The monthly Current Awareness Bulletin is produced by the Library, Musgrove Park Academy to provide staff with a range of resources focusing 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 publication.

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.

1. The day two talk: Early integration of palliative care principles in pediatric oncology
Author(s): Waldman E.D.; Levine J.M.
Source: Journal of Clinical Oncology; Dec 2016; vol. 34 (no. 34); p. 4068-4070

2. Palliative care: When and how, and what are the implications for global cancer policy?
Author(s): Harding R.; Luyirika E.; Sleeman K.E.
Source: Journal of Cancer Policy; Dec 2016; vol. 10 ; p. 16-20

Abstract: The ageing global population increases the need for palliative care as an essential component of cancer programmes in all regions of the world. This article provides an overview of the meaning of palliative and end-of-life care, and summarises the evidence for effectiveness and cost-effectiveness. Having established the need and effectiveness of palliative care, we identify the deficit in communication skills among clinicians, and the lack of investment in care and research. We then place palliative care in the global health context, with special reference to the gains made in sub-Saharan Africa. We conclude with the need for research investment to inform policy and to adequately respond to global need for effective palliative care.

3. Healthcare staff's experience in providing end-of-life care to children: A mixed-method review
Author(s): McConnell T.; Scott D.; Porter S.
Source: Palliative Medicine; Dec 2016; vol. 30 (no. 10); p. 905-919

Abstract: Background: Staff who provide end-of-life care to children not only have to deal with their own sense of loss but also that of bereaved families. There is a dearth of knowledge on how they cope with these challenges. Aim: The aim of this review is to explore the experiences of healthcare professionals who provide end-of-life care to children in order to inform the development of interventions to support them, thereby improving the quality of paediatric care for both children and their families. Data sources: Searches included CINAHL, MEDLINE, Web of Science, EMBASE, PsychINFO and The Cochrane Library in June 2015, with no date restrictions. Additional literature was uncovered from searching reference lists of relevant studies, along with contacting experts in the field of paediatric palliative care. Design: This was a systematic mixed studies review. Study selection, appraisal and data extraction were conducted by two independent researchers. Integrative thematic analysis was used to synthesise the data. Results: The 16 qualitative, 6 quantitative and 8 mixed-method studies identified included healthcare professionals in a range of settings. Key themes identified rewards and challenges of providing end-of-life care to children, the impact on staff's personal and professional lives, coping strategies and key approaches to help support staff in their role. Conclusion: Education focusing on the unique challenges of providing end-of-life care to children and the importance of self-care, along with timely multidisciplinary debriefing, are key strategies for improving healthcare staff's experiences, and as such the quality of care they provide.
4. Systematic versus on-demand early palliative care: A randomised clinical trial assessing quality of care and treatment aggressiveness near the end of life

**Author(s):** Maltoni M.; Sansoni E.; Scarpi E.; Dall'Agata M.; Nanni O.; Schiavon S.; Biasini C.; Cavanna L.; Codeca C.; Ferrari D.; Broglio C.M.; Pedrazzoli P.; Bortolussi R.; Garetto F.; Fioretto L.; Cattaneo M.T.; Giacobino A.; Luzzani M.; Luchena G.; Alquati S.; Quadrini S.; Zagonel V.; Galiano A.; Frassineti G.L.; Casadei Gardini A.; Monti M.

**Source:** European Journal of Cancer; Dec 2016; vol. 69; p. 110-118

**Abstract:** Aim Early palliative care (EPC) in oncology has shown sparse evidence of a positive impact on patient outcomes, quality of care outcomes and costs. Patients and methods Data for this secondary analysis were taken from a trial of 207 outpatients with metastatic pancreatic cancer randomly assigned to receive standard cancer care plus on-demand EPC (standard arm) or standard cancer care plus systematic EPC (interventional arm). After 20 months' follow-up, 149 (80%) had died. Outcome measures were frequency, type and timing of chemotherapy administration, use of resources, place of death and overall survival. Results Some indices of end-of-life (EoL) aggressiveness had a favourable impact from systematic EPC. Intervventional arm patients showed higher use of hospice services: a significantly longer median and mean period of hospice care (P = 0.025 for both indexes) and a significantly higher median and mean number of hospice admissions (both P < 0.010). In the experimental arm, chemotherapy was performed in the last 30 days of life in a significantly inferior rate with respect to control arm: 18.7% versus 27.8% (adjusted P = 0.036). Other non-significant differences were seen in favour of experimental arm. Conclusions Systematic EPC showed a significant impact on some indicators of EoL treatment aggressiveness. These data, reinforced by multiple non-significant differences in most of the other items, suggest that quality of care is improved by this approach. This study is registered on ClinicalTrials.gov (NCT01996540).

