THE SOCIETY AND COLLEGE OF RADIOGRAPHERS

END OF LIFE CARE STRATEGY

The publication from Department of Health (England) ***End of Life Care Strategy - promoting high quality care for all adults at the end of life***[1] on 16 July 2008 represents an important milestone for Health and Social Care. The strategy builds on the vision and expertise of people from all walks of life and sets out a commitment from the government to enhance funding for end of life services.

Although every individual may have a different idea about what would, for them, constitute a good death, the End of Life Care Strategy has identified that for many this would involve;

- being treated as an individual, with dignity and respect,
- being without pain and other symptoms,
- being in familiar surroundings and
- being in the company of close family and/or friends.

However, the reality is that this is not always attained, and health and social care staff at all levels need to have the necessary skills, knowledge and attitudes related to care of the dying in order to improve end of life care. End of life care skills should be embedded into training curricula, and included in induction programmes, continuing professional development and appraisal systems.

The End of Life Care Strategy states that every organisation involved with end of life care will be expected to;

- adopt a coordination process such as the Gold Standards Framework (www.goldstandardsframework.nhs.uk)
- establish end of life care coordination centres across organisational boundaries
- pilot and establish end of life care registers so that all those involved in patient care are aware of the wishes of the patient.

Many problems with end of life care arise when people enter the 'dying phase'. As a result there may be problems and deficiencies in service provision and professional practice at this time. Complaints to NHS organisations are dominated by end of life care problems. The complaints are mainly about poor communication, lack of privacy or basic comforts. Relatives frequently comment that they seem to be the first to recognise that the individual was dying and that inappropriate invasive procedures were often undertaken during this time; it is likely that these include imaging.

There is now much less familiarity with death and dying than in previous centuries. The reality of death and dying is rarely discussed in modern society. Close relatives of people who are approaching the end of life may be unaware of their wishes and inappropriate interventions may be tried if those who care for someone are not aware

of the person's treatment preferences, or may not be aware of what those interventions may mean to the individual.

The End of Life Care Strategy divides the end of life process into six steps. Step 4 states that "*high quality care provision should be available in all settings"* and Step 5 covers care in the last days of life. A review of the needs and preferences of the person and recognition of their preferences needs to be undertaken.

During the development of the End of Life Care Strategy, many identified the lack of open discussion between health and social care staff, and those approaching end of life. This represents a major challenge and a significant cultural shift. Clinicians and managers need to accept that death does not always represent a failure of healthcare and that enabling people to die as well as possible is a core function of healthcare.

Therapeutic radiographers may be involved in discussing patient preferences with patients and/or their carers. This discussion should be documented in their care plan. Although it is unlikely that diagnostic radiographers will be involved in such discussions, they do come into contact with patients at this stage of their lives and should be aware of patient preferences, and discuss these within the multidisciplinary team (MDT). Recent progress in information technology (IT) within the NHS means that communication of sensitive information between providers is already achievable. It is very important that informed consent is sought and obtained prior to undertaking any procedure. SCoR guidance (SCoR 2007) on this is contained within ***Consent to Imaging and Radiotherapy Treatment Examinations***[2]

Recognition of the point in the care pathway of when a person enters the dying phase is challenging, particularly within the acute care setting where staff inevitably focus on trying to ensure that the person survives. In this context, it is imperative that staff are aware of the patient's preferences. Crucial aspects of a care pathway include:

- comfort measures,
- anticipatory prescribing of medicines,
- discontinuation of inappropriate interventions,
- psychological and spiritual care and
- care for the family

Factors to consider in an imaging or therapy department might include

1. Appropriateness of imaging or therapeutic procedures
2. Enabling family/close friends to stay with patient wherever possible during a procedure
3. Organisation of departments so that dignity and privacy of the patient and carers can be maintained
4. In the event of death, or failure of resuscitation in a department, next of kin and carers to be afforded privacy and dignity, along with the deceased. For

example, they may wish to spend a little time quietly and alone with their loved one before they are moved.

5. Where patients and carers have expressed the wish that resuscitation should not be attempted in the event of a respiratory or cardiac arrest, this wish must be respected wherever the patient is at the time of death. Radiographers may find themselves in the position of being the patients advocate in order to uphold the patients wishes. Local protocols should reflect this and again the patient and their carers should be afforded dignity and privacy as outlined in point 4. SCoR provides guidance in its publication ***Patient Advocacy***[3] *(SCoR 2008)*
6. Staff need to ensure records are updated, including circumstances as outlined in point 5, and so that other staff who are involved in the patient care pathway are aware of the individual's death. This should also help ensure correspondence is not sent to the deceased.

The End of Life Care Strategy specifically identified that;

- a core role of the acute hospital is to provide care for the dying,
- there was a failure to recognise when continuation of treatment was not in the best interests of the person and
- staff at all levels did not always have the necessary skills and attitudes to deliver high quality end of life care.

It should be noted that community hospital settings and staff have been shown to demonstrate high standards of care for the dying patient.

Recommendations for the End of Life Care Strategy

Professional Regulators such as the Health Professions Council (HPC) need to consider if end of life care is given appropriate priority within relevant standards and outcomes and the assessment of competence is sufficiently rigorous.

Providers of Higher Education need to consider if educational programmes deliver the required learning outcomes for end of life care.

Employers need to ensure that both registered and non-registered staff have the necessary skills and competences and are given access to training opportunities.

Skills for Health need to develop core principles and competences to underpin training.

The Society and College of Radiographers wishes to raise the profile of end of life care within its membership, and to encourage radiographers to consider skills around end of life care as part of continuing professional development:

- Radiographers, and imaging and radiotherapy staff in general, need to have a good basic grounding in the principles and practice of end of life care, and many have unmet training needs.

- Radiographers who may have just received registration, on the first few days out of training, can be faced with a dying patient, or someone who has just learnt that they have an incurable illness. They need to have the necessary core competences to enable them to deal with these situations without adverse consequences for the patient, family members and themselves.

- The SCoR recommends strongly that radiographers ensure that they access the appropriate knowledge and skills, and develop the necessary behaviours and attitudes to be able to deliver high quality end of life care. This may be raised appropriately as a training issue through the appraisal process

- Imaging and radiotherapy departments should ensure that local protocols and procedures are updated to include guidance for dealing with patients approaching end of life.

- Further, the SCoR recommends that undergraduate and post graduate programmes for radiographers should ensure that end of life care is included.

REFERENCES

1. End of Life Care Strategy - promoting high quality care for all adults at the end of life. Department of Health, Published 16 July 2008 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

2. Consent to Imaging and Radiotherapy Examinations. SCoR 2007

3. Patient Advocacy SCoR 2008