Priorities for Care of the Dying Person

Duties and Responsibilities of Health and Care Staff

Published June 2014 by the
Leadership Alliance for the Care of Dying People

Local palliative care contact:

RECOGNISE

The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Always consider reversible causes, e.g. infection, dehydration, hypercalcaemia, etc.

COMMUNICATE

Sensitive communication takes place between staff and the dying person, and those identified as important to them.

INVOLVE

The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

SUPPORT

The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

PLAN & DO

An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

If unsure, or the dying person or those important to them raise concerns, a senior clinician must review the person and the goals and plan of care. The titles above are intended as memory prompts and attention should be paid to the whole description for each section. Expanded explanations are included overleaf.

Expanded explanations of the priorities

Recognise

- Consider potentially reversible cause if person unexpectedly deteriorates. A doctor must assess if change is potentially reversible or if person is likely to die within a few hours or days.
- If potentially reversible, take prompt action to attempt this, provided in accordance with person's wishes (or best interests, if lack mental capacity).
- If likely to die very soon, communicate this clearly and sensitively to the person (if conscious and have not indicated they would not wish to know) and family and those important to the person.
- Take into account the person's views and preferences, and develop and document plan of care.
- Regularly review person to make sure plan of care remains appropriate and respond to change in condition, needs and preferences.

Involve

- Involve the dying person to the extent they wish to be:
  - in day to day decisions about food, drink and personal care
  - in clinical and treatment decisions.
- Find out, and respect, the extent to which individuals wish their families and those important to them to be involved in decision-making.
- Tell the person, and those important to them, who is the senior doctor who has responsibility for their treatment and care, and who is the nurse leading their care.
- Where it is established that the dying person lacks capacity to make a particular decision, that decision or action taken on their behalf must be in their best interests. Involve them as far as possible.

Plan & Do

- Develop an individualised plan of care and treatment to meet the dying person's own needs and wishes, and document this so that consistent information is shared with those involved in the person's care and is available when needed.
- Pay attention to symptom control, including relief of pain and other discomforts.
- Pay attention to the person's physical, emotional, psychological, social, spiritual, cultural and religious needs.
- Support the person to eat and drink as long as they wish to do so.
- Refer to specialist palliative care if the person and/or situation require this, and ring for advice if unsure about anything.

Communicate

- Remember that open, honest and sensitive communication is critically important.
- Use clear, understandable and plain language – verbally and in all other forms of communication.
- If needed, provide additional support to help dying person understand information, communicate their wishes or make decisions.
- Remember that communication is two-way. Listen to views of person and those important to them, not simply provide information.
- Be sensitive, respectful in pace and tone of communication, and take account of what the dying person and those important to them want, and feel able, to discuss at any particular point in time.
- Check the other person's understanding of information that is being communicated, and document this.

Support

- Remember that families and those important to the dying person, including carers, have their own needs which can be overlooked at this time.
- Recognise that they may be physically and emotionally tired, anxious or fearful.
- Ask about their needs for support or information, and meet these as far as possible.
- Listen to, and acknowledge their needs and wishes, even when it is not possible to meet all of them.
- Where a dying person lacks capacity, explain the decision-making process to those people who are supporting the dying person and involve them as much as possible.

Each individual must have an individual care plan according to their needs. The plan should be discussed openly with the person and those identified as important to them. This plan must be reviewed on a daily basis.

Scan on a smartphone for quick access to website guidance

For further guidance www.nhsiq.nhs.uk/endoflifecare