The Last Peace
IMAGINE
The Last Peace:

Identifying the barriers and facilitators to achieving a home death and how these can be addressed
Who are we?

5th year medical students:

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The Problem

81% would like to die at home

23% do die at home

Office for National Statistics 2015 (UK)
Aims

1. Identify the barriers and facilitators to achieving home as a place of death in the UK

2. Address the barriers and facilitators to achieving home as a place of death in the UK
Definitions

**Barrier** – factors preventing or deterring patients from dying at home

**Facilitator** – allowing or encouraging patients to die at home
Aim 1: Identify

- Systematic Literature Review
- Primary Data Study
- Discussion of Findings

Aim 2: Address

- Implications to Research
- Implications to Practice
Objective 1: Systematic Literature Review

Systematic Literature Review

5 Databases → 3241 Initial Papers → 72 Papers Analysed → 34 Quantitative → 37 Qualitative → 1 Mixed Methods

Databases | Initial Papers | Papers Analysed | Quantitative | Mixed Methods | Qualitative
Objective 1: Systematic Literature Review

Systematic Literature Review

37 Qualitative
META-ETHNOGRAPHY

34 Quantitative
DESCRIPTIVE ANALYSIS
Systematic Literature Review: Results

6 BARRIERS

- Stakeholders Lack Knowledge
- Family Burden
- Social Factors
- Poor Discharge
- Patient Condition
- Poor Planning

4 FACILITATORS

- Patient Support
- Coordinated Care
- Skilled Staff & Carers
- Effective Communication
Discussion

- Literature Review
- Primary Data
- Overall project discussion
Aim 1: Identify

- Systematic Literature Review
- Primary Data Study
- Discussion of Findings

Aim 2: Address

- Implications to Research
- Implications to Practice
Primary Data Collection:
Semi-structured interviews

Hospital

Community

Policy & Academia
Primary Data Collection:
Semi-structured interviews

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Doctors
Policy Makers
Hospice Staff
North Carolina Cancer Oncology

Palliative Care
Discharge Coordinators
Charity Staff
Professors
Geriatrics

Nurses
Formal Caregivers

Objective 2: Primary Data Collection

Primary Data Collection:
Semi-structured interviews
Primary Data Results:

- Managing People
- Education
- Planning
Study Outline

Aim 1: Identify

- SYSTEMATIC LITERATURE REVIEW
- PRIMARY DATA STUDY
- DISCUSSION OF FINDINGS

Aim 2: Address

- IMPLICATIONS TO RESEARCH
- IMPLICATIONS TO PRACTICE
Discussion

- Literature Review
- Primary Data
- 6 Barriers
- 4 Enablers
- 10 Action Points
Objective 3: Discussion of Findings

6 Overarching Barriers
Barrier 1:

Fear, stigma & burden of death

ACTION POINT 1: Acknowledge and address this fear
Patient Specific Discrepancies

ACTION POINT 2: Identify disadvantaged groups that need further support
Barrier 3: Communication Difficulties

ACTION POINT 3: Encourage communication to elicit patient preferences
Barrier 4: Knowledge Deficit

ACTION POINT 4: Equip stakeholders with the knowledge of EoLC
Barrier 5:

Resource Allocation Challenges

ACTION POINT 5: Evaluate efficiency of current resource allocation
Barrier 6: 

Poor Planning

ACTION POINT 6: Carrying out end to end planning of EoLC
6 Barriers

- Fear, Stigma and Burden
- Patient Specific Discrepancies
- Communication
- Knowledge Deficit
- Resource Allocation Challenges
- Poor Planning
Overarching 4 Facilitators
Facilitator 1:

ACTION POINT 7: Document wishes as early as possible
Facilitator 2: Effective Support

ACTION POINT 8: Ensure strong EoLC support
Facilitator 3:

Early Recognition

ACTION POINT 9: Recognise patients in need of end-of-life care early
Facilitator 4:

Seamless Hospital & Community and Coordination

ACTION POINT 10: Coordinate Services
4 Facilitators

Well Documented Wishes

Effective Support

Early Identification

Seamless Hospital & Community Coordination
10 Action Points

1) Acknowledge **fear**
2) Identify the **disadvantaged**
3) Encourage **communication**
4) Equip stakeholders with **knowledge**
5) Evaluate **efficiency** of resources
6) **End to end** planning
7) Document wishes early
8) Emphasis **training**
9) **Recognise** patients early
10) **Coordinate** services
Objective 1: Identify

- Systematic Literature Review
- Primary Data Study
- Discussion of Findings

Objective 2: Address

- Implications to Research
- Implications to Practice
What does this mean?
Objective 4: Implications to Research

1. Drivers underlying the fear of death?
2. Differences in dying at home between cancer and non-cancer patients?
3. Identify the extent of the 6 barriers and 4 facilitators

More investigation
Objective 1: Identify
- Systematic Literature Review
- Primary Data Study
- Discussion of Findings

Objective 2: Address
- Implications to Research
- Implications to Practice
Objective 5: Implications to practice

What can we do?
Who does the problem affect?

- HCPs
- Patients
- Families
- Carers
PROBLEM 1: DOCTORS LACK SKILLS & CONFIDENCE
RECOMMENDATION 1: MEDICAL EDUCATION

- Reviewed curriculum
- Lack of teaching on EoLC
- Surveyed 87 Medical Students
Only 7% feel confident
This is SO exciting!
HOW CAN WE CHANGE THAT?

PROBLEM 2:
PEOPLE DON’T LIKE TALKING ABOUT END OF LIFE
RECOMMENDATION 2: MARKETING
The Attachment-Aversion Model

Increase motivation by appealing to:

◉ Self Relevance
◉ Aesthetic Needs
◉ Functional Needs
◉ Spiritual Needs

A. B. Eisingerich & Park et al 2013
Ever given any thoughts about your end of life care wishes?

No?

Don’t leave it ‘til it’s too late, make a plan today.

Visit www.missingpeace.com
RECOMMENDATION 3:

COMMENCE ACP AS EARLY AS POSSIBLE
RECOMMENDATION 4:
EDUCATION AND TRAINING IN END-OF-LIFE CARE FOR INFORMAL CARERS
RECOMMENDATION 5:

ADOPTING BEST PRACTICE IN DISCHARGE
Study Outline

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- Implications to Practice
10 Action Points

1) Acknowledge **fear**

2) Identify the **disadvantaged**

3) Encourage **communication**

4) Equip stakeholders with **knowledge**

5) Evaluate **efficiency** of resources

6) **End to end** planning

7) **Document** wishes early

8) Emphasis **training**

9) **Recognise** patients early

10) **Coordinate** services
Thank You