naltrexone
- Assess level of consciousness
- Administer 0.2 mg naloxone

15. On the third hospital day a decision is made to discontinue the long-acting morphine and begin using a fentanyl (Duragesic) patch. Therapeutic analgesic levels should not be expected after the first application of a fentanyl patch until...

- 2-6 hours
- 7-12 hours
- 13-24 hours
- 25-36 hours

**A 67-year-old woman with pancreatic cancer metastatic to liver comes to your clinic with her husband. Over the past four weeks she has lost her appetite with steady weight loss. She spends more than 50% of the day in bed or lying on the couch because of fatigue. She has pain, but it is well controlled on oral medication. Outside the examination room the patient's husband stops you and says, "if you have more bad news for us, please do not tell my wife – she will fall to pieces".**

16. How should the husband's request to limit 'bad news' be managed?

- Honor the husband's request and tell the patient only as much information as he deems necessary
- Work with the husband to explore the personal meaning of his feelings – provide as much information to the patient as she wants to receive
- Tell the husband that the patient has a right to all information and that you cannot honor the request
- Tell the patient some of the truth, but withhold any information you feel would destroy hope

17. The patient asks what her prognosis is – “how long have I got?” After confirming that she indeed wants to know her prognosis, the best response would be...

- There is no way to tell for sure
- It's only a matter of days, maybe a week or two
- Approximately 2-3 months
- Approximately 4-6 months

18. The patient asks, “is there anything I can take to improve my appetite?” Appetite may be improved in advanced cancer patients with all of the following drugs except...

- Tetrahydrocannabinol (Marinol)
- Dexamethasone (Decadron)
- Megesterol acetate (Megace)
- Orazepam (Ativan)

19. As you talk with the patient, you decide it would be a good time to discuss referral for home hospice care. All of the following criteria are required for Hospice admission under the Medicare Hospice Benefit except...

- DNR (no code) status
- Expected prognosis of 6 months or less
- A physician-of-record is identified
- The approach to care is palliative, symptom oriented

20. The husband asks about hospice support services. Which of the following is NOT provided as part of the Medicare Hospice Benefit?

- Skilled nursing visits as needed
- Payment for all medications related to the terminal illness
- A bereavement program for surviving families
- Night-time custodial care

Please tell us whether you believe each of the following statements is true or false. Some statements may involve topics or issues outside of your education or expertise, or you may not have had direct experience in these areas, but we still would like you to indicate whether you believe the statements are true or false.

Circle Your Answers

21. Intramuscular narcotics are an effective way of managing, severe chronic pain.  
True                      False

22. Tolerance to analgesic opioids is NOT a problem  
True                      False

23. Oral morphine causes clinically significant respiratory depression in cancer patients  
True                      False

24. Patients having severe chronic pain need higher dosages of pain meds compared with patients having acute pain  
True                      False

25. Morphine has a narrow therapeutic dosage range  
True                      False

26. If morphine is prescribed too early in an illness, there is nothing left to relieve pain at the end of the patient's life  
True                      False

27. Long term use of antiemetics with morphine is usually necessary  
True                      False

28. Severe cancer pain commonly requires use of parenteral morphine  
True                      False

29. The relief of cancer pain often requires the addition of nonsteroidal anti-inflammatory drugs, corticosteroids, and/or psychotropic drugs (e.g., antidepressants) to morphine  
True                      False

30. Tricyclic antidepressants such as amitriptyline are useful in managing neuropathic pain  
True                      False

31. NSAIDs, non-steroidal anti-inflammatory drugs such as aspirin, ibuprofen or acetaminophen are useful by themselves and, when used in conjunction with narcotic analgesics, allow the dosage of narcotic to be decreased  
True                      False

32. Judicious, short-term use of placebos is a good way to differentiate real pain from psychogenic pain  
True                      False

Now please tell us your level of agreement for each of the following statements. Circle whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement. Again, please respond to every statement.

