Current Awareness

End of Life

This monthly Current Awareness Bulletin is produced by the Library, Musgrove Park Academy to provide staff with a range of resources focussing on end of life care. It includes recently published guidelines and research articles, news and policy items.

This guide provides a selection of resources relevant to the subject area and is not intended to be a comprehensive list. All websites have been evaluated and details are correct at the time of publications.

Details correct at time of going to print. Please note that resources are continuously updated.

For further help or guidance, please contact a member of library staff.

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# Contents

Click on a section title to navigate contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent journal articles</td>
<td>3</td>
</tr>
<tr>
<td>Books</td>
<td>8</td>
</tr>
<tr>
<td>Cochrane library</td>
<td>9</td>
</tr>
<tr>
<td>Guidelines</td>
<td>9</td>
</tr>
<tr>
<td>UpToDate</td>
<td>10</td>
</tr>
<tr>
<td>Reports, publications and resources</td>
<td>10</td>
</tr>
<tr>
<td>Topic alerts and updates</td>
<td>12</td>
</tr>
<tr>
<td>Training &amp; Networking Opportunities, Conferences, Events</td>
<td>12</td>
</tr>
<tr>
<td>Literature search service</td>
<td>13</td>
</tr>
<tr>
<td>Training and Athens</td>
<td>13</td>
</tr>
</tbody>
</table>

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This is a list of journal articles on the topic of end of life. Some articles are available in the library or online via an OpenAthens password by following the full-text link. If you would like an article which is not available as full-text then please contact library staff.

Please note that abstracts are not always available for all articles.

1. Health Professionals’ Perceived Knowledge, Attitudes, and Behaviors Regarding Palliative and End-of-Life Care.
   **Author(s):** Price, Deborah; Grabowski, Jillian; Montagnini, Marcos; Strodtman, Linda
   **Source:** American Journal of Critical Care; May 2017; vol. 26 (no. 3)
   **Publication Date:** May 2017
   **Publication Type(s):** Academic Journal
   Available in full text at American Journal of Critical Care - from EBSCOhost
   **Abstract:** Purpose: To complete a comprehensive baseline assessment using a validated assessment tool across health care disciplines to identify self-perceived deficits in providing competent palliative and end-of-life (EOL) care to hospitalized patients. The aims of this study were to assess health care professionals’ knowledge, attitudes, and behaviors regarding the provision of palliative/EOL care to hospitalized patients around 7 palliative/EOL care domains. Background: Quality palliative/EOL care is a dynamic process moderated by individual values, knowledge, and preferences for care. The perception of a low level of competence or of discomfort can adversely affect palliative/EOL care provided to the dying. These skills are rarely natural and must be first assessed, then learned. The need to address complex illness care requires that clinical staff recognize the limits of their professional expertise and the need for collaboration across disciplines. Method: This descriptive study electronically surveyed participants using the End-of-Life Questionnaire (EOLQ). The EOLQ consists of 28 specific questions about knowledge, skills, and attitudes, with subscale items related to the 7 domains of palliative/EOL care. The survey includes 10 demographic items and 4 open-ended questions to ascertain issues deemed important by participants. Interdisciplinary professionals from 25 pediatric and adult hospital units participated in the study. Quantitative data analysis was descriptive and correlational. Qualitative data analysis identified themes and subthemes of participants’ concerns. Results: Educational needs related to palliative/EOL care may differ depending on the acuity level, unit population, and experience of staff. Interventions should be focused on improving communication, collaboration, and decision-making behaviors among the disciplines, with earlier palliative care consultation. This study provided baseline measurements and direction to new research initiatives in the provision of palliative/EOL care. Institutional review board approval no. HUM 00100263 (5/1/15).
   **Database:** CINAHL

   **Author(s):** Nedjat-Haiem, Frances R.; Carrion, Iraida V.; Gonzalez, Krystana; Ell, Kathleen; Thompson, Beti; Mishra, Shiraz I.
3. Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences.

Author(s): Sinclair, Shane; Beamer, Kate; Hack, Thomas F.; McClement, Susan; Bouchal, Shelley Raffin; Chochinov, Harvey M; Hagen, Neil A.