5. Mentoring in Palliative Nursing.

**Author(s):** Mazanec, Polly; Aslakson, Rebecca A.; Bodurtha, Joann; Smith, Thomas J.

**Source:** Journal of Hospice & Palliative Nursing; Dec 2016; vol. 18 (no. 6); p. 488-497


**Author(s):** Lamba, Sangeeta; DeSandre, Paul L; Quest, Tammie E

**Source:** The Journal of emergency medicine; Dec 2016; vol. 51 (no. 6); p. 658-667

Available in full text at Western Journal of Emergency Medicine - from National Library of Medicine
Available in full text at International Journal of Emergency Medicine - from National Library of Medicine
Available in full text at Journal of Academic Emergency Medicine - from ProQuest
Available in full text at International Journal of Emergency Medicine - from BioMed Central
Available in full text at Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine - from National Library of Medicine
Available in full text at Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine - from National Library of Medicine
Available in full text at Western Journal of Emergency Medicine - from National Library of Medicine
Abstract: The American Board of Emergency Medicine joined nine other American Board of Medical Specialties member boards to sponsor the subspecialty of Hospice and Palliative Medicine; the first subspecialty examination was administered in 2008. Since then an increasing number of emergency physicians has sought this certification and entered the workforce. There has been limited discussion regarding the experiences and challenges facing this new workforce. We use excerpts from conversations with emergency physicians to highlight the challenges in hospice and palliative medicine training and practice that are commonly being identified by these physicians, at varying phases of their careers. The lessons learned from this initial dual-certified physician cohort in real practice fills a current literature gap. Practical guidance is offered for the increasing number of trainees and mid-career emergency physicians who may have an interest in the subspecialty pathway but are seeking answers to what a future integrated practice will look like in order to make informed career decisions. The Emergency and Hospice and Palliative Medicine integrated workforce is facing novel challenges, opportunities, and growth. The first few years have seen a growing interest in the field among emergency medicine resident trainees. As the dual certified workforce matures, it is expected to impact the clinical practice, research, and education related to emergency palliative care.

7. A Protocol for the Control of Agitation in Palliative Care.
Author(s): Gonçalves, Ferraz; Almeida, Ana; Pereira, Sara
Source: The American journal of hospice & palliative care; Dec 2016; vol. 33 (no. 10); p. 948-951

Abstract: Agitation is a distressing and dangerous behavior for all involved. To study a protocol effectiveness and safety. The time when the protocol was initiated and when the agitation was controlled, the number of doses needed and the complications observed were recorded. One hundred and thirty-five inpatients of a palliative care service were included. The most frequent diagnosis was head and neck cancer, 37 (27%). The protocol was used 584 times, from 1 to 31 times on each patient, median of 3 times. Five hundred and thirty-four (91%) agitation episodes were controlled with only the first dose of the protocol, without significant complications. From those results, it can be said that this protocol is effective and safe.

8. Suffering and medicalization at the end of life: The case of physician-assisted dying.
Author(s): Karsoho, Hadi; Fishman, Jennifer R; Wright, David Kenneth; Macdonald, Mary Ellen
Source: Social science & medicine (1982); Dec 2016; vol. 170 ; p. 188-196

Abstract: ‘Suffering’ is a central discursive trope for the right-to-die movement. In this article, we ask how proponents of physician-assisted dying (PAD) articulate suffering with the role of medicine at the end of life within the context of a decriminalization and legalization debate. We draw upon empirical data from our study of Carter v. Canada, the landmark court case that decriminalized PAD in Canada in 2015. We conducted in-depth interviews with 42 key participants of the case and collected over 4000 pages of legal documents generated by the case. In our analysis of the data, we show the different ways proponents construct relationships between suffering, mainstream curative medicine, palliative care, and assisted dying. Proponents see curative medicine as complicit in the production of
suffering at the end of life; they lament a cultural context wherein life-prolongation is the moral imperative of physicians who are paternalistic and death-denying. Proponents further limit palliative care's ability to alleviate suffering at the end of life and even go so far as to claim that in some instances, palliative care produces suffering. Proponents' articulation of suffering with both mainstream medicine and palliative care might suggest an outright rejection of a place for medicine at the end of life. We further find, however, that proponents insist on the involvement of physicians in assisted dying. Proponents emphasize how a request for PAD can set in motion an interactive therapeutic process that alleviates suffering at the end of life. We argue that the proponents' articulation of suffering with the role of medicine at the end of life should be understood as a discourse through which one configuration of end-of-life care comes to be accepted and another rejected, a discourse that ultimately does not challenge, but makes productive use of the larger framework of the medicalization of dying.

