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.

This guide has been compiled by:

Jess Pawley
Senior Library Assistant
Musgrove Park Hospital Library Service

jessica.pawley@tst.nhs.uk

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## Library contact details:

Library  
Musgrove Park Academy  
Musgrove Park Hospital  
Taunton  
Somerset  
TA1 5DA  
Tel: 01823 34 (2433)

Email: library@tst.nhs.uk  
Blog: [http://librarymph.wordpress.com](http://librarymph.wordpress.com)  
@musgrovesompar
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. Initiating Palliative Care Sooner Is Better
Source: Home Health Care Management and Practice; Nov 2016; vol. 28 (no. 4); p. 279-281
Author(s): Alpert, Patricia T.
Abstract: Until recently, palliative care was synonymous with hospice care and as such was initiated when treatments were terminated because all alternatives are exhausted. In the past few years, early initiation of palliative care has demonstrated positive outcomes in terms of treatment cost, improved quality of life, and longer survival rates for patients with serious illness. This article discusses the issues surrounding the concept of early initiation of palliative care.

2. Provider Difficulties With Spiritual and Forgiveness Communication at the End of Life.
Source: American Journal of Hospice & Palliative Medicine; Nov 2016; vol. 33 (no. 9); p. 843-848
Author(s): Wittenberg, Elaine; Ferrell, Betty; Goldsmith, Joy; Buller, Haley

Source: American Journal of Hospice & Palliative Medicine; Nov 2016; vol. 33 (no. 9); p. 894-908
Author(s): Chi, Nai-Ching; Demiris, George; Lewis, Frances M.; Walker, Amy J.; Langer, Shelby L.

4. Palliative care nursing education features more prominently in 2015 than 2005: Results from a nationwide survey and qualitative analysis of curricula
Source: Palliative Medicine; Oct 2016; vol. 30 (no. 9); p. 884-888
Author(s): Martins Pereira, Sandra; Hernández-Marrero, Pablo
Abstract: Background: Making palliative care accessible to all citizens who are in need of this type of care requires effective policies and education. Moreover, healthcare professionals have an ethical and legal responsibility to ensure quality palliative care. Nevertheless, palliative care has had traditionally a limited emphasis in healthcare professionals' undergraduate education. Aim: To study the current status of palliative care education in nursing undergraduate curricula and compare 2005 and 2015 findings. Design: An online survey was sent to all state schools providing nursing undergraduate education in Portugal (N = 21). The survey assessed if and how palliative care was included in the curricula, and whether or not national and international recommendations for palliative care nursing education were followed. Further analysis included the content of available curricula/syllabi. Setting/participants: A total of 19 schools completed the survey (90% of response rate). These institutions are geographically dispersed and representative of state nursing educational
institutions in Portugal. Results: In 2015, all participant schools integrated palliative care in their curricula; nine schools had palliative care as an independent curricular unit (an 800% increase compared to 2005). While in 2005, only 14 out of 23 (61%) schools included palliative care explicitly in their curricula; in 2015, all 19 participant schools did so. National and international recommendations were followed. Conclusion: The inclusion of palliative care within nursing undergraduate curricula strongly increased from 2005 to 2015. Further research is needed to understand the contribution of education in the access, care provision, quality and development of palliative care in this country.

5. End-of-Life Discussions with Older Adults.
Source: Journal of the American Geriatrics Society; Oct 2016; vol. 64 (no. 10); p. 1962-1967
Author(s): Kale, Minal S.; Ornstein, Katherine A.; Smith, Cardinale B.; Kelley, Amy S.

