

Thinking ahead about medical treatments in advanced illness: a qualitative study of barriers and enablers in end-of-life care planning with patients and families from ethnically diverse backgrounds

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Disclosure of interests

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at <https://doi.org/10.3310/JVFW4781>.

Primary conflicts of interest: Louise Wallace was member of the DH Service Delivery and Organization Evaluations Panel (2009-11), the DH NIHR Health Services & Research Development Panel (2012-13), the HS&DR Researcher Lead Panel (2013-16) and the DHSC Health and Social Care Delivery Panel- (Seacole) (2019-22).

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

Published June 2023
DOI: 10.3310/JVFW4781

Plain language summary

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Health and Social Care Delivery Research 2023; Vol. 11: No. 7
DOI: 10.3310/JVFW4781

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Plain language summary

This study explored the experiences of terminally ill patients and their families from different ethnic backgrounds and whether or not, and how, they think ahead about their health getting worse and about dying. It included 93 interviews from 18 patient case studies, 19 interviews with bereaved family caregivers and workshops with 50 public and professional stakeholders.

Most patients and their family caregivers lived with hope, considering the future only in terms of practical matters of wills and funerals, rather than thinking about becoming less well and dying, which, for some, was counter to their beliefs. Family duty and community expectations stopped some participants from seeking additional support. However, when the family did not know how gravely ill the patient was, the patient's unexpected decline and death could be a devastating experience, with regret that they had been denied the chance to prepare and to make the best use of the time. Health-care professionals appear to feature little in people's lives. Some participants indicated a lack of trust and a poor experience of health care, but others talked of good experiences.

People want care that is personal to them and compassionate. This is no different from people from white British backgrounds and supports the use of different physical, social, spiritual and psychological care frameworks used in palliative care to address the individual needs of patients and families. However, health-care professionals need additional skills to navigate complex, sensitive communication and enquire about aspects of people's lives that may be unfamiliar. Personalising care requires health-care professionals to get to 'know' the person and develop confidence and skills to support patients and their families. Training, using stories based on our interviews, was seen as an effective way to support this. Effective communication and information-sharing between trusted individuals was seen by stakeholders as important in providing better care.

Health and Social Care Delivery Research

ISSN 2755-0060 (Print)

ISSN 2755-0079 (Online)

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb (ProQuest LLC, Ann Arbor, MI, USA) and NCBI Bookshelf.

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Editorial contact: journals.library@nhr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

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This report

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as project number 17/05/30. The contractual start date was in November 2018. The final report began editorial review in December 2021. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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