Source: Palliative Medicine; May 2017; vol. 31 (no. 5); p. 437-447

Publication Date: May 2017
Publication Type(s): Academic Journal
Database: CINAHL


Author(s): Neubauer, Andreas B; Schilling, Oliver K; Wahl, Hans-Werner

Source: The journals of gerontology. Series B, Psychological sciences and social sciences; May 2017; vol. 72 (no. 3); p. 425-435

Publication Date: May 2017
Publication Type(s): Journal Article

Abstract: Objectives Self-determination theory (SDT) suggests that fulfillment of the universal psychological needs for autonomy, competence, and relatedness is essential for well-being of all humans. However, it is not clear whether this prediction also holds in advanced old age. The present study aims to test SDT for the two less researched needs in advanced old age: the needs for competence and autonomy.

Method A total of 111 very old adults (age range at first measurement occasion 87-97 years) were assessed up to 6 times over the course of about 4 years. Results Competence, but not autonomy, predicted subjective well-being at the within-person level of analysis. At the between-person level, only negative affect was predicted by autonomy and competence, whereas positive affect and life satisfaction were predicted by competence only. Discussion Results challenge the life-span universality of the needs for competence and autonomy postulated by SDT in very old adults and suggest that the high vulnerability in this life phase may change the importance of these needs for well-being.

Database: Medline

5. Referring patients to hospice or palliative care

Author(s): Broglio, Kathleen; Walsh, Anne

Source: Nurse Practitioner; Apr 2017; vol. 42 (no. 4); p. 49-55

Publication Date: Apr 2017
Publication Type(s): Article

Abstract: As chronic disease progresses or patients age, disease-related symptoms may become burdensome, and patients may benefit from hospice or palliative care. NPs can guide patients to optimize care and support at the end of life.

Database: BNI
6. Identifying Perceptions of Health Professionals Regarding Deathbed Visions and Spiritual Care in End-of-Life Care: A Delphi Consensus Study

**Author(s):** Chang, Sung Ok; Ahn, Soo Yeon; Cho, Myung-Ok; Choi, Kyung Sook; Kong, Eun Suk; Kim, Chun-Gill; Kim, Hee Kyung; Lee, Young Whee; Song, Misoon; Kim, Nam Cho

**Source:** Journal of Hospice and Palliative Nursing; Apr 2017; vol. 19 (no. 2); p. 177-184

**Abstract:** The final hours before death can be the most significant time for the dying. Adequate preparation for death can help reduce patients' fears. Research on end-of-life experiences suggests that deathbed visions are not uncommon, but many doctors and nurses find this a difficult subject to approach. A 2-round Delphi method was used to gain a reliable consensus on deathbed visions from experts in end-of-life care. A purposive sample of nurses (n = 18) and doctors (n = 13) was invited from across hospitals and nursing homes to participate in this study. In this Delphi evaluation, the health professionals' perceptions of the deathbed visions experienced by patients were identified, as well as how these phenomena should be integrated into spiritual care. The research found that healthcare professionals who are experts in end-of-life care tend to remain at the end-of-life care setting while acknowledging human spirituality as part of a peaceful death. However, they tend to not make conclusions about how death visions should be classified. This Delphi study was an attempt to identify a consensus on spiritual care including deathbed visions in end-of-life care among healthcare professionals. [MEDIUM] References

**Database:** BNI

7. The Role of Hospice and Palliative Care Nurses in Quality Improvement

**Author(s):** Lindley, Lisa C.; Herr, Keela A.; Norton, Sally A.

**Source:** Journal of Hospice and Palliative Nursing; Apr 2017; vol. 19 (no. 2); p. 160-165

**Abstract:** Now more than ever, it is essential for hospice and palliative care nurse leaders to be front and center in the quality improvement (QI) arena. Because nurses are integral to the delivery of hospice and palliative care, they are pivotal in efforts to improve quality. This article sought to provide an in-depth understanding of the leadership role that nurses can play in QI activities from project inception and team formation, to the planning stage. The analysis revealed that hospice and palliative care nurses have a leadership role at the onset of the QI project that includes active team membership as a QI team leader, team member, and/or champion. Nurses also have a leadership role in formulating the project aims and choosing the appropriate project model within their organizations. Finally, hospice and palliative care nurses use their planning skills to develop QI project measures, data collection plan, data analysis plan, and communication/implementation/evaluation plan. The QI project provides opportunities for hospice and palliative care nurse leaders to use their clinical, technical, and administrative knowledge to improve the care of patients and families at the end of life. [MEDIUM] References

