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THE ROLE OF SPECIALIST PALLIATIVE CARE SERVICES IN STROKE – VIEWS FROM AN ACUTE STROKE UNIT

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Background Stroke is the third commonest cause of death and causes significant symptoms and disability. In the UK, acute stroke care occurs in hospital. National Stroke Strategy guidelines recommend that patients should be cared for in stroke units to improve survival and disability. Previous research suggests that most patients dying from stroke are not referred to specialist palliative care services (SPCS) and some have unmet palliative care needs.¹

Aims To determine what healthcare professionals (HCP) on a stroke unit believe constitutes good end of life care (EOLC) and if barriers exist to its implementation.

Method 15 HCP from an acute stroke unit were purposively sampled. Semistructured interviews were undertaken to examine specific care domains. Participants were also asked their views on the role of SPCS in stroke and when they would refer to SPCS. Interviews were recorded, transcribed and analysed using framework analysis.

Results Participants would consider referral if a patient has complex physical or psychological symptoms, discharge needs, family needing psychological support, cancer, been known to SPCS or for help with ethical decisions. Participants believed the EOLC they provided generally did not require SPCS input. Some believed that the expertise of SPCS lay elsewhere. It was proposed that symptoms due to stroke were either easier to control compared to other conditions or under-recognised.

Conclusion HCP believe they provide good EOLC for stroke patients. The role of SPCS was not clear to all staff. HCP said they were more likely to refer for assistance with complex symptoms, psychological support, ethical dilemmas, if patients are known to the SPCS or have cancer. Expertise of SPCS is still perceived to be associated with malignancy. Education and improved links between stroke and SPCS teams could improve EOLC.