Advance care planning ensures patient choice on place of death

Trusts must embed Preferred Priorities of Care within everyday practice. This action will enable patients in all settings to have a say over where they die, argues Eleanor Sherwen

One of the main phrases to catch media attention in coverage of the recent white paper was: “No decision about me, without me.”

Making that aspiration a reality will continue to be a challenge in end of life care. There is a clear mismatch between where people would wish to be cared for in their last days of life and where they actually die.

Advance care planning (ACP) is central to addressing that mismatch. NHS West Essex Primary Care Trust has pledged to provide real choice to people at the end of life, including supporting them to die at home wherever possible, if that is their wish. To help achieve this, the trust is encouraging wider use of one aspect of ACP, the Preferred Priorities for Care (PPC).

‘All nurses should discuss future care preferences with individuals who have a life limiting diagnosis’

Our analysis of these patient held documents – in which an individual sets out their end of life preferences – suggests they can help provide people with genuine choice and control over their care.

In a culture where 58% of all deaths take place in hospital, our analysis of 100 cases where people had completed PPCs found two striking statistics.

Some 82% of people said they would prefer to die at home, with just 1% selecting a hospital as their preferred place of death. Second, 83% of these individuals died in their preferred setting – underlining the value of the discussion, thought and planning by the individual, their family and clinicians, which characterise PPC.

However, the analysis also confirms patients with cancer are far more likely to have a PPC than individuals with other life limiting conditions such as chronic obstructive pulmonary disease. Some 83% of the cases we studied involved cancer. This perhaps explains why 17% of the individuals in our analysis expressed an end of life wish to be cared for in a hospice. Our findings echo the National End of Life Care Intelligence Network’s recent report, which revealed people with cancer were more likely to die outside hospital than people with other life limiting conditions (news, page 1, 10 August). Anecdotal evidence suggests end of life conversations are “easier” to broach with individuals who have a cancer diagnosis and the disease trajectory is more predictable than in other longer term conditions.

Most of the PPCs we studied were completed by community nurses, including Macmillan nurses – with some completed by a professional in a hospice or a care home or a social care worker. Contributions from nurses working in hospital were notable by their absence.

Our analysis adds to the body of evidence supporting PPC use. All nurses should discuss future care preferences with individuals who have a life limiting diagnosis. Medical colleagues can be focused on curative treatment rather than palliative care; there is a role here for nurses to initiate conversations that form the basis of an effective PPC.

To ensure individuals and their families are not given conflicting information, nurses should raise PPC and other ACP at multidisciplinary team meetings. Knowing that a nurse has initiated such conversations in a particular case should then shape the context of future discussions of all those involved in that individual’s care.

In West Essex we are seeking to embed PPC within everyday practice through education and a “champions” network. We are building this into the commissioning of services for people with life limiting conditions. It is challenging and it means cultural change – but our data analysis justifies strong action.

For further information on PPC see the National End of Life Care Programme’s factsheet 5: tinyurl.com/eol-factsheet

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THIS WEEK IN NURSING PRACTICE

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Evaluating the strengths and weaknesses of NHS workforce planning methods

Nursing is a trust’s most expensive resource. Workforce planning methods help managers estimate how many nurses they need, and the skills they should have

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Developing a support group for siblings of children with learning disabilities

It was identified that the needs of siblings of children with learning disabilities were not being addressed. A group was set up to tailor services to siblings

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Medical management in the community as an option for first trimester miscarriage

Women may prefer to receive treatment for miscarriage at home rather than in hospital. A pilot study assessed the effectiveness of community based management

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Dignity in care: meanings, myths and the reality of making it work in practice

Recently there has been an increase in dignity in care campaigns but do they improve patient experiences? Or do they simply detract from serious debate about cultural change?