For Each Question, Circle the Number Corresponding To Your Answer

	Strongly	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
33. Most cancer pain can be treated effectively	1	2	3	4	5
34. Pain medication should be given as needed to terminally ill patients	1	2	3	4	5
35. Spiritual care should include counseling the terminally ill patient	1	2	3	4	5
36. A poor quality of life, despite adequate pain control is a sufficient justification for the practice of assisted suicide	1	2	3	4	5
37. I do NOT like to talk about death and dying with patients	1	2	3	4	5
38. Palliative care should be the standard medical treatment for patients who are suffering from a terminal illness	1	2	3	4	5
39. Patients should have the right to determine their own degree of medical intervention	1	2	3	4	5
40. Assisted-suicide is consistent with a commitment to provide humane treatment at the end of life	1	2	3	4	5
41. Estimation of pain by an MD or RN is a more valid measure of pain than patient self-report	1	2	3	4	5
42. Addiction to oral morphine is not a serious issue given that terminally ill patients have a short time to live	1	2	3	4	5
43. Patients have the right to end their own life	1	2	3	4	5
44. Opening discussions of end-of-life care should be deferred until there is no further effective curative treatment available	1	2	3	4	5
45. There are certain medical conditions where euthanasia may be appropriate	1	2	3	4	5
46. There is no difference between spirituality and religion	1	2	3	4	5
47. Severe uncontrolled pain justifies assisted suicide	1	2	3	4	5
48. Hospice is inappropriate in an acute hospital setting	1	2	3	4	5

	Strongly	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
49. Pain at the end of life is an inevitable part of the dying process	1	2	3	4	5
50. Acute pain should NOT be immediately treated or aggressively prevented because of the diagnosis value of the patient's pain	1	2	3	4	5
51. Family and friends need NOT be a part of treatment decisions regarding terminally ill patients	1	2	3	4	5
52. Assisted suicide may be appropriate if external factors (such as not wanting to burden the family or deplete savings) led to the patient's request to end his or her life	1	2	3	4	5
53. A poor quality of life, despite adequate pain control, is a sufficient justification for euthanasia	1	2	3	4	5
54. The use of culturally and denominationally appropriate ritual must be a part of spiritual care	1	2	3	4	5
55. Families, both biological and of choice, should be included in decisions about end-of-life care	1	2	3	4	5
56. I feel comfortable explaining the concept of hospice to terminally ill patients and their caregivers	1	2	3	4	5
57. Many cancer patients with considerable pain receive inadequate pain relief	1	2	3	4	5
58. Complete pain relief is a reasonable goal even when the pain is NOT caused by a terminal condition such as cancer	1	2	3	4	5
59. Healthcare providers have failed when patients die	1	2	3	4	5
60. Spiritual care should accompany pain management	1	2	3	4	5
61. The most appropriate person to make end-of-life decisions is the patient's primary care provider	1	2	3	4	5
62. "As required" or "PRN" morphine for chronic cancer pain is irrational	1	2	3	4	5
63. If a patient is on a clinical drug trial, that patient should NOT also receive hospice-type care	1	2	3	4	5
64. Patients have the right to determine their own degree of psychosocial intervention	1	2	3	4	5
65. Severe uncontrolled pain justifies euthanasia	1	2	3	4	5

	Strongly	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
66. Counseling is NOT part of spiritual care	1	2	3	4	5
67. Euthanasia may be appropriate if external factors (such as not wanting to burden the family or deplete savings) led to the patient's request to end his or her life	1	2	3	4	5
68. Healthcare providers are required to do everything possible to prolong life	1	2	3	4	5
69. I am comfortable talking to terminally ill patients	1	2	3	4	5
70. A patient should experience discomfort prior to receiving the next dose of pain medications	1	2	3	4	5
71. Assisted suicide is a practice that is inconsistent with a health care professional's role	1	2	3	4	5
72. Pain is an inevitable symptom of advanced cancer	1	2	3	4	5
73. Patients should be maintained in a pain-free state	1	2	3	4	5
74. As a rule, terminally ill patients prefer NOT to talk about death and dying with their physicians	1	2	3	4	5
75. There are certain medical conditions where assisted suicide may be appropriate	1	2	3	4	5
76. "As required" or "PRN" morphine for break through pain is irrational	1	2	3	4	5