6. Assessment of a learning intervention in palliative care based on clinical simulations for nursing students.
Source: Nurse Education Today; Oct 2016; vol. 45; p. 219-224
Author(s): Sarabia-Cobo, Carmen María; Alconero-Camarero, Ana Rosa; Lavín-Alconero, Lucía; Ibáñez-Rementería, Isabel

Source: Therapeutic advances in respiratory disease; Oct 2016; vol. 10 (no. 5); p. 455-467
Author(s): Lim, Richard B L
Abstract: Despite advances in the detection, pathological diagnosis and therapeutics of lung cancer, many patients still develop advanced, incurable and progressively fatal disease. As physicians, the duties to cure sometimes, relieve often and comfort always should be a constant reminder to us of the needs that must be met when caring for a patient with lung cancer. Four key areas of end-of-life care in advanced lung cancer begin with first recognizing 'when a patient is approaching the end of life'. The clinician should be able to recognize when the focus of care needs to shift from an aggressive life-sustaining approach to an approach that helps prepare and support a patient and family members through a period of progressive, inevitable decline. Once the needs are recognized, the second key area is appropriate communication, where the clinician should assist patients and family members in understanding where they are in the disease trajectory and what to expect. This involves developing rapport, breaking bad news, managing expectations and navigating care plans. Subsequently, the third key area is symptom management that focuses on the goals to first and foremost provide comfort and dignity. Symptoms that are common towards the end of life in lung cancer include pain, dyspnoea, delirium and respiratory secretions. Such symptoms need to be anticipated and addressed promptly with appropriate medications and explanations to the patient and family. Lastly, in order for physicians to provide quality end-of-life care, it is necessary to understand the ethical principles applied to end-of-life-care interventions. Misconceptions about euthanasia versus withholding or withdrawing life-sustaining treatments may lead to physician distress and inappropriate decision making. © The Author(s), 2016.

**Source:** Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer; Oct 2016; vol. 24 (no. 10); p. 4219-4227

**Author(s):** Granek, Leeat; Ariad, Samuel; Shapira, Shahar; Bar-Sela, Gil; Ben-David, Merav

**Abstract:** The purpose of this study was to explore barriers and facilitators in coping with patient death in the oncology context. The grounded theory method was used to collect and analyze the data. Twenty-two oncologists were interviewed between March 2013 and June 2014 from three adult oncology centers. Oncologists were at different stages of their careers and varied in their sub-specialties, gender, and personal and professional backgrounds. The analysis revealed that facilitators to coping with patient death included cognitive, behavioral, relational, professional, and spiritual coping strategies. Behavioral coping strategies included sports, hobbies, entertainment, and taking vacations. Cognitive strategies included accepting and normalizing death and focusing on the positive, and on successes in the practice of oncology. Relational coping strategies included accessing social support from family, friends, and colleagues. Professional coping strategies included focusing on work, withdrawing from patients at end of life, and compartmentalization. Spiritual coping strategies included turning to faith and religious coping. Oncologists also reported a number of challenges and barriers in coping effectively with patient deaths. These included challenges in accessing social support, challenges that were related to gender and expression of emotion, and challenges in maintaining emotional boundaries when patients died. Oncologists turn to a number of diverse coping strategies in dealing with patient death, but many obstacles to accessing this support were reported. Targeted interventions for managing and coping with grief related to patient death need to be developed to support oncologists in their emotionally difficult work.


**Source:** Palliative medicine; Oct 2016; vol. 30 (no. 9); p. 825-833

**Author(s):** Hill, Rebecca C; Dempster, Martin; Donnelly, Michael; McCorry, Noleen K

**Abstract:** Staff in palliative care settings perform emotionally demanding roles which may lead to psychological distress including stress and burnout. Therefore, interventions have been designed to address these occupational risks. To investigate quantitative studies exploring the effectiveness of psychosocial interventions that attempt to improve psychological wellbeing of palliative care staff. A systematic review was conducted according to methodological guidance from UK Centre for Reviews and Dissemination. A search strategy was developed based on the initial scans of palliative care studies. Potentially eligible research articles were identified by searching the following databases: CINAHL, MEDLINE (Ovid), PsycINFO and Web of Science. Two reviewers independently screened studies against pre-set eligibility criteria. To assess quality, both researchers separately assessed the remaining studies using the Quality Assessment Tool for Quantitative Studies. A total of 1786 potentially eligible articles were identified - nine remained following screening and quality assessment. Study types included two randomised controlled trials, two non-randomised controlled trial designs, four one-group pre-post evaluations and one process evaluation. Studies took place in the United States and Canada (5), Europe (3) and Hong Kong (1). Interventions comprised a mixture of relaxation, education, support and cognitive training and targeted stress, fatigue, burnout, depression and satisfaction. The randomised controlled trial evaluations did not improve psychological wellbeing of palliative care staff. Only two of the quasi-experimental studies appeared to show improved staff wellbeing although these studies were methodologically weak. There is an urgent need to address the lack of intervention development work and high-quality research in this area. © The Author(s) 2016.
10. Evidence still insufficient that advance care documentation leads to engagement of healthcare professionals in end-of-life discussions: A systematic review.

