

Palliative Care bulletin

Spring 2014

Scrapping Liverpool Care Pathway too 'extreme'

Inside this issue:

Scrapping LCP
too extreme 1

Opioids in
palliative care

Cancer in the UK 2

End of Life Care
Strategy: New
Ambitions

Better Home Pain
Relief 3

Latest Research 4

New books 8

[Ethics and end of life care: the Liverpool Care Pathway and the Neuberger Review](#)

A leading ethicist has warned that phasing out the use of the Liverpool Care Pathway because some doctors and nurses do not know how to use it properly is extreme.

Dr. Anthony Wrigley, of the Centre for Professional Ethics, at Keele University said the use of morphine or insulin would not be stopped because some medical staff had used it incorrectly and it should be the same with The Liverpool Care Pathway.

The pathway was aimed at reducing unnecessary tests and treatments in a patient's final days and hours to ensure they die comfortably and peacefully. However cases were highlighted where patients were put on it when they were not dying, or were denied water and food. Often relatives were not informed patients were on the pathway at all. A review last year recommended it be phased out in favour of individual care plans.

Dr. Wrigley said care of the dying in Britain has been rated as the best in the world, partly because of The Liverpool Care Pathway and it should not be phased out. Rather medical staff should be properly trained in its use to ensure it is correctly applied.

Reported via [Daily Telegraph online](#) 22nd May 2014

Opioids in palliative care

[Evidence Update May 2014](#)

A summary of selected new evidence relevant to NICE clinical guideline 140 'Opioids in palliative care: safe and effective prescribing of strong opioids for pain in palliative care of adults' is now available.

Click [here](#) for the Evidence update

Latest reports

Cancer in the UK 2014: State of the nation report

This report examines the state of cancer in the UK in terms of the nine issues that people affected by cancer have told Macmillan matter most to them. They



include not only clinical outcomes, but also the impact of cancer on the whole of a person's life.

The end of life care strategy: New ambitions.

A strong national vision is required if the care of people at and approaching the end of their lives is not to be put at risk, according to a new report, "The end of life care strategy: New ambitions", by the National Council for Palliative Care (NCPC).

Whilst welcoming the inclusion of end of life care as a priority in the most recent NHS Mandate, the report raises concerns that the momentum behind the National End of Life Care Strategy may be lost and calls for any new actions or ambitions to command the same level of credibility at a national and local level that the National End of Life Care Strategy has done.

The report also calls for end of life care to be explicitly linked to other national priorities including care for people with dementia and plans for vulnerable older people, as well as for greater priority to be given to developing ways of measuring whether people received good end of life care.

THE
NATIONAL
COUNCIL FOR
PALLIATIVE
CARE

Dying
Matters
*'Let's talk
about it'*

The end of life care strategy:
New ambitions

Access guidance from NICE whilst on the move

- Browse over 760 items (7000+ chapters) of NICE guidance. Guidance is arranged topically by conditions and diseases, and public health topics
- Rapidly search all NICE Guidance on your smartphone
- Select full guidance documents or selections of individual chapters from guidance documents, bookmark individual sections of guidance chapters for use as offline reference on your smartphone
- Adjust the font size; alter the colour presentation of the text; 'swipe' from chapter to chapter when reading guidance.
- Automatically receive updates and new guidance as soon as it's published on the NICE website



Download the app for [iOS](#) and for [Android](#) devices

In the news

Better Home Pain Relief (BBC News)

A report from Marie Curie Cancer Care indicates that some terminally ill patients may on occasions suffer unnecessarily because of poor access to pain control at home. Interviews with survey respondents identify delays with prescriptions and carers sometimes feeling abandoned.

The issue of round the clock care was also highlighted in the new report, 'Difficult Conversations with Dying People and their Families'. Issues highlighted in the report include families having to chase up prescriptions; nurses waiting hours for vital drugs to arrive; and locums who are unable to prescribe.



