

**A survey of the views of Palliative Care Healthcare Professionals (HCPs) towards referring cancer patients for participation in Randomized Controlled Trials (RCTs) in Palliative Care (PC)**

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Clinical trials in PC, especially RCTs, are notoriously difficult to complete. One specific challenge is gate-keeping, the reluctance of some HCPs to refer patients for research studies, often because of a perceived need to protect the vulnerable.

An anonymous questionnaire survey was sent to all doctors, nurses and allied health workers listed as members of ANZSPM and the CPCRE to assess their willingness to refer patients for RCTs. Respondents were asked to consider different key issues that might affect their decision to refer, to document willingness to refer to RCTs of increasing complexity in a hypothetical pain situation and to document the degree of patient inconvenience considered acceptable. Demographic data was collected on all participants.

198 of 597 questionnaires were returned (33%), 122 from doctors and 76 from other HCPs. Very few HCPs were interested in complicated studies that involved many extra tests and/or hospital visits. Non-medical HCPs were less interested than medical HCPs in studies that involved randomisation, placebo-controls or double-blind methodology. The majority of all HCPs were prepared to refer patients for non-pharmacological studies, but were less willing to refer for studies in which there was the possibility of side-effects. Two factors predicted for greater willingness to refer: previous research experience and male gender.

The survey revealed an unwillingness on the part of many HCPs to refer patients for RCTs in PC. Gatekeeping has the potential block recruitment and introduce a selection bias.