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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This is a list of journal articles on the topic of end of life. Some articles are available in the library or on-line 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.

RECENT JOURNAL ARTICLES

1. Critical Care Nurses' Perceptions of End-of-Life Care Obstacles.
   **Author(s):** Beckstrand, Renea L.
   **Source:** Dimensions of Critical Care Nursing; Mar 2017; vol. 36 (no. 2); p. 94-105

   **Abstract:** Background: Nurses working in intensive care units (ICUs) frequently care for patients and their families at the end of life (EOL). Providing high-quality EOL care is important for both patients and families, yet ICU nurses face many obstacles that hinder EOL care. Researchers have identified various ICU nurse-perceived obstacles, but no studies have been found addressing the progress that has been made for the last 17 years. Objective: The aims of this study were to determine the most common and current obstacles in EOL care as perceived by ICU nurses and then to evaluate whether meaningful changes have occurred since data were first gathered in 1998. Methods: A quantitative-qualitative mixed methods design was used. A random, geographically dispersed sample of 2000 members of the American Association of Critical-Care Nurses was surveyed. Results: Five obstacle items increased in mean score and rank as compared with 1999 data including (1) family not understanding what the phrase "lifesaving measures" really means, (2) providing lifesaving measures at families' requests despite patient's advance directive listing no such care, (3) family not accepting patient's poor prognosis, (4) family members fighting about the use of life support, and (5) not enough time to provide EOL care because the nurse is consumed with lifesaving measures attempting to save the patient's life. Five obstacle items decreased in mean score and rank compared with 1999 data including (1) physicians differing in opinion about care of the patient, (2) family and friends who continually call the nurse rather than calling the designated family member, (3) physicians who are evasive and avoid families, (4) nurses having to deal with angry families, and (5) nurses not knowing their patient's wishes regarding continuing with tests and treatments. Conclusions: Obstacles in EOL care, as perceived by critical care nurses, still exist. Family-related obstacles have increased over time. Obstacles related to families may not be easily overcome as each family, dealing with a dying family member in an ICU, likely has not previously experienced a similar situation. On the basis of the current top 5 obstacles, recommendations for possible areas of focus include (1) improved health literacy assessment of families followed by earlier directed, appropriate, and specific EOL information; (2) improved physician/team communication; and (3) ensuring patients' wishes are followed as written. In general, patient- and family-centered care using clear and open EOL communication regarding wishes and desires between patients and families, their physicians, and nurses will help decrease common obstacles, thus improving the quality of EOL care provided to dying patients and families.

2. Palliative Care Triggers in the Intensive Care Unit.
   **Author(s):** Jones, Brian W.; Bernstein, Charles
   **Source:** Dimensions of Critical Care Nursing; Mar 2017; vol. 36 (no. 2); p. 106-109
Abstract: There is growing recognition that electronic medical record triggers in the intensive care unit (ICU) have led to an increase in palliative care consultations. One suburban health care system adopted triggers unique to their culture and setting in a pilot study and saw an increase in palliative consultations in the ICU. Implementing triggers is often a complex and multifaceted process to adopt. This review shares the steps from concept to implementation of establishing palliative prompts in 1 ICU within an integrated health care system.

3. Creating a Sacred Space in the Intensive Care Unit at the End of Life.
Author(s): Fournier, Ann L.
Source: Dimensions of Critical Care Nursing; Mar 2017; vol. 36 (no. 2); p. 110-115

Abstract: Improving care at the end of life is a health priority. At least one-third of deaths in the United States occur in the hospital; nearly half of the Americans who die in the hospital will have spent time in the intensive care unit during the last 3 days of life. Critically ill patients and their families identify significant unmet spiritual, environmental, and communication needs. Although the Society of Critical Care Medicine recommends that the spiritual needs of critically ill patients be addressed by the health care team and be incorporated in patients’ plans of care, spiritual concerns are infrequently addressed during goals-of-care discussions. The American Association of Critical-Care Nurses’ Synergy Model recognizes the central importance of spirituality to the provision of patient-centered care. Furthermore, the model highlights the value of the relationship between the patient and the nurse to a healing environment. The privileged connection between patients and nurses, foundational to the creation of a healing environment, may be understood as a sacred space. Critical care nurses are uniquely positioned to improve end-of-life care by focusing on the spiritual, environmental, and communication needs of their patients through the creation of a third space in the intensive care unit, a sacred space.