TRFT and Hospice staff can make use of a range of library and knowledge services, including:

- Enquiry service
- Group and 1-to-1 training
- Literature searching
- Current awareness information service
- Inter-library loans
- Journal Clubs

Knowledge.service@rothgen.nhs.uk

Care for people in the last days and hours of life

This statement provides an update on the work being carried out by the Leadership Alliance for the Care of Dying People. The Alliance's latest joint statement identifies five priorities:

- 1) The possibility a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly
- 2) Sensitive communication takes place between staff and the person who is dying, and those identified as important to them
- 3) The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent the dying person wants
- 4) The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible
- 5) An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion.

There is no hierarchy within the priority areas: they are all equally important to achieving good care in the last days and hours of life.

Click [here](#) to view the full statement.

Bereavement care service standards

The new [Bereavement Care Service Standards](#) set out what needs to be addressed in order for services to be both safe and effective in meeting the needs of bereaved people.

Launched in January 2014, they have been developed to apply to all services providing bereavement support in any sector, and to provide a useful benchmarking tool. The Standards have been developed as part of the [Gold Standard Bereavement Care Project](#), and this article outlines the development process, and shows how the Standards can apply to the voluntary sector, National Health Services service providers, and to individual practitioners.

[New bereavement care service standards](#)

Bereavement Care Volume 33, Issue 1, 2014

useful palliative care links

- [International Association for Hospice & Palliative Care](#)
- [International Palliative Care Resource Centre](#)
- [Palliative Care Network Community](#)

End of life care requires "wide scale improvements," report says

The Guardian – 15 May 2014 – Fewer than half of National Health Service patients who were in their last hours or days were told that they were dying by hospital staff, according to a critical report from the Royal College of Physicians, while a significant number of families and relatives are left feeling they have no emotional support. The report also highlights the continued lack of specialist palliative care at weekends, 10 years on from National for Health & Care Excellence recommendations that it should be offered seven days a week.

Complaints by families that dying relatives were not given fluids were one of the chief spurs to an investigation and later withdrawal of The Liverpool Care Pathway, a protocol intended to help people to die well.



National care of the dying audit for hospitals, England

National report
May 2014

[National Care of the Dying Audit of Hospitals](#)

Royal College of Physicians/Marie Curie

Research

Hospice care for patients who choose to hasten death by voluntarily stopping eating and drinking

JOURNAL OF HOSPICE & PALLIATIVE NURSING, 2014;16(3):126-131

Some hospice and palliative care organizations are considering the merits of creating written policies to guide clinicians' responses to patient requests for information and support for a voluntarily stopping eating and drinking (VSED)-related hastened death. How clinicians understand the meaning of a request to hasten dying and the legality and morality of the VSED option will determine their responses.

An integrative review of dignity in end-of-life care

PALLIATIVE MEDICINE | Online – 6 May 2014

Dying with dignity is regarded as a goal of quality end-of-life care. However, the meaning of dying with dignity is ambiguous, and no comprehensive synthesis of the existing literature has been published. Themes of dying with dignity are as follows: a human right, autonomy and independence, relieved symptom distress, respect, being human and being self, meaningful relationships, dignified treatment and care, existential satisfaction, privacy, and calm environment. Factors influencing dignity include demographic, illness-related, and treatment-/care-related factors, as well as communication. Models of dignity in end-of-life care and instruments to measure dignity were reported. Interventions to support dignity stressed physical, psychological, and spiritual supports not only to dying patients but also to Family members.

What is a good death?

NEW BIOETHICS | Online – 10 April 2014

This study sets out to understand what might constitute a good death in the current U.K. context. It uses the demographic changes which have taken place in U.K. society over the period of the twentieth century to offer explanations for our relative unfamiliarity with dying and death. The implications of the findings for end-of-life care are discussed in the light of recommendations of the recent report 'More Care Less Pathway' (2013), which criticizes the implementation of the 'Liverpool Care Pathway for the Dying Patient' in some hospital settings.

Copies of the articles listed in this bulletin are available on request: please contact

knowledge.service@rothgen.nhs.uk

Research

Is effective, person-centred, home-based palliative care truly achievable?

