

Ethics and care for older people approaching the end of life – symptoms, choices and dilemmas

GW Duncan

ST7, Medicine for the Elderly, Queen Elizabeth Hospital, Gateshead, UK

The Medicine for the Older Adult symposium was held on 3 April 2014 at the Royal College of Physicians of Edinburgh

DECLARATION OF INTERESTS No conflict of interests declared.

Correspondence to GW Duncan
Medicine for the Elderly
Queen Elizabeth Hospital
Sheriff Hill
Gateshead
Tyne and Wear NE9 6SX
 UK

e-mail gordonduncan@nhs.net

INTRODUCTION

The provision of high quality care to older people with complex healthcare needs brings a unique set of clinical and ethical issues. This symposium explored a range of challenging topics which often confront clinicians. It aimed to increase knowledge of symptom control in complex conditions, improve confidence in decision-making regarding difficult ethical situations, and to provide a better understanding of how to organise and support end of life care both in the hospital and in the community.

SESSION 1: PALLIATION OF SYMPTOMS

Professor Blair Smith (Professor of Population Science, University of Dundee) noted that chronic pain is ‘pain that persists beyond 3 months’; 20% of adults may be affected by significant chronic pain and, in a recent UK study, 62% of older adults experienced chronic pain.¹ Chronic pain is associated with poor physical, psychological and social health as well as increased disability and mortality; we need to take a more proactive approach to detection and treatment and guidance is available.² Vertebral fractures are a common cause of pain and disability in older people and are often unrecognised. Dr Andrew Gallagher (Consultant in Diabetes and Endocrinology, Victoria Infirmary, Glasgow) outlined the role of pharmacological and non-pharmacological interventions; while bisphosphonates remain the mainstay of pharmacotherapy, denosumab offers a useful alternative for older people intolerant of bisphosphonates or with impaired renal function.

Dr Karen Hogg (Consultant Cardiologist, Glasgow Royal Infirmary) shared her experience of the development of the advanced heart failure service in Glasgow. Through the use of a patient-centred anticipatory medical care plan, the ‘Caring Together’ initiative combines the principles of palliative medicine and cardiology for people with advanced heart failure.³

SESSION 2

Cognitive, behavioural and communication issues in patients with advanced dementia pose unique challenges to clinicians and carers alike. Professor Julian Hughes (Honorary Professor of Philosophy of Ageing, Newcastle University) highlighted the importance of recognising and treating pain in patients with dementia which may ultimately improve the symptoms of agitation and distress in this vulnerable group.⁴

The Sydney Watson Smith Lecture ‘Meeting the challenge of delivering high-quality care for older people in the last days of life’ was given by Dr Bee Wee (Senior Clinical Lecturer in Palliative Medicine, University of Oxford and National Clinical Director of End of Life Care, NHS England). Dr Wee highlighted the issues which confront patients and clinicians when providing end of life care. These include our ability to deal with the uncertainty in the dying process; the balance of risk-taking versus safety; and balancing the drive to standardise processes of care while maintaining respect for individual patient choice. Such issues were relevant to the recent debate surrounding the demise of the Liverpool Care Pathway⁵ and the need for patient-centred coordinated care.

SESSION 3: HOW FAR SHOULD WE GO?

Providing adequate nutrition to patients with advanced frailty, dementia and stroke can be challenging. Professor Rowan Harwood, (Consultant in Healthcare of Older People, Nottingham University Hospitals) highlighted the paucity of high-quality research addressing these issues with regard to tube feeding. Although unlikely to impact upon rates of aspiration, survival, pressure damage or functional status, tube feeding may be useful for the delivery of medications via the enteral route in selected patients.

The number of older people admitted to ICUs continues to grow. Dr Nazir Lone (Senior Clinical Lecturer, University of Edinburgh) explained that although the overall mortality rates are high, patients with a surgical reason for admission have a better prognosis, with a 30% survival rate in those aged over 80 at 1 year; however, age remains an independent predictor of short-term mortality. In the longer term, the 'post-ICU syndrome' may have a significant impact upon the individual including post-traumatic stress disorder, neurocognitive decline, muscle weakness, functional disability and respiratory impairment.

Dr Adrian Baker (General Practitioner, Nairn) described the community-based anticipatory care planning initiative in NHS Highland, where the scheme has significantly increased the number of patients dying at home and reduced the number of emergency admissions to acute hospitals by 29%.

REFERENCES

- 1 van Hecke O, Torrance N, Smith BH. Chronic pain epidemiology and its clinical relevance. *Br J Anaesth* 2013; 111: 13-8. <http://dx.doi.org/10.1093/bja/aet123>
- 2 Abdulla A, Bone M, Adams N et al. Evidence-based clinical practice guidelines on management of pain in older people. *Age Ageing* 2013; 42: 151-3. <http://dx.doi.org/10.1093/ageing/afs199>
- 3 Hight G, Cudmore S, Robertson S et al. Planning for the future with patients who have advanced heart disease: designing a randomised clinical trial of anticipatory care. *BMJ Support Palliat Care* 2014; 4 Suppl 1: A11-A12. <http://dx.doi.org/10.1136/bmjspcare-2014-000654.30>
- 4 Husebo BS, Ballard C, Sandvik R et al. Efficacy of treating pain to reduce behavioural disturbances in residents of nursing homes with dementia: cluster randomised clinical trial. *BMJ* 2011; 343: d4065. <http://dx.doi.org/10.1136/bmj.d4065>
- 5 Department of Health. *More care, less pathway: a review of the Liverpool Care Pathway*. 2013. <https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients>

SESSION 4: ETHICAL DILEMMAS NEAR THE END OF LIFE – INTERACTIVE CASE DISCUSSION

Dr David Jeffrey (retired Consultant in Palliative Care, Oxford) facilitated a lively interactive discussion around cases of artificial nutrition (Dr Katherine Walesby, SpR, NHS Tayside); the importance of religious and spiritual beliefs in end of life decision-making (Dr Sarah Marrinan, SpR, Northern Deanery); and difficult symptom control in those lacking capacity (Dr Clare Bostock, SpR, NHS Grampian).

TAKE-HOME MESSAGE

Despite the recent controversies surrounding the Liverpool Care Pathway and challenges faced by those providing end of life care to older people there emerged a strong consensus from the symposium participants of the need to continue to strive for patient-centred coordinated care. Clinicians in both the hospital and community will be central to this as highlighted by the success of the 'Caring Together' initiative in Glasgow and anticipatory care planning in the Highlands. Excellent communication and teamwork underpin any successful initiative designed to provide high-quality care for older people approaching the end of life.