

By Rachel Davis

The Conversation Project

1. Introduction

End of life care may refer to months, weeks or days prior to death. This can be a time of great anxiety for the patient, family and staff.

Admissions to hospital during this time may act as a catalyst for re-evaluation and more open discussion. It marks an important time to reflect on current care and can promote conversations about the future.

2. Aims of the project

- For clinicians to identify when patients are approaching the end of life
- For clinicians to have conversations with these patients and their families about the uncertainties of their illness and to listen to their concerns.
- To improve decision-making with patient and family involvement.
- To inform and support staff in order to improve confidence.

3. Method

- Regular ward discussions that encourage staff to:
- Identify patients who could be approaching end of life including those whose recovery is uncertain
 - Create opportunities for conversations with patients and families
 - Listen to worries and concerns leading to greater involvement in decision-making
 - Document these discussions and the decisions made
 - Communicate this information on discharge.

4. Prior experiences of staff

Pre work focus groups revealed that nurses and junior doctors held strong feelings about their competencies around end of life care.

"I do not have enough experience in order to have conversations with patients and families about death and dying, I am more confident when I know that death is imminent".

"Dying is still a difficult subject no matter how often you have tackled this subject before".

Nurses and junior doctors commented on a lack of support and shared discussion about patients.

Nurses expressed that end of life decisions were often made too late to allow for participation in patient and family decision-making.

'Am I wearing out?'

'I want to learn French before I die!'

5. Findings

Families appreciated the honest conversations and recognised the significance of these discussions. One family said that *"the importance of which would stay with them"*.

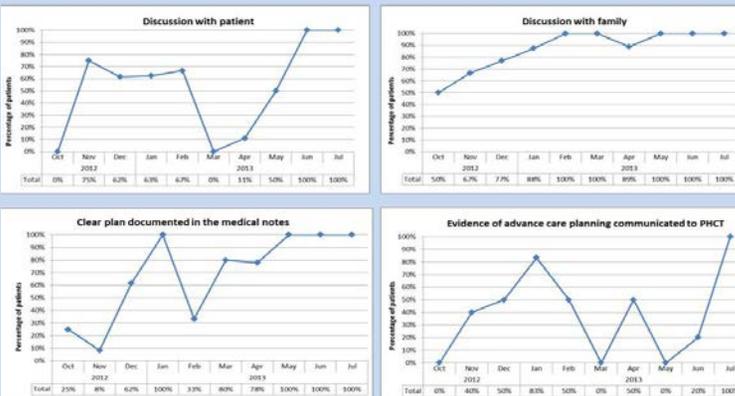
Staff feedback included:

"We think we do this well, we know that we can do better"

"It makes us think about our practice in a good way".



6. Results



7. Conclusions

Change has been demonstrated on a number of levels:

- The ward vocabulary includes discussion about Advance Care Planning
- The conversations, decisions and discussions are more clearly documented
- Information is more regularly communicated to the Primary Health Care Team on discharge
- Increasing awareness around the need for earlier identification of approaching end of life

Challenges ahead:

- To promote and maintain a cultural change in the role of health professionals in the earlier recognition of end of life care
- To train and support staff to engage in what may be difficult and challenging conversations.
- To gain feedback from patients and family.