

Barriers to advance care planning in decompensated cirrhosis: a clinician survey

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INTRODUCTION

- Patients with decompensated cirrhosis have a limited life expectancy under 2 years unless candidates for liver transplantation. Despite the poor prognosis, many patients have not prepared an advance care plan (ACP) or appointed a Medical Treatment Decision Maker (MTDM), which have both been proven in other chronic diseases to improve quality of life and reduce unnecessary hospitalisation. We aimed to evaluate existing knowledge and perceptions on discussing prognosis, MTDM and ACP within gastroenterologists managing decompensated cirrhosis.

METHODS

- A survey questionnaire was created using Research Electronic Data Capture (REDCap) and distributed to gastroenterologists affiliated with a large tertiary centre via email in August 2025. Data were collected anonymously, with no identifying information. Gastroenterologists were asked whether they identified as subspecialists and whether they were rostered ward service. Recorded responses used a qualitative frequency scale: rarely (<10%), occasionally (30%), sometimes (50%), frequently (70%), or usually (>90%).

RESULTS

- A total of 19 gastroenterologists completed the survey, of which the majority (84.2%) were not sub-specialist hepatologists. All gastroenterologists rostered to ward service reported discussing prognosis with decompensated cirrhotic patients in an inpatient setting, with 75% of them discussing this most of the time. Prognosis discussions were less common in outpatients, with 26.7% rarely discussing it. Most clinicians (68.4%) including hepatologists rarely discussed MTDM or ACP, with reported barriers including limited time (63.2%), reduced patient insight (57.9%) and limited patient rapport (36.8%). Importantly, 31.6% of clinicians felt ill-equipped to discuss MTDM and ACP with their patients due to lack of knowledge or perceived skills (Figure 1).

Perceived barriers in discussions for decompensated cirrhotics

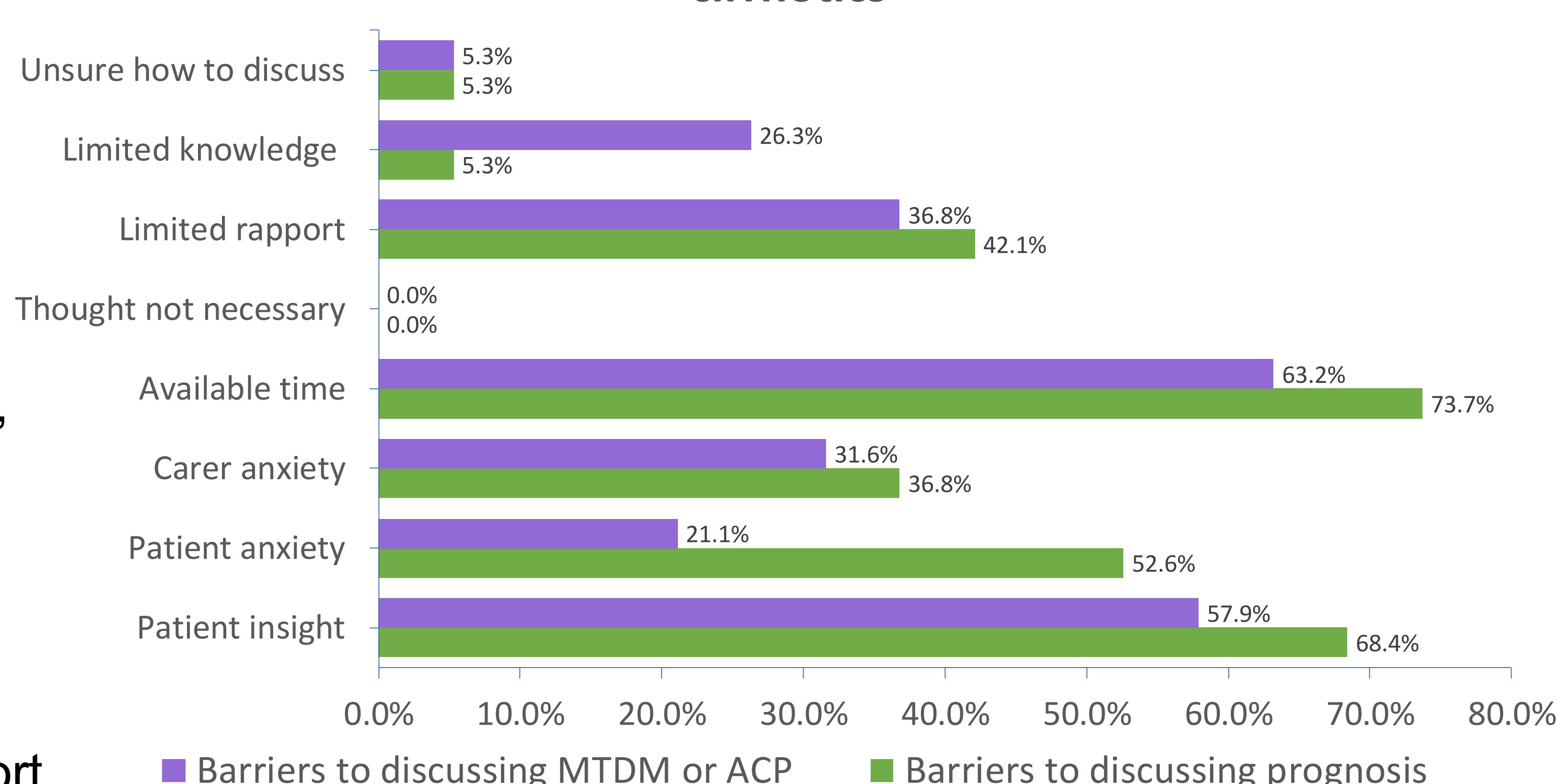


Figure 1. Perceived barriers in advance care planning discussions in patients with decompensated cirrhosis

CONCLUSIONS

- We identify room for improvement in appointment of MTDM, ACP and prognostic discussions in patients with decompensated cirrhosis. Barriers that need to be addressed include both clinician factors including limited time, poor knowledge around MTDM and ACP; as well as patient factors such as perceived poor insight.