Discussing Place of Death with Patients and Families: the Perceptions of Irish Palliative Care Professionals

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Introduction:
Quality of end-of-life care is increasingly measured by achievement of preferred place of death (Seymour et al 2010). Findings from previous research suggest that most people wish to die at home (Irish Hospice Foundation 2004). However, the research to date highlights a gap between what is desirable for patients and the actual events surrounding end-of-life care (Holdsworth and Fisher 2010; Reid 2011; Mungrady 2009). A central aspect to improving achieved place of death is communication which is influenced by patient, carer and healthcare professional perspectives.

Aims of the study:
- To describe the experiences of hospice professionals discussing place of death with patients and their families
- To describe the approach taken when initiating discussions regarding place of death
- To identify and describe perceived challenges or barriers to conversations regarding place of death
- To identify and describe how information is documented and discussed with other staff post conversations regarding place of death
- To identify and describe approaches/documents which could contribute to mitigating and completing discussions regarding place of death
- To identify education needs (if any) of participants regarding discussing place of death

Results:
Four main themes emerged from the data. These were:
- Approaching place of death conversations
- Delivering and hearing the message
- Being responsive
- Collaborative knowledge, learning and acknowledgement

Discussion:
The research findings highlight the importance of timing and building relationships in introducing the subject of choosing place of death. Patients may not be aware of the suggestion that most people wish to die at home, healthcare professionals have a responsibility to clarify what is the patient’s interpretation of home. Consequently, on-going communication is essential to enhance continuity of care and the quality of care provided.

Conclusion:
The research indicates four components to discussing place of death with patients and families namely, approaching place of death conversations, delivering and hearing the message, being responsive and collaborative knowledge, learning and acknowledgement. Areas for improvement were identified including, the appointment of professionals who will act as role models and leaders to guide and support new staff in discussing place of death and the implementation of reflective practice and debriefing sessions.

Collaborative Knowledge, Learning and Acknowledgement

Delivering and Hearing the Message

When time is short and you have to bring that up quickly, there is no justice. It’s about how you support them...it’s about how you communicate that message. There is no rule book...everyone is different

Timing/pacing
Placing seeds
Relationship
Environment

They know they’re dying, we know they’re dying, sometimes these things go unsaid and that comes back to timing

Being Responsive

...being a bit of home here...be it a picture, a duvet, a blanket...something that’s theirs, that makes a room a bit more personal

...explore peoples’ decisions, to see if they’re made for the right reasons and very often avoid place of care, they’re made for the wrong reasons

My approach to breaking bad news has evolved over time, from seeing things that have or haven’t worked...I have learned you take each conversation in a unique way...it is something that will change through the years from experience

Home and Hospice
Priority of Care
On-going Communication
MDT Communication

I believe when we talk about home...when somebody is starting to die, we need to clarify what they understand is home. Because my experience is home is not always the physical building...you’re going back to familiarity and the memories

The most important part of patient care is communication...you have to keep practicing it...keep having courses and keep reminding people and the organisation how important it is...your communication strategy and process is only as good as your weakest link

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