

Improving the care of patients dying in the renal setting: a focus group analysis prior to implementation of the Liverpool Care Pathway

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Problem. The National Service Framework for Renal Services: Part 2 (1) recommended implementation of the Liverpool integrated care pathway for (LCP) for the dying patient (LCP) in the renal setting. Although the pathway has been recognized as a model of good care for patients estimated to be in the last days of life (2), there is no evidence as yet to underpin the LCP in the renal setting.

Purpose. This focus group analysis is part of a larger study focusing on evaluation of the Liverpool care pathway in improving care of the dying renal patient. The purpose of this initial phase of the study was to elicit the key issues in caring for dying renal patients in the last few days of life prior to implementation of the LCP.

Design. An exploratory approach was undertaken using focus groups as a means of data collection. Twenty-one participants from the multi-professional renal team participated, using a purposive approach to recruitment. A discussion guide for the group facilitators was developed with the following themes: 1) symptom control 2) communication 3) prognostication 4) psychological care 5) spiritual care 6) bereavement support. The data were analysed using thematic analysis.

Findings. Analysis highlighted a number of issues including detailed accounts of the innumerable barriers to delivering good end of life care to renal patients. These barriers to the delivery of good end of life care related to five main areas: prognostication and uncertainty, difficulties in assessment and management of symptoms, problems in co-ordination of care, challenges of communication (sensitivity versus honesty) and the taboo surrounding death and dying. A clear picture emerged of frustration regarding the inadequate delivery of high quality end of life care for renal patients.

Conclusions. Our study has provided an insight into staff perceptions of barriers to delivering good end of life care. In particular, a lack of open communication, difficulties in accurate prognostication and the taboo surrounding death and dying can all result in poor care. Our findings have been fruitful in understanding unmet needs during the final phase illness in chronic kidney disease.

Relevance: These insights of renal clinicians, who participated, highlight the ongoing need to prioritize the development of palliative skills within the renal multi-professional team. The next phase of this study will determine whether the LCP in its existing form addresses these issues and improves practice and outcomes.

References

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