PALLIATIVE MEDICINE, 2014;28(5):5373-5374.

Palliative care at home has been a topic of interest for practitioners, researchers and, patients as well as families for some time; yet, the issue is often over-simplified in terms of choice, place of death and preferences for place of care. Indeed, it is standard practice in the U.K. for patients to be asked about their choice regarding place of care and place of death on admission to palliative care services, without necessarily exploring the issue further. Is this a considered person-centred issue or a tick-box exercise? Health policy around the world and in the U.K., in particular, see home as a panacea in terms of a place to die and attempts made to enable a shift from acute-based care to a community-focussed care, and in turn enable more people to be cared for and to die at home. Perhaps, however, the issues are often confused and misinterpreted.

"It's been quite a challenge": Redesigning end-of-life care in acute hospitals

PALLIATIVE & SUPPORTIVE CARE | Online – 28 April 2014

Organization of end-of-life care in acute hospitals is challenging and care pathways provide a degree of guidance as to how services can be delivered. However, even when there is effective leadership at all levels of an organization and an extensive program of education for all staff support the use of care pathways significant barriers to their introduction remain. These include staff anxieties concerning diagnosing dying and discussing dying and end-of-life care planning with patients and their families.

Sustainable deathstyles? The geography of green burials in Britain

THE GEOGRAPHICAL JOURNAL | Online – 15 May 2014

The authors map the emergence of a new mode of burial and remembrance in Britain. Since a "green" burial ground was established in Carlisle in 1993, sites for so-called "green," "natural" or "woodland" funerals have proliferated. There are now more than 270 such sites in Britain. Drawing on a postal and email survey sent to all managers/owners and visits to 15 green burial grounds ... the authors chart their growth, establishment and regulation and describe the landscapes associated with them. This requires, and leads to, wider reflections on nature, capital, consumption, culture and the body

Copies of the articles listed in this bulletin are available on request: please contact

knowledge.service@rothgen.nhs.uk

Research

Impact of the Marie Curie Cancer Care Delivering Choice Programme in Somerset and North Somerset on place of death and hospital usage: A retrospective cohort study

BMJ SUPPORTIVE & PALLIATIVE CARE | Online 16 May 2014

The Marie Curie Cancer Care Delivering Choice Programme (DCP) aims to help palliative patients be cared for in their place of choice. In this study, new palliative care services delivered in two counties in England included end-of-life care coordination centres, an out-of-hours telephone line, and discharge in-reach nurses. The study aimed to investigate the impact of DCP on place of death and hospital usage (emergency department (ED) and admissions). Those using Delivering Choice were at least 30% less likely to die in hospital or have an emergency hospital admission or ED visit in the last 30 or 7 days of life than those who did not. Recipients of DCP services were less likely to die in or use hospital services.

A communication training perspective on AND versus DNR directives

PALLIATIVE & SUPPORTIVE CARE | Online 28 April 2014

From a communication perspective, the term "do not resuscitate" (DNR) is challenging to use in end-of-life discussions because it omits the goals of care. An alternative, "Allow Natural Death" (AND), has been proposed as a better way of framing this palliative care discussion. The authors contrast the advantages and disadvantages of the term AND from the communication training perspective and suggest that AND-framing language replace DNR as a better way to facilitate meaningful end-of-life communication. One well-designed, randomized, controlled simulation study supports this practice.

Can we predict which hospitalised patients are in their last year of life? A prospective cross-sectional study of the Gold Standards Framework Prognostic Indicator Guidance as a screening tool in the acute hospital setting.

