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Medication management in the last phase of life

A mixed methods research

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Aim of the project

To gain insight into current practices of medication management in the last three months of life and to design a draft guideline




Introduction

- Patients in the last stage of life are prone to polypharmacy
- At the end of life medication should be evaluated on its merits
- No guidelines about medication management in the last stage of life
- **Little is known about every day practice**
- **Little is known about norms and valuations of patients, relatives, nurses, physicians**

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- Phase 1 Retrospective patient file analysis
- **Phase 2 Qualitative in-depth interviews**
- Phase 3 Quantitative questionnaires specialists and general practitioners
- Phase 4 Delphi procedure based on the results phase 1-3

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Research questions phase 2

1. **What are the current practices of medication management in the last three months of life?**
2. What are the norms and values of the participants?



Design phase 2

- A multicenter study
- In-depth interviews
- Patients, relatives, nurses, specialists and general practitioners
- Constant comparative method
- Software program ATLAS-ti
- Eighteen casus
- University hospital, a regional hospital, two hospices and primary care

Results

- 17 patients
- 11 relatives
- 14 nurses
- 16 specialists
- 13 general practitioners




Patiënt characteristics

- Sex 9 male, 8 female
- Age 47 – 91 years
- Diagnose cancer, kidney failure, COPD, ileus, heart failure, ALS, old age
- Education 1 university, 4 high, 4 middle, 6 low, 2 none
- Background 12 Dutch, 2 German, 2 French, 1 Turkish, 1 Suriname
- Religion 7 none, 6 catholic, 1 protestant, 1 reformed, 1 buddhism, 1 Muslim,
- Settings 7 home, 4 high-care hospice, 6 hospital
- Survival 5 -96 days, median 35 days, 4 still alive


Themes daily practice medication management

1. Medication is not systematically evaluated on its merits
2. The priority of symptom management
3. No routine in patient participation in medication-decision-making
4. Lack of agreement on responsibility co-morbid disease medication
5. Pharmacist's task is seen as limited

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1. Medication is not systematically evaluated

'Did I consider to stop medication? Yes, that's a good question. I don't think I would have, but that could perhaps been done...but.....'

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2. The priority of symptom management

'Patients should not be in pain'





3. Patient participation in medication-decision-making

Yes such a final stage of life can vary from a few days to months and maybe a year. If someone is terminally but to your feelings is not in that stage because still walking. You might take away hope. If someone is bedridden and in hospice, I think those people really are in the last stage of life, when we can offer nothing...then of course it may be made negotiable to stop medication.....





4. Agreement on responsibility co-morbid disease medication

'But the cardiologist, there was no decision taken as in "you use this medication, we could stop or continue". Doctors did not consult each other about medication reduction. No this absolutely did not take place.....'



5. Pharmacist's tasks

'Well so the pharmacist has some sort of plan to become a doctor and have his own influence on the decision-making process. That doesn't not seem a positive development. The pharmacist thinks he has a treatment relationshipbut no..... he has no treatment relationship with the patient and is only the provider of medication'



Preliminary conclusions

- Greater awareness among healthcare professionals about medication management and about patients' preferences is needed
- Definition of roles and responsibilities of professionals is necessary to reduce inappropriate medication use
- An end-of-life medication management guideline should be participant-based



Questions or discussion ?

