

## Scottish Antimicrobial Prescribing Group

### Prescribing antibiotics towards the end of life survey

The Scottish Antimicrobial Prescribing Group (SAPG) has established a multi-disciplinary and cross-speciality working group to explore the use of antibiotics towards the end of life.

The aim of this group is to identify the key issues in this area, as well as opportunities for improvement to inform good practice recommendations which will support clinicians across all care settings.

A key issue in this area is the definition of 'end of life'. Whilst we acknowledge that the GMC definition of "approaching end of life" refers to the last year of life, this definition may not always be practical in the context of clinical care and decision making

We have designed this survey as part of our consultation strategy. We would appreciate it if you would complete the survey as candidly as possible to inform our future work.

- 1. To assist us with evaluating the survey and ensure the results represent clinicians from a spread of specialties and seniority it would be helpful if you could provide some demographic information about yourself.**

#### **Area of practice (please indicate all that apply)**

Acute Hospital

Other hospital

General Practice **with** significant number of Care Home patients

General Practice **without** significant number of Care Home patients

GP Out-of-hours service

Hospice

Other – please describe \_\_\_\_\_

#### **Specialty area (if applicable)**

Free text \_\_\_\_\_

#### **2. Grade**

FY1

FY2

Trainee – please state level \_\_\_\_\_

Specialty doctor

Consultant

General Practitioner

Non-medical prescriber

**3. Age**

< 25 yr      25-30yr      31-40yr      41-50yr      >50yr

**4. How would you define 'towards the end of life' in the context of your clinical practice? (choose one answer and apply this to subsequent questions)**

Last year of life

Last months

Last weeks

Last days

Other – Please provide details \_\_\_\_\_

**5. What do you consider goals for prevention and treatment of infections towards end of life? (tick all that apply)**

Palliation of symptoms

Increasing longevity

Increasing patient hope

Increasing family hope /

**6. How often do you prescribe an antibiotic in a patient you consider to be towards the end of life to manage their symptoms rather than to treat their infection?**

Never    Occasionally    Sometimes    Often    Always

**Please explain why you have chosen this response**

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**7. How often do you manage symptoms such as pyrexia with other medications instead of prescribing antibiotics?**

Never    Occasionally    Sometimes    Often    Always

**8. How often have you felt uncertain regarding the benefits and risks of prescribing antibiotics for a patient you consider to be towards the end of life?**

Never    Occasionally    Sometimes    Often    Always

**Can you explain your answer in more detail?**

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**9. When you are uncertain regarding the benefits and risks for a patient towards the end of life how often would your preference be to prescribe antibiotics?**

Never Occasionally Sometimes Often Always

**Can you explain your answer in more detail?**

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**10. Do you consider the following to be appropriate treatment of infection in patients towards the end of life:**

Escalation from oral to intravenous administration of antibiotics Yes/No/Don't know

Use of 2<sup>nd</sup> or 3<sup>rd</sup> line antibiotics Yes/No/Don't know

Use of empirical (based on guideline) rather than targeted (based on Microbiology results) treatment Yes/No/Don't know

**Can you explain your answer in more detail?**

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**11. How comfortable are you with having a frank and open discussion about:**

**end of life choices with patients/families?**

Very ill at ease 1 2 3 4 5 Very comfortable

**end of life decisions related to treatment of infection with patients/families?**

Very ill at ease 1 2 3 4 5 Very comfortable

**12. Please indicate your level of agreement with the following statements**

**All patients towards the end of life with clinical signs of infection should be treated with antibiotics**

Definitely disagree 1 2 3 4 5 Definitely agree

**Patients who have capacity have the right to decide to reject treatment with antibiotics**

Definitely disagree 1 2 3 4 5 Definitely agree

**Patients who have capacity have the right to request treatment with antibiotics**

Definitely disagree 1 2 3 4 5 Definitely agree

**In the case of a patient who lacks capacity the person who holds welfare power of attorney or guardianship should be allowed to decide about treatment with antibiotics**

Definitely disagree    1       2       3       4       5       Definitely agree

**Healthcare professionals should encourage patients towards the end of life to make their wishes known e.g. via anticipatory care plan/advanced directive, including their wishes related to treatment with antibiotics**

Definitely disagree    1       2       3       4       5       Definitely agree

**When the patients' current known wishes are that they do not wish to receive life prolonging treatment, antibiotics should be withheld or stopped**

Definitely disagree    1       2       3       4       5       Definitely agree

**13. How much influence do the following factors have in your decision to treat infection with antibiotics in patients towards the end of life?**

**Patients' age**

Low influence            1       2       3       4       5       High influence

**Patients' quality of life/functional state/frailty**

Low influence            1       2       3       4       5       High influence

**Patients' primary diagnosis**

Low influence            1       2       3       4       5       High influence

**Social factors**

Low influence            1       2       3       4       5       High influence

**Pressure from patient**

Low influence            1       2       3       4       5       High influence

**Pressure from patient's family/carer**

Low influence            1       2       3       4       5       High influence

**14. When caring for a patients towards the end of life how important are the following factors in influencing your treatment decisions?**

**Principles of Realistic Medicine**

Not important at all    1       2       3       4       5       Extremely important

**Delivering objectives of Sepsis 6**

Not important at all    1       2       3       4       5       Extremely important

**Survival/mortality statistics**

Not important at all    1       2       3       4       5       Extremely important