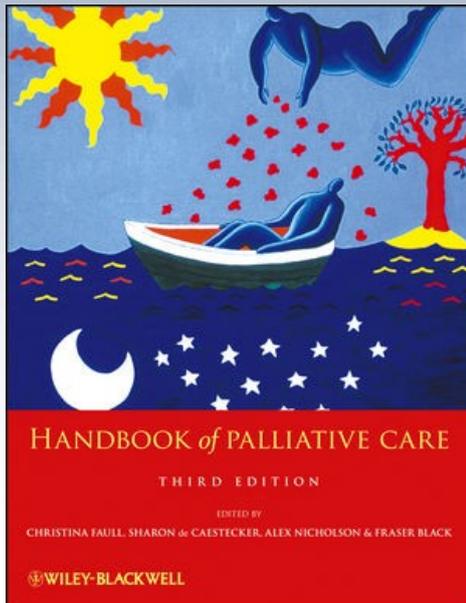
PALLIATIVE MEDICINE | Online 22 May 2014

The sensitivity, specificity and predictive values of the Gold Standards Framework Prognostic Indicator Guidance [GSFPIG] in this study are comparable to, or better than, results of studies identifying patients with a limited life expectancy in particular disease states (e.g., heart failure and renal failure). Screening utilising GSFPIG in the acute setting could be the first step towards implementing a more systematic way of addressing patient need – both current unrecognised and future anticipated – thereby improving outcomes for this population.

New books available for loan

Handbook of Palliative Care, Third Edition

Handbook of Palliative Care, Third Edition provides the what, how, and why of palliative care, helping providers follow best practices developed by specialists and supported by available research. It handily combines clinical practice and theoretical concepts in a succinct format, making the latest knowledge easy to find and apply.



The Third Edition provides:

Comprehensive and authoritative information as well as thorough detail on how to apply it

Guidance from UK and North American clinicians who are experts in their field

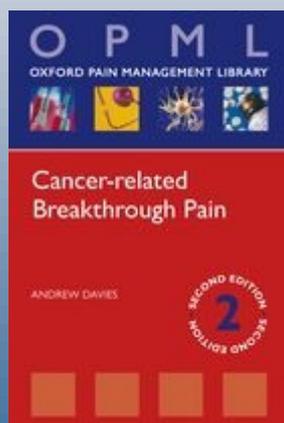
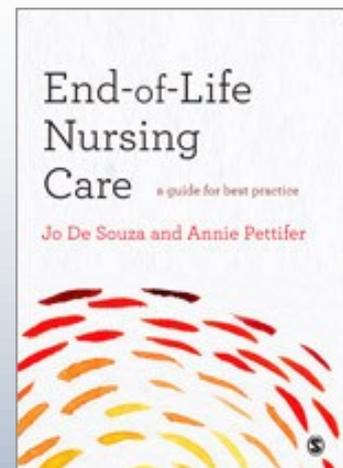
Up-to-date overviews of medicine management and complementary medicine in palliative care

Considerations of audit and ethical issues in palliative medicine

New chapters tackling important issues like Choice, Equality, and Diversity; Dementia; and Advance Care Planning

End-of-Life Nursing Care . A guide for best practice.

Written by two experienced palliative care lecturer/practitioners, and mapping closely to the NMC's 2010 domains, the book is tailored to the needs of student nurses working with adult patients. It explores the importance of their role in end-of-life care and how this interfaces with the roles of other multidisciplinary professionals involved in the care of their patients.



Cancer-related Breakthrough Pain

This volume contains chapters detailing strategies for the assessment, management and treatment of breakthrough pain. The use of opioids for the treatment of breakthrough pain is thoroughly explored, with material covering oral, nasal and other routes for opioid administration. Furthermore, the book includes chapters on non-opioid pharmacological treatments, as well as non-pharmacological interventions.