4. Symptom Management and Palliative Care for Patients with Cancer.
Author(s): Yates, Patsy
Source: The Nursing clinics of North America; Mar 2017; vol. 52 (no. 1); p. 179-191

Abstract: The clinical context for advanced cancer has changed in recent years, with extended survival rates and more diverse and complex cancer trajectories and symptomatology. Advances have been made in symptom management of advanced disease, and the contribution of palliative care is better understood. Palliative care is more likely offered earlier in the disease not just at end of life. This article discusses symptom management together with palliative care. Key features are greater appreciation of the complex and multidimensional nature of mechanisms underpinning co-occurring symptoms in advanced cancer patients, comprehensive and systematic symptom assessment, and individualized approaches to cancer management.

5. Palliative care and chronic obstructive pulmonary disease: where the lines meet.
Author(s): Harrington, Sarah E; Rogers, Elizabeth; Davis, Megan
Source: Current opinion in pulmonary medicine; Mar 2017; vol. 23 (no. 2); p. 154-160

Abstract: Chronic obstructive pulmonary disease (COPD) is a leading cause of morbidity and mortality worldwide and is expected to increase as the population ages. Patients have a high symptom burden, low healthcare quality of life, and unmet needs at the end of life. This review highlights specific palliative care needs of patients with advanced COPD and opportunities to
integrate palliative care into standard practice. There are many barriers to providing integrated palliative care in COPD, including difficulty with prognostication, communication barriers surrounding advance care planning, and lack of access to specialty palliative care. Because of the unique disease trajectory, emphases on early and primary palliative care are being studied in this patient population. Palliative care is appropriate for patients with COPD and should be integrated with disease-specific therapies. The line between life prolonging and palliative care undoubtedly overlaps and maximizing quality of life throughout the continuum of care should be prioritized for patients with this progressive illness.

6. End of life decisions in heart failure: to turn off the intracardiac device or not?
Author(s): Ayach, Bilal; Malik, Amrit; Seifer, Colette; Zieroth, Shelley
Source: Current opinion in cardiology; Mar 2017; vol. 32 (no. 2); p. 224-228

Abstract: PURPOSE OF REVIEW Heart failure is a significant public health concern around the world. Implantable cardioverter defibrillators with or without cardiac resynchronization therapy (CRT-D) have proven survival benefit. As patients progress to end-stage disease, management shifts to palliative care, and cardiologists are often confronted with how to best manage these devices.
RECENT FINDINGS Studies suggest that up to one-third of patients with an implantable cardioverter defibrillator receive painful shocks in the last 24h of life. Disabling pacing or resynchronization devices may further weaken the heart function and expedite death, particularly if the patient has no underlying ventricular rhythm. Is it ethical or legal to discontinue functions of the implantable device? The discussion and the decision to be made are whether to continue both pacing and tachyarrhythmia therapies, disable tachyarrhythmia therapies while maintaining pacing, or discontinue both.
SUMMARY The decision to disable all or parts of the device function is ultimately up to the patient. To avoid painful shocks near the end of life, it is recommended that tachyarrhythmia therapies be turned off when the patient is being treated palliatively. After informed discussion, withdrawing the resynchronization or pacing device option is also acceptable if requested by the patient regardless of the potential outcomes.

7. Hospital, local palliative care network and public health: how do they involve terminally ill patients?
Author(s): Scaccabarozzi, Gianlorenzo; Limonta, Fabrizio; Amodio, Emanuele
Source: European Journal of Public Health; Feb 2017; vol. 27 (no. 1); p. 25-30

8. Understanding Palliative Care and Hospice: A Review for Primary Care Providers
Author(s): Buss M.K.; Rock L.K.; McCarthy E.P.
Source: Mayo Clinic Proceedings; Feb 2017; vol. 92 (no. 2); p. 280-286
Available in full text at Mayo Clinic Proceedings - from ProQuest

Abstract: Palliative care provides invaluable clinical management and support for patients and their families. For most people, palliative care is not provided by hospice and palliative medicine specialists, but rather by their primary care providers. The recognition of hospice and palliative medicine as its own medical subspecialty in 2006 highlighted the importance of palliative care to the practice of medicine, yet many health care professionals harbor misconceptions about palliative care,
which may be a barrier to ensuring that the palliative care needs of their patients are identified and met in a timely fashion. When physicians discuss end-of-life concerns proactively, many patients choose more comfort-focused care and receive care more aligned with their values and goals. This article defines palliative care, describes how it differs from hospice, debunks some common myths associated with hospice and palliative care, and offers suggestions on how primary care providers can integrate palliative care into their practice. Copyright © 2016 Mayo Foundation for Medical Education and Research

