

# Palliative Care: Along the Pathway and End of Life Care

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“You matter because you are you, and you matter to end of life”. (Dame Cicely Saunders)

“We are all living longer but ultimately we die. This means that care as we approach end of life has to matter to everyone - in health care, social care and in the wider community” (Actions for End of Life Care 2014-16)

“How people die remains in the memory of those who live on”. (Dame Cicely Saunders).



# Demographics

- In England approximately half a million people die each year. This number set to increase by 17% between 2012-30 to 586,000.
- Approximately three quarters of deaths are expected (so we have the potential to improve the experience of care in the last days of life of approx. 355,000 new people)



# Palliative Care

This is generalist end of life care and can be delivered by non specialist health and care staff as part of their care work provided they have adequate training, time, education and support.

## Specialist Palliative Care

This is for patients that have complex needs including symptom control, psychological support etc. who require a Specialist Nurse or Consultant .Specialist Nurses often do a lot of training to the generalist nurses (plus MDT).



# Palliative care aims to:

- Affirm life and regard dying as a normal process.
- Provide relief from pain and other distressing symptoms
- Integrate the psychological and spiritual; aspects of patient care
- Offer a support system to help patients live as actively as possible until death
- Offer a support system to help the family cope during the patients illness and in their own bereavement

# Role of the Hospital and Community Specialist Nurse Team at PCH

1. Holistically assessing patients in the community and hospital setting.
2. Education across the trust and community, including new personalised care plan and AMBER.
3. Seven day working for the future, non specialist at present.
4. Close MDT working, including across the trust and community.
5. Attaining patients PPC/PPOD.
6. Attendance at GSF meetings.
7. Communication skills training, breaking bad news.
8. Assessment of a % of patients known to the palliative care team within 24hrs if known to the team.
9. Attendance at whiteboards.
10. Audit.



# Challenges

Inequitable access to high care EOL care nationally including

- homeless
- learning disabilities

BME population have a lower uptake.

**Local challenges:** resources including

- staffing
- equipment
- care availability



# Scenario

## How to Have a Difficult Conversation, Including Discussions on End of Life Care

62 year old gentleman working as a Barrister receiving treatment at Harley Street with a private Consultant not accepting he is dying and still accepting new cases.....



# Scenario

- Mr G a 75 year old gentleman with end stage leukaemia, admitted 6 times in 6 weeks he lives at home with his wife in a house, on discussion with his wife he has recently bought a new car and she states he is unrealistic about the fact that he is dying. His wife is struggling to cope with the situation and not able to discuss any forward planning with her husband. She and the community nursing team are unsure what the plan is from a medical point of view.
- What and how would you deal with this situation?

# Scenario

- Mr T is a 69 year old gentleman diagnosed with advanced colorectal cancer with mets, he has received radiotherapy but has been told there are no further treatment options and he is for best supportive care.
- He has been in hospital for 4 weeks and you have been requested to see him for pain relief and discharge plans. His daughter rings prior to your assessment and is angry as nobody has explained what the plans are

# Scenario

## How to Have a Difficult Conversation, Including Discussions on End of Life Care

75 year old gentleman with end stage heart failure not accepting he is nearing the EOL, no longer able to mobilise and not discussing with his wife.....



“Remember Palliative Care is everyone’s business and we will all be effected at some point. Death is an inevitable part of life and involves not only the individuals, their families, carers and those close to them, but also the communities within which they live”.



# Questions?



# Thank you