**Database:** BNI
8. Does Primary Care Model Effect Healthcare at the End of Life? A Population-Based Retrospective Cohort Study

Author(s): Howard M.; Chalifoux M.; Tanuseputro P.
Source: Journal of Palliative Medicine; Apr 2017; vol. 20 (no. 4); p. 344-351
Publication Date: Apr 2017
Publication Type(s): Journal: Article

Abstract: Background: Comprehensive primary care may enhance patient experience at end of life. Objective: To examine whether belonging to different models of primary care is associated with end-of-life healthcare use and outcomes. Design: Retrospective population cohort study, using health administrative databases to describe health services and costs in the last six months of life across three primary care models: enrolled to a physician remunerated mainly by capitation, with incentives for comprehensive care and access in some to allied health practitioners (Capitation); remunerated mainly from fee-for-service (FFS) with smaller incentives for comprehensive care (Enhanced FFS); and not enrolled, seeing physicians remunerated solely through FFS (Traditional FFS). Setting: People who died from April 1, 2010 to March 31, 2013 in Ontario, Canada. Measures: Health service utilization, costs, and place of death. Results: Approximately two-thirds (62.7%) of decedents had more contact with a specialist than family physician. Those in Capitation models were more likely to have the majority of physician services provided by a family physician (44.9% vs. 38.6% in Enhanced FFS and 34.3% in Traditional FFS) and received more home care service days (mean 27.2 vs. 24.2 in Enhanced FFS and 21.7 in Traditional FFS). And 22.5% had a home visit by a family physician. Controlling for potential confounders, decedents spent significantly more days in an institution in Enhanced FFS (1.1, 95% confidence interval [CI]: 0.9-1.5) and Traditional FFS (2.2, 95% CI: 1.8-2.6) than in Capitation. Conclusion: Decedents in comprehensive primary care models received more care in the community and spent less time in institutions. Copyright © 2017, Mary Ann Liebert, Inc.

Database: EMBASE

9. A systematically structured review of biomarkers of dying in cancer patients in the last months of life; An exploration of the biology of dying

Author(s): Reid V.L.; Nwosu A.C.; Mason S.R.; Ellershaw J.E.; Coyle S.; McDonald R.; Probert C.
Source: PLoS ONE; Apr 2017; vol. 12 (no. 4)
Publication Date: Apr 2017
Publication Type(s): Journal: Article

Abstract: Background The Neuberger review made a number of recommendations to improve end of life care, including research into the biology of dying. An important aspect of the biology of dying is the identification of biomarkers as indices of disease processes. Biomarkers have the potential to inform the current, limited understanding of the dying process and assist clinicians in recognising dying, in particular how to distinguish dying from reversible acute deterioration. Objectives To critically appraise the literature on biological factors that may be used as prognostic indicators in advanced cancer patients and to identify candidate biomarkers of the dying process that can be measured serially in cancer patients' bodily fluids. Methods A systematically structured review was conducted using three electronic databases. A hand search of six peer-reviewed journals and conference abstracts was also conducted. Studies reporting prognostic biomarkers in cancer patients with a median survival of <90 days and post-mortem studies were included. Final levels of evidence and recommendations were made using the Evidence Based Medicine modified GRADE system. Results 30 articles were
included. Seven prognostic biological factors demonstrated Grade A evidence (lymphocyte count, white blood cell count, serum C-reactive protein, albumin, sodium, urea and alkaline phosphatase). An additional eleven prognostic factors were identified with Grade B evidence (platelet count, international normalised ratio, serum vitamin B12, prealbumin, bilirubin, cholesterol, aspartate aminotransferase, alanine transaminase, lactate dehydrogenase, pseudocholinesterase and urate). A number of biomarkers were specifically identified in the last two weeks of life but limitations exist. No post-mortem studies met the inclusion criteria. Conclusion The biology of dying is an important area for future research, with the evidence focused on signs, symptoms and prognostic factors. This review identifies a number of common themes shared amongst advanced cancer patients and highlights candidate biomarkers which may be indicative of a common biological process to dying. Copyright © 2017 Reid et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Database: EMBASE