9. Pre-existing risk factors for in-hospital death among older patients could be used to initiate end-of-life discussions rather than Rapid Response System calls: A case-control study.

**Author(s):** Cardona-Morrell, Magnolia; Chapman, Amanda; Turner, Robin M; Lewis, Ebony; Gallego-Luxan, Blanca; Parr, Michael; Hillman, Ken

**Source:** Resuscitation; Dec 2016; vol. 109 ; p. 76-80

**Abstract:** To investigate associations between clinical parameters - beyond the evident physiological deterioration and limitations of medical treatment - with in-hospital death for patients receiving Rapid Response System (RRS) attendances. Retrospective case-control analysis of clinical parameters for 328 patients aged 60 years and above at their last RRS call during admission to a single teaching hospital in the 2012-2013 calendar years. Generalised estimating equation modelling was used to compare the deceased with a randomly selected sample of those who had RRS calls and survived admission (controls), matched by age group, sex, and hospital ward. In addition to a pre-existing order for limitation of treatment or cardiac arrest (OR 6.92; 95%CI 4.61-10.27), nursing home residence, proteinuria, advanced malignancy, acute myocardial infarction, chronic kidney disease, cognitive impairment and frailty were associated with high risk of death. After adjusting for all the clinical indicators investigated, the strongest risk factors for in-hospital death for patients with a RRS call were advanced malignancy (OR 3.95; 95%CI 2.16-7.21) and new myocardial infarction (OR 2.79; 95%CI 1.86-4.20). Patients with cognitive impairment, frailty indicator or chronic kidney disease were twice as likely to die as patients without those risk factors. In a sample of older deteriorated patients requiring a RRS attendance, multiple indicators of chronic illness, cognitive impairment and frailty were significantly associated with high risk of death. These clinical features beyond the evident orders for limitation of medical treatment should signal the need for clinicians to initiate end-of-life discussions that may prevent futile interventions. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

10. A Critical "P" in Patient-Centered Care: Palliative Care for All of Us

**Author(s):** Jones-Schenk, Jan

**Source:** Journal of Continuing Education in Nursing; Nov 2016; vol. 47 (no. 11); p. 487-489

Available in full text at Journal of Continuing Education in Nursing, The - from ProQuest

**Abstract:** Palliative care, an important interdisciplinary care modality, is not just for the terminally ill. The Institute of Medicine calls the improvement of end-of-life care a national priority. Developing a culture of ongoing integration of topics such as palliative care into a patient-focused care curriculum would be a lasting and important contribution from professional development educators.
Reviews from November 2016

Pharmacological interventions for pruritus in adult palliative care patients

*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 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.

November 2016

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

GUIDELINES

NICE Guidelines

Current Guideline

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

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

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

**REPORTS, PUBLICATIONS AND RESOURCES**

- 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.

**NHS Employers End-of-life care information and training**
End-of-life care is an important subject. It gives more choice to patients on how and where they die, and ensures that they receive high quality care as they approach the end of their lives. We are working with Health Education England on a new programme of work which aims to support and encourage NHS organisations to invest in the education and training of staff to deliver high quality, end-of-life care.

**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.

**TOPIC ALERTS AND UPDATES**

ABSTRACTS AVAILABLE VIA LINKS BELOW- FOR FULL-TEXT PLEASE ASK LIBRARY STAFF

**Association Between Palliative Care and Patient and Caregiver Outcomes: A Systematic Review and Meta-analysis**
*JAMA Original Investigation November 22, 2016*

**Using telehealth to support end of life care in the community: a feasibility study**
*BMC Palliative Care, Published: 17 November 2016*

**TRAINING & NETWORKING OPPORTUNITIES, CONFERENCES, EVENTS**

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.