**Source:** Palliative medicine; Oct 2016; vol. 30 (no. 9); p. 807-824

**Author(s):** Lewis, Ebony; Cardona-Morrell, Magnolia; Ong, Kok Y; Trankle, Steven A; Hillman, Ken

**Abstract:** Administration of non-beneficial life-sustaining treatments in terminal elderly patients still occurs due to lack of knowledge of patient's wishes or delayed physician-family communications on preference. To determine whether advance care documentation encourages healthcare professional's timely engagement in end-of-life discussions. Systematic review of the English language articles published from January 2000 to April 2015. EMBASE, MEDLINE, EBM REVIEWS, PsycINFO, CINAHL and Cochrane Library and manual searches of reference lists. A total of 24 eligible articles from 10 countries including 23,914 subjects met the inclusion criteria, mostly using qualitative or mixed methods, with the exception of two cohort studies. The influence of advance care documentation on initiation of end-of-life discussions was predominantly based on perceptions, attitudes, beliefs and personal experience rather than on standard replicable measures of effectiveness in triggering the discussion. While health professionals reported positive perceptions of the use of advance care documentations (18/24 studies), actual evidence of their engagement in end-of-life discussions or confidence gained from accessing previously formulated wishes in advance care documentations was not generally available. Perceived effectiveness of advance care documentation in encouraging end-of-life discussions appears to be high but is mostly derived from low-level evidence studies. This may indicate a willingness and openness of patients, surrogates and staff to perceive advance directives as an instrument to improve communication, rather than actual evidence of timeliness or effectiveness from suitably designed studies. The assumption that advance care documentations will lead to higher physicians' confidence or engagement in communicating with patients/families could not be objectively demonstrated in this review. © The Author(s) 2016.

11. Young clinicians dealing with death: Problems and opportunities.

**Source:** Palliative & supportive care; Oct 2016; vol. 14 (no. 5); p. 587-592

**Author(s):** Nissen, Kathrine G

**Abstract:** The formation of a strong bond between patients and therapists can lead to successful treatment outcomes. Yet, little is known about the mechanisms that function to control this relationship. The objective of this case report was to examine the ruptures and repairs in the working alliance between a young therapist and an elderly caregiver, and to suggest ways in which to deal with age-related challenges to such an alliance. In order to examine the ruptures and repairs in a working alliance, this case report reflects on the interdependent relationship among therapist variables, patient variables, and the therapeutic alliance. The clinical experience presented describes a newly educated psychologist's struggles to overcome the challenges in forming a strong working alliance with an elderly dying cancer patient's spouse. The spouse was enrolled in the DOMUS study (Clinicaltrials.gov: NCT01885637), an ongoing randomized controlled trial of a patient-and-caregiver intervention for facilitating the transition from an oncology ward to palliative at-home care, and then bereavement. As part of the DOMUS study, the patient and spouse received a psychological intervention based on existential-phenomenological therapy. A therapist's therapeutic approach to breaking down age-related barriers to communication matters greatly. The existential-phenomenological method of epoché offers a way to effectively address ruptures and repairs in a working alliance, as it enhances the therapist's openness to learning. In conclusion, the method of epoché benefits the working alliance in several ways, as it enhances personal insight and provides methods for repairing an alliance. The reflections in this paper may be applied to clinical settings in oncology, gerontology, and palliative care, which are likely to be of great interest to young clinicians experiencing age-related challenges in their daily work.
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.

