

# **You can give end of life care**

**Module 12**

# Learning Objectives

- List the signs of terminal phase
- Discuss ways of caring at the end of life
- Explain non-oral routes of drug administration
- Discuss ethical issues around end of life care

# End of life care

- What do we mean?
- How do we define ‘end of life’?
- What is the difference between palliative care and terminal care?
- How do we predict end of life care?
- How do we approach end of life care?

# Signs of approaching death

- Patients condition deteriorating steadily
  - sleeping much of the time
  - may be confused , comatose
  - minimal oral intake
  - reduced bowel or bladder function  
/incontinence
  - breathing becomes irregular, sometimes noisy
  - skin colour changes
  - hands and feet become cold

# Fear of patient and family

- Divide in to groups and discuss likely fears
  - patients
  - family / carers

# Treat, care and prescribe

## ■ Treat

- review benefits and burdens of any treatments
- counsel and explain to family

*“In life, you try your best to hold tight to your dignity, in death sometimes others have to hold onto it for you.” Bono*

# Treat, care and prescribe

## ■ Care

- encourage presence
- explain what is happening
- allow feeding to be tailored to his wishes
- allow to take sips of water
- IV fluids might not be appropriate
- keep the patient clean and dry
- turn the patient every 2 hours
- clean the mouth with moist cloth wrapped around a finger
- apply petroleum jelly to the lips

# Treat, care and prescribe

## ■ Prescribe

- most medications can be stopped
- continue symptom control drugs
- consider alternative routes of administration



# Treat, care and prescribe

## ■ Prescribe

### Non-oral routes

- subcutaneous (preferred)
- buccal
- naso –gastric
- rectal
- intramuscular
- intravenous

# Treat, care and prescribe

## ■ Prescribe

- death rattle

hyoscine butylbromide 20-40 mg qds

- agitation

haloperidol 1-5 mg s/c 2-4 hrly

midazolam 5-20 mg s/c 2-4 hrly

- Pain

morphine 2.5 – 5 mg s/c 4 hrly, tramadol 50 mg s/c 6 hrly

# Difficult decisions

- Withdrawing treatment
  - stopping treatment when it is no longer helpful
- Withholding treatment
  - not giving a certain treatment because it is futile

# Guiding principles

## *Remember*

- benefits and burdens balance
- aim for quality of life
  - neither shortening nor prolonging life
- focus on alleviating suffering
- listen, listen, listen

# Case Scenario

Sam is a 45 year old man who has advanced stomach cancer. He had surgery a few months ago but the tumour has come back and he has some episodes of gastric bleeding. He has had repeated blood transfusions, which involved long journeys to hospital, but he remains very anaemic and his overall condition is frail. You are called to see him at home because he has vomited a large amount of blood. He is semi – conscious. His brother is with him and anxious he goes to the hospital for another transfusion and says. “ You can’t just let him die.”

**What would you do and why?**

**How would you counsel the brother?**

- These resources are developed as part of the THET multi-country project whose goal is to strengthen and integrate palliative care into national health systems through a public health primary care approach
  - Acknowledgement given to Cairdeas International Palliative Care Trust and MPCU for their preparation and adaptation
  - part of the teaching materials for the Palliative Care Toolkit training with modules as per the Training Manual
  - can be used as basic PC presentations when facilitators are encouraged to adapt and make contextual



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