NURSING STAFF ATTITUDES TO CLINICALLY ASSISTED HYDRATION AT THE END OF LIFE IN A HOSPICE SETTING

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Background Clinically assisted hydration (CAH) at end of life is a contentious issue (Cabañero-Martínez et al, 2016) There is disagreement as to its benefits and this can lead to a lack of concordance between medical and nursing opinions, with nurses feeling unable to challenge doctors (Churchman, 2010; Van Der Riet, 2008; Mayashita, 2007). Prior to introducing a feasibility study on CAH (Davies, 2018) on one hospice site, an unpublished survey of nursing staff revealed widespread dissatisfaction with the standard practice of not routinely offering CAH. Following completion of the study a staff survey was undertaken to see if attitudes had changed.

Aims To determine if nurses feel coerced into accepting the current hospice policy on CAH. To examine how nurses interacted with families when asked about CAH. To explore staff engagement with research on CAH.

Method A semi-structured questionnaire sent to all nursing staff including HCA's, with closed and open-ended questions. The responses were analysed using descriptive statistics and thematic analysis.

Results The responses indicated that;

- The majority accept standard care without feeling coerced (68%).
- Nurses felt they could challenge accepted practice (62%).
- An overwhelming majority felt the hospice should be engaged in research on CAH (80%).
- Nursing staff expressed the following;
  - Nurses wanted to be more involved in decision making around CAH.
  - Many felt that a standard practice should be replaced with individual patient decisions. Staff were frequently asked about CAH and felt able to discuss the risks and benefits with families.

Conclusions Overall, nurses accepted hospice standard practice on CAH and did not feel coerced. A few opposed further research, most welcomed it to establish an evidence base.

PREFERRED AND ACTUAL PLACE OF DEATH IN PATIENTS WITH HAEMATOLOGICAL MALIGNANCIES

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Patients with haematological malignancies are more likely to die in hospital than those with other cancers (Cohen et al, 2015), but little is known about their preferred place of death and the discussions surrounding this. This study aimed to investigate this using data from the Haematological Malignancy Research Network (www.HMRN.org); a population-based cohort that, since 2004, has collected detailed information on all newly diagnosed patients across 14 hospitals (catchment populations ~4 million). Additional data for the present study were collected from the medical records of 892 HMRN patients (>18 years) who died 2011-2012.

Fifty-eight percent of patients died in hospital (home, 20%; care home, 11.9%; hospice, 10.2%). Half had a preferred place discussion recorded, with the majority of these having more than one discussion. At the discussion nearest death, the most common preferred place was home (44.9%) followed by hospice (20%), hospital (19.5%), and care home (15.6%). However, preferences varied over time; for patients whose final recorded preference was hospital, 14.3% had the same preference at their first discussion. When home was the final choice, 80.4% also chose home at their first discussion. Patient involvement was less common during final discussions. Almost all of those who wanted to die in hospital did so, yet only half of those who wanted to die at home achieved this.
Although hospital death may sometimes be unavoidable, these findings suggest that greater support may be needed to facilitate discussions and, where possible, enable patients to die in their preferred location.

**USE OF ANTIBIOTICS IN DETERIORATING PALLIATIVE PATIENTS – A RETROSPECTIVE ANALYSIS**

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**Background** In palliative care, 24–48 hr antibiotic trials are prescribed in patients who have clinically changed and may be entering the last days of life (LDOL), but where infection is considered a possible reversible factor. Does this treatment benefit or burden patients?

**Aim** To determine the incidence of this in hospice practice, assess survival rates and identify common predictive factors of poor response.

**Method** Using SystmOne, a retrospective analysis of admissions to Marie Curie Hospice, Bradford Inpatient Unit between August-October 2018 was conducted. Data was collected for all inpatients starting antibiotics including diagnosis, OACC, details of antibiotic therapy, and admission outcome (discharge/death). Patients documented to be potentially entering LDOL when therapy was initiated were identified.

**Results** 78 patients were admitted, of which 40% (31/78) received antibiotics. Of those receiving antibiotics, 77% (24/31) had cancer and 25% (8/31) received multiple antibiotic courses. In 35% (11/31) cases, the patient may be entering LDOL as stated when antibiotic therapy was initiated. Of these, 91% (10/11) died during the admission. Of those who died, all had cancer; the majority with metastatic disease (8/10), Karnofsky scores =40% (7/10), a ‘Deteriorating’ (5/10) or ‘Unstable’ (3/10) Phase of Illness and mean duration from antibiotic initiation to death was 3.4 days (range: 1–12). In patients who received multiple antibiotic courses, 75% (6/8) died during admission.

**Discussion** Antibiotic use in this context appears relatively common and generally has a poor outcome, suggesting treatment could be an unnecessary burden for this patient group. Metastatic cancer, Karnofsky scores =40%, an ‘Unstable’ or ‘Deteriorating’ Phase of Illness and multiple antibiotics during admission may help predict a poor response.

**WHAT CHARACTERISES A GOOD DISSEMINATION/ENGAGEMENT STRATEGY WHEN COMMUNICATING RESEARCH FINDINGS TO PATIENTS, STUDY PARTICIPANTS AND MEMBERS OF THE PUBLIC: A SURVEY OF UK-BASED RESEARCHERS’ PERSPECTIVES**

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**Background** Ethical research practice requires that researchers have a clear plan about how research findings should be reported back to patients, study participants and members of the public. Communicating results solely through research journal publications is no longer sufficient. The GIRASOL study covers three stages: a review of the literature, three surveys of the public, participants and researchers, and a consensus meeting. Here we report on researchers’ views around the elements of a good dissemination/engagement strategy, on their perceptions of good dissemination/engagement strategies and on what would encourage them to get more involved in dissemination and other engagement activities.

**Method** Content and thematic analyses were used to analyse the three open-ended questions included in the on-line survey directed to UK-based researchers.

**Results** 89 out of the 106 respondents addressed the open-ended questions. 80% of these respondents have at least six years of research record and around 30% are/were members of funding committees. Researchers agree that when communicating results to patients/study participants, adhering to