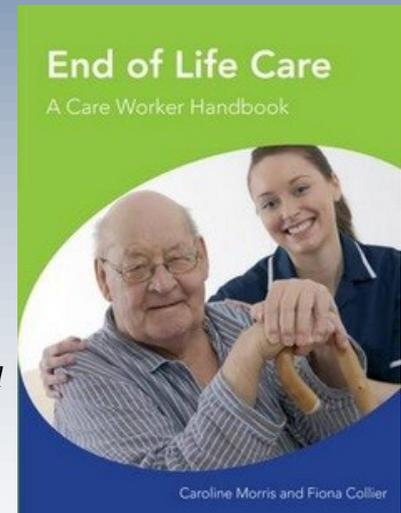
New books available for loan

End of Life Care. A Care Worker Handbook

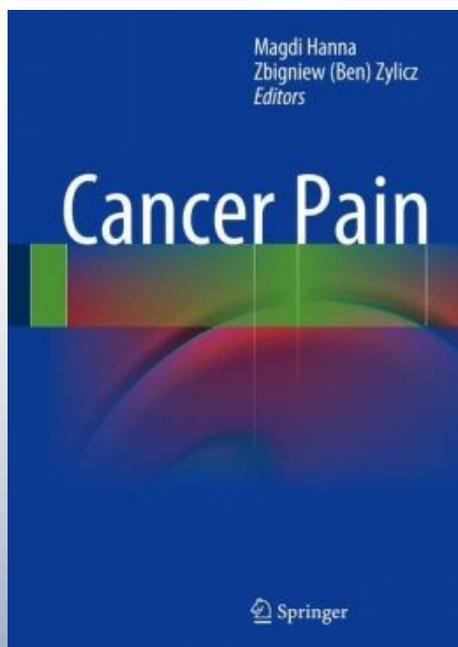
A one-stop handbook to support training and continuing professional development in end of life care. Here in one place is all the topic knowledge, assessment support and practical advice needed for a range of end of life care qualifications. Core topics are linked to the specific learning and assessment objectives needed to cover for 8 QCF units and national competencies. Case studies tie learning into the many different situations and roles across Home Care, Residential Care, NHS and Private Settings. This book is especially useful for candidates taking the: -

Level 2 Award in End of Life Care - Level 2 Certificate in End of Life Care -

Level 3 Award in End of Life Care - Level 3 Certificate in End of Life Care It's also a must have reference for those who want to brush up skills and knowledge from previous qualifications .



Cancer Pain



Cancer Pain provides a comprehensive, practical guide to the management of pain in cancer patients. Beginning with a discussion of current issues in the control of cancer pain, the initial chapters provide a clear, concise explanation of cancer pain syndromes, an up-to-date understanding of the pathophysiological mechanism and recent developments in creating pre-clinical cancer pain models. The book offers the reader the wide and improved options for management of cancer pain in clinical practice including the use of opioid and non-opioid drugs and the role of non-pharmacological methods in pain control. Subsequent chapters address particular challenges in pain control, such as breakthrough pain, neuropathic cancer pain, as well as pain associated

with cancer treatment which, until recently, has not been fully appreciated. Recent issues relating to new adverse side effects to chronic opioid medications such as hyperalgesia and neurotoxicity are explained, and best practice to reduce or avoid them is stated.

For further details and to browse our collection, view our catalogue at

<http://rotherham.nhslibraries.com/>

Keeping you up to date

Knowledge @lerts

We offer a Knowledge @lerts service. This is a quick and easy way to keep up to date and informed in your area of interest. Let us know the subjects on which you want your @lerts to be based on and we will send the latest research direct to your inbox. If you would like to register for this service, please contact us at:
knowledge.service @rothgen.nhs.uk

TRFT Enquiry service

A literature search and enquiry service is available to all NHS and Hospice staff in Rotherham.

We aim to find the best available evidence to support patient care, service development, research and continuing professional development.

If you need information simply contact us with details of your enquiry by email to

Knowledge.service@rothgen.nhs.uk

TRFT Library &
Knowledge Service
Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY
01709 302096

Find out how we can help: <http://www.rotherhamhospital.nhs.uk/lks>
Search our catalogue: <http://rotherham.nhslibraries.com>
Follow us on Twitter: @RotherhamNHSLib 

The evidence you need



©The RotherhamNHS Foundation Trust Library & Knowledge Service 2014

You are welcome to reuse and share the content of this bulletin, but please acknowledge the TRFT Library and Knowledge Service as originating source.