10. Swallowing impairment is a significant factor for predicting life prognosis of elderly at the end of life

Author(s): Naruishi K.; Nishikawa Y.
Source: Aging Clinical and Experimental Research; Apr 2017 ; p. 1-4
Publication Date: Apr 2017
Publication Type(s): Journal: Article In Press
Abstract: Background: In end-of-life care of elderly, the decision of care plan including gastrostomy is difficult frequently because of insufficient knowledge relating the life prognosis of elderly. It is important the families to decide correctly the life prognosis of elderly with geriatric diseases. Our purpose is to examine the significant factors for predicting life prognosis of elderly in end-of-life care. Methods: A total of 320 elderly patients was enrolled (male/female 151/169; averaged age: male 84.7 +/- 5.9 year, female 86.8 +/- 6.3 year) and retrospective analyses were performed. The elderly patients were classified as either: (1) with or without past illness of aspiration pneumonia; (2) with or without incidence of cerebrovascular disorder; (3) impaired or normal cognitive function; (4) impaired or normal swallowing function, and performed Kaplan-Meier survival analysis. Swallowing function was examined using video endoscopic (VE) evaluation method. The Kaplan-Meier analysis of the number of days from implementation of VE test (day 0) to death was evaluated with the log-rank Mantel-Cox test. The maximum follow-up time recorded was 180 days. Results: There were no significant differences in number of days when divided with or without past illness of aspiration pneumonia, cerebrovascular disorder and impaired cognitive function. The survival probabilities of elderly with impaired swallowing function were signific ant lower than in elderly with the normal function. Conclusions: For judgement of life prognosis, the condition of being frail such as impaired swallowing function might be a useful factor, and the viewpoint would contribute to decide the treatment plan for the good end-of-life care of elderly. Copyright © 2017 Springer International Publishing Switzerland

Database: EMBASE
If you are unable to find a book, or require a book that is not on this list, please ask library staff who will be able to locate the book for you using interlibrary loan.

Please note that some books detailed below may not be available in your local library and would need to be ordered for you.

**Oxford textbook of communication in oncology and palliative care**
*Kissane, DW et al*
*2017, 2nd ed*

Thoroughly revised and updated, this new edition includes sections on the curriculum for nurses, the core curriculum, and an introductory section on communication science. The chapters embrace specialty issues across the clinical disciplines, from enrolling in clinical trials, working in teams, and discussing genetic risk, to talking about sexuality, infertility, and intercultural issues. An educational perspective is also provided, with chapters covering communication skills training, how to evaluate courses, and international models of training.

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**Cochrane Clinical Answers**

Cochrane Clinical Answers covers 32 Clinical Specialties and provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane systematic reviews. They are designed to be actionable and to inform decision making at the point of care. Each Cochrane Clinical Answer contains a clinical question, a short answer, and an opportunity to ‘drill down’ to the evidence from the Cochrane Review. The evidence is displayed in a user friendly format, mixing narrative, numbers and graphics. The target audience for Cochrane Clinical Answers is healthcare practitioners and professionals, and other informed health care decision-makers. Cochrane Clinical Answers have been developed by Cochrane Innovations Ltd. and Wiley Online Library.

**Latest Clinical Answers:**

**November 2016**

In terminally-ill people, how does home-based end-of-life care compare with usual care at improving outcomes?

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**GUIDELINES**

**NICE Guidelines**

**Current Guidelines**

QS144- Care of dying adults in the last days of life- March 2017

NG61- End of life care for infants, children and young people with life-limiting conditions: planning and management- December 2016

NG31- Care of dying adults in the last days of life- December 2015

**Updated Guidelines**

QS13- End of life care for adults- updated March 2017

CG140- Palliative care for adults: strong opioids for pain relief- updated August 2016
What's new from our clinical decision-making tool on the topic of end of life care.

**PLEASE NOTE LINK WORKS BEST IN CHROME BROWSER**

UpToDate

Please contact library staff for details on how to access this resource; you will need an Athens password.

