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# **Title.** Understanding general practitioners’ clinical practice in end-of-life care: a qualitative study

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**Background**

Early identification and care planning improve outcomes at the end of life. Nevertheless, the majority of people who die are not identified in time to enable appropriate care planning.

**Aims**

To describe what triggered general practitioners to identify and discuss approaching end of life; how their practice changed; and the challenges they found in providing end-of-life care.

**Method**

We conducted a qualitative study of fifteen Australian general practitioners (GPs) using semi-structured interviews, examining the end-of-life care of one of their randomly selected, deceased patients. Interviews were analysed using a general inductive approach.

**Results**

When a life-limiting prognosis was articulated (by the patient or health professional), GPs integrated end-of-life care into their clinical care directly. Care often included a care plan developed in consultation with the patient. Even when approaching death was not articulated, GPs were aware of approaching end of life and changed their focus to comfort of the patient. GPs generally had an informal care plan in mind, but this developed gradually and without discussing these plans with the patient. How GPs provided end-of-life care depended primarily on patient traits (e.g. willingness to discuss physical decline) and the general practitioner’s characteristics (e.g. experience, training, and consulting style).

**Conclusion**

General practitioners were aware of their patients’ approaching end of life and care was adjusted accordingly. However, the shift to end-of-life care was only explicitly articulated and discussed when the patient or GP did so. It is not clear if implicit but unarticulated end-of-life care is sufficient to meet patients’ needs. Future studies should investigate this.