

The care of dying people in nursing homes and intensive care units: a qualitative mixed-methods study

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Disclaimer: This report contains quotations from interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

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What did we do?

We aimed to explore the impact of the Liverpool Care Pathway for the Dying Patient (LCP) in nursing homes and intensive care units (ICUs) in the north-west of England and in London. The distinction in the use of the LCP between sites recruited for their LCP use and those recruited for their non-LCP use was not always upheld in practice: this limited our capacity for direct comparisons. Twenty-three sites (12 ICUs and 11 nursing homes) took part.

We reviewed organisation and patient records, undertook interviews with staff and bereaved relatives and observed the care being delivered to patients who were dying. We undertook 25 observations of care (17 ICUs and eight nursing homes) in 12 of these sites. In the nursing homes, we observed only LCP-supported deaths. In the ICUs, we observed both LCP-supported and non-LCP-supported deaths, but the small number made it difficult to make useful comparisons between the two.

What did we find?

Although the study could not assess the impact of the LCP, it did provide important information about the care of dying people. In both settings, end-of-life care was seen as the responsibility of nurses. Nurses believed that the LCP could support good care, but the LCP was not well understood by relatives. Observations in nursing homes showed a focus on physical care and the monitoring of the patient. Although generally welcomed by relatives, some of this care was questioned. Observations in ICUs showed careful consideration of the benefit of continued intervention, which was usually withdrawn only after a long period of monitoring and review. Staff made great efforts to involve relatives in discussions. Ongoing education and training would be of benefit in both settings.

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