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**REPORTS, PUBLICATIONS AND RESOURCES**

SCIE (Social Care Institute for Excellence) End of Life Care

National Council for Palliative Care

**End of life care- Core Skills Education and Training Framework**

This framework was commissioned and funded by Health Education England and developed in collaboration with Skills for Health and Skills for Care.

Health Education England commissioned Skills for Health in collaboration with Skills for Care to develop this Core Skills Education and Training Framework for End of Life Care. Launched in March 2017, the framework expands on the Common Core Principles and Competences for Social Care and Health Workers Working with Adults at the End of Life and aligns with the current Dementia, Mental health and Learning Disabilities frameworks all of which will sit under an overarching framework for Person-Centred Care. In particular, it aims to promote community development and asset-based approaches to education and training, considering the strengths, abilities and potential of communities in supporting end of life care.

**European Association for Palliative Care**

European Association for Palliative Care

14th World Congress of the European Association for Palliative Care - information from the 14th World Congress of the European Association for Palliative Care, held in May 2015
BMA

End-of-life care and physician-assisted dying

Royal College of Physicians

Palliative and end of life care toolkit

National Institute for Health Research

Themed review- Better Endings: Right care, right place, right time

NHS England

Transforming end of life care in hospitals: the route to success ‘how to’ guide

e-Learning for Healthcare

End of life care: e-learning modules to support NICE Guideline NG31 Care of Dying Adults in the Last Days of Life

End of life care marriages in a hospital setting
Shrewsbury and Telford Hospital NHS Trust Staff have been working hard to have a clear process for when an End of Life Care Patient wishes to get married in Hospital.

Flowcharts have been designed for both Ward Staff and the Chaplaincy service to follow to ensure the process is done without confusion and nothing is forgotten at this special and emotional time, this includes required documentation for special licence & contact details of people who will be able to assist in and out of hours.

End of life care swan rooms making a real difference
The staff at Shrewsbury and Telford Hospital NHS Trust have been working hard to provide Swan Rooms in three areas.

The Swan Rooms are side rooms that are used for people who are at end of life, they allow families to spend quality and special time with their loved one in a calming environment.
Engagement in Advance Care Planning and Surrogates' Knowledge of Patients' Treatment Goals. 

Developing a model for embedded palliative care in a cancer clinic
*BMJ Support Palliat Care.* 2017 Mar 3. [Epub ahead of print]

Transferring patients home to die: what is the potential population in UK critical care units?

**FREE FULL TEXT**

Use of Medications of Questionable Benefit at the End of Life in Nursing Home Residents with Advanced Dementia

**TOPIC ALERTS AND UPDATES**

Dying Matters: Let’s talk about it – conference on 9 May

Places are filling up very quickly for the *Dying Matters: Let’s talk about it* conference at Canalside in Bridgwater on 9 May. The conference is dedicated to the preparation, planning and decisions that go hand in hand with end-of-life care. The event presents a great opportunity for healthcare professionals, those providing support and care, and volunteers to come together to share best practices.

For more information please click here. To book your place, please fill out this booking form and send it to learningcurve@sompar.nhs.uk.

Ongoing training: events throughout the year- [http://www.endoflifecareintelligence.org.uk/events/](http://www.endoflifecareintelligence.org.uk/events/)

**15th World Congress of the European Association for Palliative Care** - 11th-13th May 2017, Madrid

**5th International Public Health and Palliative Care Conference** - 18th - 20th September 2017, Ottawa, Ontario, Canada- *Includes links to past conferences and presentations*
Looking for the latest evidence-based research but haven’t got time to trawl the databases?

Do you need a literature search carried out?

Do you need to find evidence to support an improvement?

Do you want to know how something has been done elsewhere and whether it worked?

Library staff provide a literature search service for busy clinicians who are pressed for time.

To request a search please complete and return the appropriate form, providing as much information as possible. Alternatively if you would like an assisted search training session, where we will sit down with you and go through the steps of a literature search, then please contact the library.

Please click here to access a literature search request form. Simply complete and email back to us.

Most electronic resources are available via an Athens password. You can register for this via the Library intranet page, or from home here.

Please note that registering from home will take longer as it will need to be verified that you are NHS staff/student on placement.

The library offers training on how to access and use Athens resources, as well as an introductory course on critical appraisal. You can book a course through the Learning and Development intranet page, or by contacting the library directly.