9. Care at the very end-of-life: Dying cancer patients and their chosen family's needs

Author(s): Clark K.
Source: Cancers; Feb 2017; vol. 9 (no. 2)

Available in full text at Cancers - from National Library of Medicine

Abstract: The majority of cancer deaths in countries such as Australia are predictable and most likely to occur in hospital. Despite this, hospitals remain challenged by providing the best care for this fragile cohort, often believing that care with palliative intent at the very end-of-life is not the best approach to care. Given the importance that dying patients place on excellent symptom control, failing to provide good end-of-life care is likely to be contrary to the wishes of the imminently dying patient and their family. This becomes even more significant when the impact of care on the bereavement outcomes of families is considered. Given the rising numbers of predictable hospital deaths, an urgent need to address this exists, requiring health professionals to be cognisant of specific care domains already identified as significant for both patients and those closest to them in knowledge, care and affection. This non-systematic review's aims are to summarise the symptoms most feared by people imminently facing death which is defined as the terminal phase of life, where death is imminent and likely to occur within hours to days, or very occasionally, weeks. Further, this paper will explore the incidence and management of problems that may affect the dying person which are most feared by their family. The final section of this work includes a brief discussion of the most significant issues that require attention. Copyright © 2017 by the author, licensee MDPI, Basel, Switzerland.
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.

**End of life care for people with dementia**

Middleton-Green, L

2017

*Use link for catalogue entry*

This is an essential resource for anyone who wishes to provide compassionate, person-centred care for a person with dementia as they approach the end of life, including care staff, nurses, social workers and related professionals.

*NEW*

**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

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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**

**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 Guideline**

**CG140**- Palliative care for adults: strong opioids for pain relief- updated August 2016

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**UPTODATE & DYNAMED PLUS**

What's new from our clinical decision-making tool on the topic of end of life care.

**PLEASE NOTE LINKS WORK BEST IN CHROME BROWSER**

**UpToDate (Access for Musgrove Park Staff only)**

**DynaMed Plus (Access for Somerset Partnership Staff only)**

Please contact library staff for details on how to access these resources; **you will need an Athens password.**
SCIE (Social Care Institute for Excellence) End of Life Care

National Council for Palliative 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

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

New ambitions raise the bar for end of life care. National framework for action urges local leadership to be at forefront of improvement in end of life care.

The National Palliative and End of Life Care Partnership, made up of statutory bodies including NHS England, the Association of Adult Social Services, charities and groups representing
patients and professionals has developed a framework for action in making palliative and end of life care a priority at local level.

**Each community is prepared to help- Guidance on Ambition 6 of the national framework**

New guidance has been published which includes practical advice aimed at strengthening the capacity of communities to care for dying people and their families. The guidance – entitled Each Community is Prepared to Help - has been produced by the National Council for Palliative Care (NCPC), Public Health Palliative Care UK and Hospice UK. It contains a range of practical ideas for working with hospices, hospitals, Health & Wellbeing Boards, Clinical Commissioning Groups and other relevant organisations in rolling out community development in end of life care.

**NEW National Council for Palliative Care report**

The National Council for Palliative Care (NCPC) have published a new report *Staff prepared to care? Capacity and competence in the end of life care workforce.*

**CQC Review A different ending: End of life care review**

This review of end of life care found that people from certain groups in society sometimes experience poorer quality care because providers do not always understand or fully consider their needs. In light of this, the report argues that some commissioners and providers might not be fulfilling their duties under the Equality Act 2010 as all public bodies have a legal duty to consider the needs of a range of equality groups when carrying out their day-to-day work. The review identified examples of good practice, but found that action is needed to make sure everyone has the same access to high quality, personalised care at the end of their lives, regardless of their diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.

**Dying with Dementia- National Dementia Intelligence Network and National End of Life Care Intelligence Network briefing**

This briefing is written in the context of Dementia and the End of Life Care Strategy, where everyone, including people with dementia, approaching end of life should experience high quality, compassionate and joined-up care.

**Public Health England- Community based end of life care commissioning**

This report is aimed at commissioners of end of life care services to support new ways of commissioning through using public health approaches to build compassionate communities. The key objectives of the research were to understand the awareness and knowledge of community end of life care across a number of key audiences; their perceptions of community end of life care; their experiences of end of life care and any community initiatives; and any improvements that could be made to community end of life care.
Ongoing training: events throughout the year-
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

LITERATURE SEARCH SERVICE

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.