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WHAT A WASTE! FUTILE PRESCRIBING AND THE COST OF WASTED MEDICATION AT THE END OF LIFERos Taylor, Martin Bryant, Sharon Chadwick *Hospice of St Francis, Berkhamsted, UK*

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Introduction Poor prognostication leads to continuation of potentially irrelevant, expensive and harmful medications when time is short, for example, statins.

Similarly, necessary medications are over-prescribed in large amounts, when the patient may only have days to live.

When a patient dies, all these drugs are destroyed, even those in original sealed packs.

The cumulative cost of destroyed medication is huge – at a time when the NHS can ill-afford such wastage.

Aims

To assess the extent of irrelevant prescriptions in a cohort of patients admitted to a hospice for terminal care.

To analyse the annual cost of irrelevant prescribing and drugs for destruction after a patient's death in a UK inpatient 12 bedded hospice.

Methods

A retrospective survey of:

- ▶ All drugs brought into the hospice at the time of terminal admission
- ▶ Analysis of key medication groups, highlighting those irrelevant in a patient with weeks or days to live
- ▶ Cost analysis of medications deemed irrelevant by two experienced hospice physicians
- ▶ Cost analysis of drugs destroyed after a patient's death.

Expected outcomes:

- ▶ Prescribing patterns at the end of life, highlighting extent of futile prescriptions.
- ▶ Estimated cost to the NHS of destroyed drugs following a year of patient deaths.

Discussion

Prescribing is an art, and medicines are harmful to patients if not relevant. Lack of continuity in primary care and infrequent review of dying patients may lead to prescribing of inappropriate and costly drugs. This is a burden to the patient and to the NHS, with large amounts of medication being destroyed after death.

Conclusion

The study is in progress – when finalised, a total cost of destroyed drugs in one UK hospice will indicate a massive national problem.

Suggestions will be made as to how this cost burden could be reduced, underpinned by more appropriate prescribing when time is short.