**Care of the imminently dying**
*Plaice, J.A.*
2016

*From the back of the book:*
Palliative care is an essential element of our health care system and is becoming increasingly significant amidst an aging society and organizations struggling to provide both compassionate and cost-effective care. Palliative care is also characterized by a string interdisciplinary approach. Nurses are at the center of the palliative care team across settings and populations. The seventh volume in the HPNA Palliative Nursing Manuals series, Care of the Imminently Dying provides an overview of symptom management when a patient is reaching the end of their life. This volume covers delirium and the advantages of early diagnosis, determining the presence of dyspnoea, death rattle, or cough, urgent syndromes that may appear the end of life, palliative sedation, and the withdrawal of life-sustaining therapies. The content of the concise, clinically focused volumes in the HPNA Palliative Nursing Manuals series is one resource for nurses preparing for specialty certification exams and provides a quick-reference in daily practice.

**Palliative care**
*Mitchell, G.*
2016

*From the back of the book:*
As the population in western cultures ages, more people suffer chronic, ultimately life-limiting diseases and medical professionals need to be equipped to cope with the ever growing pressure of palliative care. This book gives guidance on how to approach patients with life limiting illness. While the problems most people present to the doctor appear relatively straightforward, a whole person approach to understanding the complex interaction between the person, their illness and their environment should lead to a more complete consideration of the illness and better health outcomes. For issues of palliative care, such an approach is essential to identify and meet the many needs of desperately ill people. Palliative Care offers a fresh look at the management of patients. With international, evidence-based contributions, the book suggests practical and challenging ways to care for the dying. It is ideal for all healthcare professionals working in palliative care, General Practitioners and medicine and healthcare students.

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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

UPTODATE

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
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.

**Relative/Carer Comfort Packs**

Relatives who visit dying patients in Leicestershire Partnership NHS Trust’s community hospitals will be offered basic comforts to help them through their stay.

Experience has shown relatives often stayed longer in hospital than they had initially expected when their loved ones were on the point of death. This meant they didn’t have some of the features of everyday life that they would have had at home.

The packs include basic toiletries such as soap, a hair brush, razor, toothbrush and toothpaste, as well as light snacks and a drink.

**TalkCPR Project**

A collaborative effort between all NHS Wales health boards and trusts has resulted in the TalkCPR’ project being launched. The project aims to improve communication and dialogue between patients and their healthcare professionals with regard to do not attempt cardiopulmonary resuscitation (DNACPR) orders. Initially, two videos (in English and Welsh) were produced for patients and carers who wanted to know more about this topic and to help shared decision-making with their clinical team. The impact of these videos on patients, nurses and doctors was measured through pre- and post-video surveys. The results showed a significant increase in the confidence of staff to openly discuss DNACPR with patients and carers.

**Sunderland’s #teamED care for those left behind**

Losing a loved one is a painful experience at the best of times; losing a loved one in the chaotic environment of an Emergency Department makes the whole experience more daunting and frightening. Kayleigh Brown and Lindsay Wakefield, two Staff Nurses in our Emergency Department at Sunderland Royal Hospital, spotted a way of bringing the human touch back into a family’s ‘worst day ever’. Instead of a couple of leaflets and a plastic bag or two containing their relative’s belongings, families will now be able to gain some comfort from the Bereavement Bags designed and created by Kayleigh and Lindsay.
ABSTRACTS AVAILABLE VIA LINKS BELOW- FOR FULL-TEXT PLEASE ASK LIBRARY STAFF

Paramedics’ experiences of end-of-life care decision-making with regard to nursing home residents: an exploration of influential issues and factors

The latest from popular Twitter pages dedicated to end of life care:

PLEASE NOTE LINKS WORK BETTER IN CHROME BROWSER

End of Life Studies @EndofLifeStudy
Public Health Palliative Care @PHPalCare
European Association for Palliative Care @EAPCOnlus
Cicely Saunders Institute @CSI_KCL
Palliative Medicine Journal @PalliativeMedJ

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
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.*

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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.