

Community end-of-life anticipatory medication prescribing practice:

A retrospective mixed methods observational study

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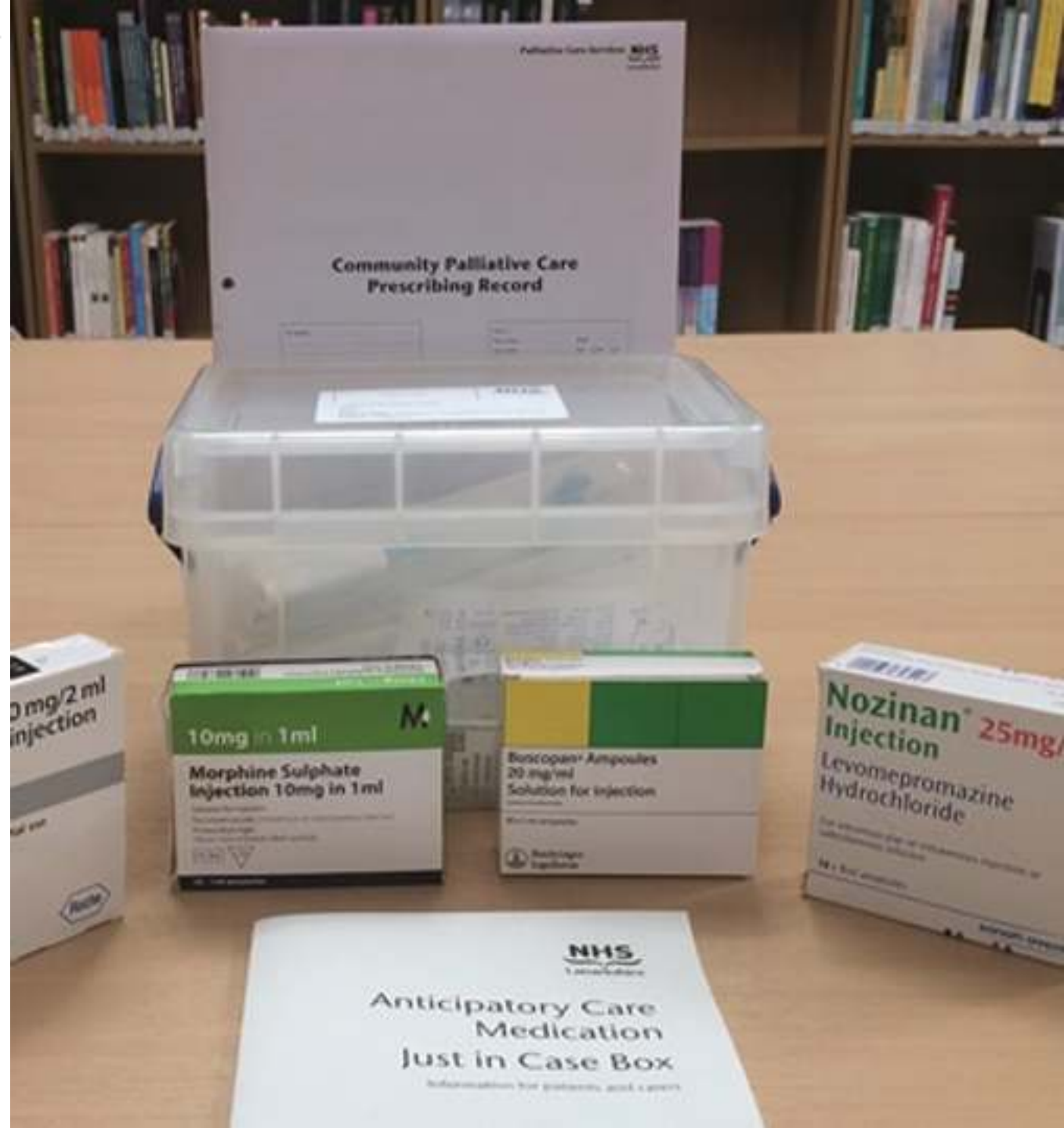


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Background

Anticipatory medications (AMs) are injectable drugs prescribed to a named patient, ahead of possible need, for administration if distressing symptoms arise in the final days of life

This is NICE (2015) recommended practice



Research aims:

To investigate the frequency, timing and recorded circumstances of AMs prescribing for patients living at home



Methods

Retrospective records review of 329 sequential patient deaths

Data from GP and community nurse SystmOne and paper records

11 purposively sampled GP practices (30 most recent eligible deaths per practice)

Two CCGs and two community nursing services



Methods

Patient eligibility:

- Aged 18 or over
- Lived at home or in a care home
- Any cause of death except trauma, sudden death or suicide



Deaths were between 2017 and 2019

329 patients were included in the study

Data analysis combined quantitative and qualitative analyses

Findings

Most deaths (59%, 193/329) were from non-cancer conditions

51% (167/329) of patients were prescribed AMs, between 1212 and 0 days before death (median 17 days)

Standardised prescribing for five symptoms was commonplace: pain, breathlessness, nausea and vomiting, agitation, and secretions

63% (105/167) of patients were prescribed similar drugs and dose ranges for all five symptoms - following GP electronic end-of-life template recommendations



Likelihood of prescribing

The likelihood of AM prescribing was significantly higher for patients with a **recorded preferred place of death** (odds ratio [OR] 34; 95% CI 15-77; $p < 0.001$) and **specialist palliative care involvement** (OR 7; 95% CI 3-19; $p < 0.001$)



Prescribing as part of one single intervention

AMs were recorded as being prescribed as part of a single end-of-life planning consultation for 67% (111/167) of patients



Recorded involvement in decisions



Patient and family involvement in decision-making was recorded for 43% (71/167) of patients, the records focussing on whether they agreed with clinician decisions to prescribe AMs

For 4% (6/167) of patients, it was recorded that they did not want to discuss their prognosis or consider that they were dying at the time of prescribing AMs

Anticipatory syringe pumps

Anticipatory syringe pumps were prescribed for 29% (49/167) of patients issued with anticipatory medications

The frequency of anticipatory syringe driver prescriptions varied widely between GP practices, ranging from 71% (10/14) to 6% (1/16) of patients in individual practices

Prescription timing varied from 536 to 0 days before death (median 5.5)



Conclusion

The variability in the timing of prescriptions highlight the challenges in diagnosing dying, and the risks involved in prescribing far in advance of possible need

Our findings highlight the potential dangers of electronic end-of-life templates promoting a 'one size fits all' approach to end-of-life care planning, and the standardisation of prescriptions

Patient and family preferences for involvement in prescribing decision-making and their experiences of care warrant urgent investigation

Questions



1. Should prescriptions be more personalised, or are four standard drugs and dose ranges appropriate for most people?
2. What are the advantages and disadvantages of electronic end-of-life care templates in primary care?

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