

Free papers 16–18 | ACP and end-of-life-care

0-16 IATROGENIC SUFFERING AT THE END OF LIFE: AN ETHNOGRAPHIC STUDY

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A significant proportion of older people in the United Kingdom (UK) die in hospital, with variable quality of care. A palliative approach, which involves recognising and alleviating suffering, might lead to improved quality of care. Yet suffering is an intangible and contested phenomenon and little is known about people's actual experiences of suffering in this clinical setting. Further, it has been argued that an acute hospital setting is not well equipped to support dying well.

Aim To examine the context of end-of-life care for older people in an acute hospital setting, particularly focusing on the experience of suffering.

Methods

Design An observational study was conducted guided by the principles of sensory ethnography, within an interpretivist framework. Data analysis was inductive and iterative. Reflexive analysis included observations and inferences from a participant-observer perspective. Over a period of three months in 2016, 186 hours of observations were carried out.

Settings/Participants The study was carried out on a 30-bedded acute older peoples' hospital ward in the UK. Participants included 11 patients and 33 members of staff and visitors.

Results Patient suffering was influenced by a range of factors. Delays in recognising and acknowledging dying often led to treatments that were burdensome or futile, exacerbating patient suffering. Environmental factors in the physical clinical setting also exacerbated suffering. Finally, aspects of interpersonal interactions were observed to adversely affect patient experience.

Conclusion Acute care for older people in hospital was shaped by an overarching ideology of rescue which predicted and dictated the process of care. Findings demonstrated that suffering was not restricted to the direct experiences of life-limiting illness but was also associated with the experience of receiving care in an acute hospital setting. Avoiding or minimising iatrogenic suffering is an essential component of compassionate care.

0-17 'SOMETIMES THEIR DEATH IS PROLONGED, NOT THEIR LIFE': THE EXPERIENCES AND NEEDS OF HIGH DEPENDENCY NURSES WHEN CARING FOR PATIENTS APPROACHING WITHDRAWAL OF LIFE-SUSTAINING TREATMENT: A QUALITATIVE STUDY

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Background Nurses in critical care are frequently required to facilitate the withdrawal of life-sustaining treatments and provide end-of-life care for deteriorating patients. Providing this care has been shown to cause nurses distress, potentially leading to stress, burnout and cumulative grief. Despite a wealth of research looking at the experiences of intensive care unit

nurses regarding end-of-life care, there remains a lack of research focusing on the period of care leading up to withdrawal of life-sustaining treatment and the experiences of high dependency unit (HDU) nurses.

Methods 15 qualified nurses took part in digitally recorded individual interviews, conducted within one HDU in the North West of England. Interviews were analysed using qualitative thematic analysis. University and NHS Ethical approval were obtained.

Results Participants reported difficulty caused by conflict in decision making, which they perceived to prolong treatment and suffering for patients who were not expected to survive. Resulting in moral distress, especially in situations where they voiced their concern that the patient was dying but the decision was made to continue life-saving treatments. Coping mechanisms were reported and the need for de-briefing or a talking therapy service was highlighted. The lack of education focused on how to provide optimal care and how to cope with this situation were highlighted.

Conclusion HDU nurses need time to talk about their experiences in caring for this patient group and education to support them to provide optimal end-of-life care in critical care settings is needed. The impact of this study has resulted in several local changes including debriefing sessions and development of a bespoke education programme has begun to ensure nurses are adequately prepared when caring for deteriorating patients approaching life-sustaining treatment withdrawal.

0-18 A QUALITATIVE EXPLORATION OF ADVANCE CARE PLANNING IN PATIENTS WITH HOME NIV FOR COPD

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Background The HOT-HMV study in 2017 demonstrated that patients with persistent hypercapnia following an exacerbation of chronic obstructive pulmonary disease (COPD) who received home non-invasive ventilation (NIV) benefitted from prolonged time to readmission. Advance care planning (ACP) is recognised as being able to improve palliative care outcomes for patients with COPD. This study aimed to explore the benefits of and barriers to ACP in patients with COPD on home-NIV and how barriers might be addressed.

Methods Semi-structured qualitative interviews were conducted with health care professionals (HCP) from the North East Assisted Ventilation Service (NEAVS) (12 interviews) and with patients (11 interviews). Interviews were analysed using the principles of thematic analysis.

Results The findings emphasised the importance of ACP whilst also raising a number of challenges. NEAVS is a regional service therefore multiple local teams are also involved in patient care, resulting in a lack of clarity of responsibility for ACP conversations and geographical disparity with care continuity. HCP felt COPD patients were an under-served group both in medicine and society. They often have an uncertain disease trajectory resulting in difficulty in ascertaining appropriate timing for initiation of conversations. The patient group gave insights into the factors that affected their engagement in ACP