

A Qualitative Study on Decisional Experiences and Needs of Cancer Patients Regarding Central Vascular Access Device Choices



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Background

Cancer patients undergoing anti-tumor drug infusion often rely on central vascular access devices (CVAD). The diverse array of CVAD options comes with varying advantages and disadvantages related to catheter placement, dwell time, maintenance intervals, and the risk of catheter-related complications. Beyond the clinical aspects, CVAD choices may impact cancer patients' psychological well-being, economic considerations, and daily life quality. However, the practical experiences and needs of cancer patients in the clinical decision-making process for CVAD selection remain insufficiently explored.



Objective

This study delves into the decision-making experiences and needs of cancer patients when choosing a CVAD, to provide insights for the development of specific Patient Decision Aids (PDAs) tailored to CVAD choices.



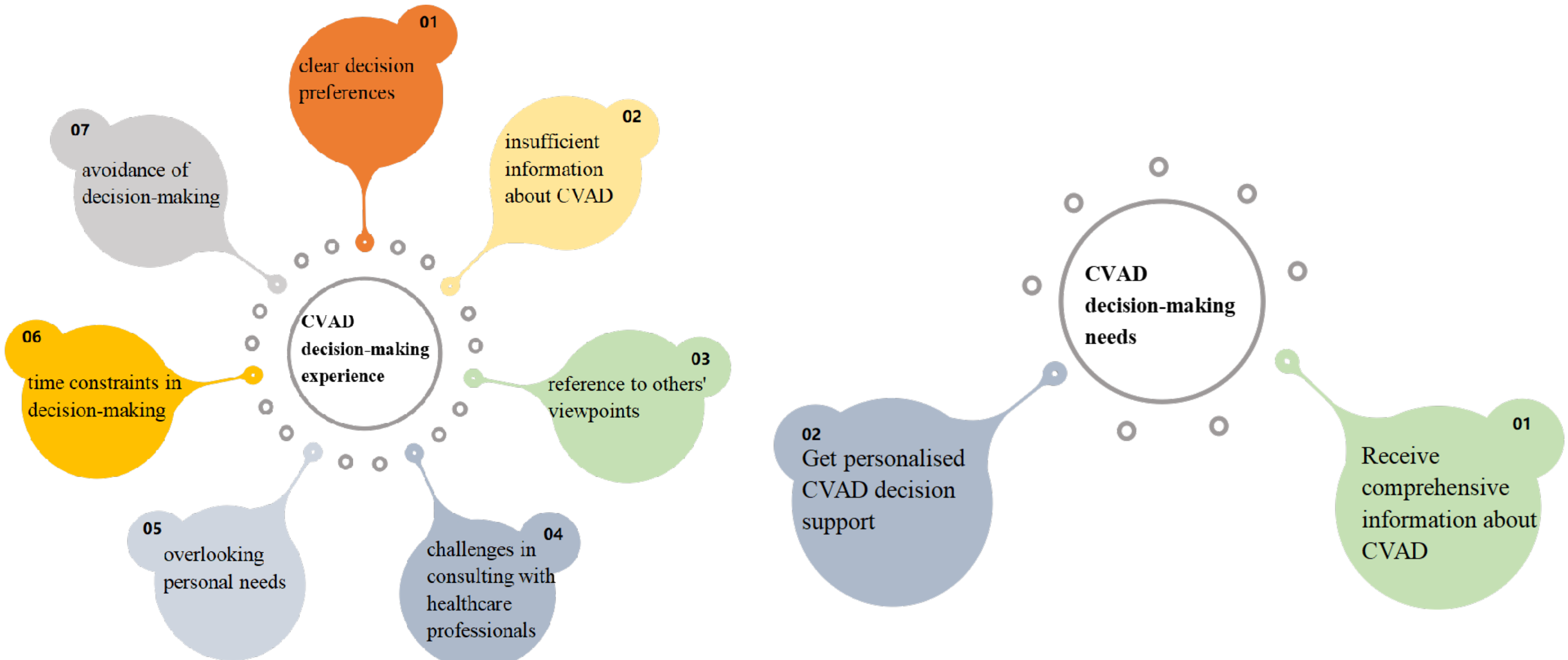
Methods

Through purposive sampling, face-to-face semi-structured interviews were conducted with cancer patients undergoing anti-tumor drug treatment via CVAD at a comprehensive tertiary hospital in China from April to August 2023. Colaizzi's 7-step analysis method was meticulously applied to process the data, ensuring systematic organization, summarization, extraction, and analysis.



Results

Sixteen patients were interviewed, revealing seven themes in the decision-making experiences: clear decision preferences, reference to others' viewpoints, insufficient information about CVAD, challenges in consulting with healthcare professionals, overlooking personal needs, time constraints in decision-making, and avoidance of decision-making. Decision-making needs to be converted into two themes: a comprehensive understanding of CVAD-related information and the desire for personalized PDAs.



Conclusion

Future endeavors should include the development of a systematic and scientifically rigorous checklist for informing patients about CVAD, aiding healthcare practitioners in assessing information comprehensiveness. Additionally, there is potential for personalized PDAs for CVAD, assisting patients in clarifying specific needs and values, thus facilitating shared decision-making. Cultivating a supportive communication environment and allocating adequate time for patients to determine their preferred CVAD type are recommended.



Future Directions

The scope of the study could be expanded to further explore the experience and needs of CVAD decision-making in a larger population of oncology patients in China. In the future, qualitative interviews could be conducted with clinical staff to capture their experiences and needs in the CVAD decision-making process.