



EVIDENCE SEARCH RESULTS

Question/subject of request:	End of life care barriers to communication that exist in terms of the physical surroundings eg noise, lack of privacy and also the communication itself, what works well and why such as touch, understanding, and pause etc. I'm looking at it from terms of good practice and awareness for doing some training going forward with new nurse inductions etc.
Date requested:	18 th July 2024
Date completed:	14 th August 2024
Compiled by:	Laetitia Delaleuf

CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Delaleuf, L., (2024). Evidence Search: End of life care and communication. Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

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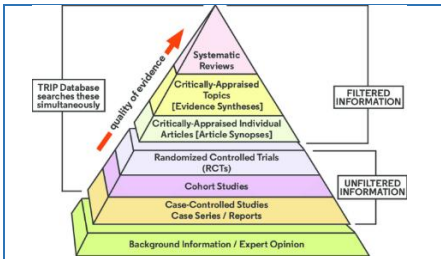
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The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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GUIDELINES

[National guidelines for end of life care | For professionals](#)

Authors: Marie Curie

Publication Year: 2023

Abstract: An overview of the different guidelines, quality standards and frameworks for end of life care that apply in England, Wales, Scotland and Northern Ireland.

Date Retrieved: Aug 9, 2024

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EBOOKS / BOOKS

[Practical considerations including difficult conversations \[eBook\]](#)

Author: Block, Susan D.

Publication Date: 2021

Book: Oxford Textbook of Palliative medicine

Place of Publication and Publisher: Oxford Textbook of Palliative Medicine, Oxford: Oxford University Press.



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Abstract: Conversations about palliative care pose multiple challenges for patients, families, and clinicians. This chapter emphasizes the critical role of relationships in communication, highlights common practical challenges that arise in communication about palliative care issues, and proposes specific strategies for addressing them. Examples of language that expresses key clinician interventions is included. Patient-related communication challenges include dealing with anxiety, denial, anger, and grief and sadness. Approaches to family communication challenges focus on the desire to protect the patient, unexpressed grief, and unrealistic expectations, while those related to the clinician include attachment and grief, and discussing prognosis. The role of patient and family preparation, fostered through early, direct, and gentle conversations, is emphasized as a key practice that supports coping and adaptation. Clinicians are conceptualized as supporting patients through attention to the patient and family as persons, the use of skilful interpersonal communication, authenticity, and a commitment to ongoing self-reflection and flexibility.

Please note to access to the eBook , click on ‘Sign in through your institution’ then, type ‘NHS’ and select’ NHS England’, then type username and password of your OpenAthens account

Enhanced Communication Skills

Author: Glajchen, Myra and Wilkins, Christine

Publication Date: 2021

Book: [Palliative and Serious Illness Patient Management for Physician Assistants](#)

Place of Publication and Publisher: New York: Oxford University Press.

Abstract: Good communication is considered fundamental to high-quality palliative care. Communication includes serious illness conversations with patients and family caregivers, collaborative communication across teams and disciplines, and communication with community providers. This chapter explores definitions, evidence-based research, training, and best clinical practices in three areas of enhanced communication. Narrative medicine promotes empathy, patient-centered listening, and life review through reflective journaling, writing, and self-reflection. Goals-of-care discussions, which may include advance care planning, ensure that providers align care with what matters most to the patient. The family meeting is used to facilitate communication, discuss the illness experience, present treatment choices, and facilitate end-of-life decision-making. Quality healthcare mandates training for healthcare clinicians in communication using a systematic approach.

Communication

Author: Hallenbeck, James L.

Publication Date: 2021

Book: [Palliative Care Perspectives](#)

Place of Publication and Publisher: New York: Oxford University Press.

Abstract: This chapter discusses the importance of good communication in palliative care. The chapter provides an introduction to the field of intercultural communication and gives suggestions for how to use the principles of intercultural communication in better communicating with others in palliative care. A narrative approach is taken to understanding the positions of participants in any act of communication. Basic skills in sharing bad news,



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assessing goals of care, and holding a family meeting are presented. The chapter discusses the importance of incorporating patient and family preferences into difficult decisions, using the acronym GOOD, which stands for goals, options, opinion, and document. Suggestions are made for how best to pronounce patients and communicate with family members after a person has died. Suggestions are made for how best to communicate regarding requests for a hastened death.

[Communication with the patient and family \[eBook\]](#)

Author: LeBlanc, Thomas W. and Tulskey, James

Publication Date: 2021

Book: Oxford Textbook of Palliative Medicine

Place of Publication and Publisher: Oxford: Oxford University Press.

Abstract: High-quality palliative medicine depends upon communication that is patient-centred, clear, and attends to the central role of emotion in the medical encounter. Good communication leads to a number of improved outcomes including greater adherence to therapy, higher patient satisfaction, decreased anxiety and depression, and care that is more consistent with patients' goals. Unfortunately, in practice, communication frequently does not meet these standards and opportunities are lost to meet patients' most basic needs. That said, good communication can be deconstructed and conceptualized as a series of discrete behaviours and skills including assessing patient understanding before entering into difficult conversations, asking permission to discuss tough topics, delivering information in small manageable chunks while checking for understanding, responding to patients' emotions, eliciting patients' values, and aligning treatment preferences to their goals. Specific techniques and cognitive roadmaps exist to help navigate these conversations and ought to be in the toolbox of every palliative care clinician.

Please note to access to the eBook , click on 'Sign in through your institution' then, type 'NHS' and select' NHS England', then type username and password of your OpenAthens account

[Listen : how to find the words for tender conversations](#)

Author: Mannix, K.

Publication Date: 2021

Place of Publication and Publisher: London. William Collins

Abstract: From the bestselling author of *With the End in Mind*, this is a book about the conversations that matter and how to have them better - more honestly, more confidently and without regret. A child coming out to their parent. A family losing someone to terminal illness. A friend noticing the first signs of someone's dementia. A careers advisor and a teenager with radically different perspectives. There are moments when we must talk, listen and be there for one another. Why do we so often come away from those times feeling like we could have done more, or should have been braver in the face of discomfort? Why do we skirt the conversations that might matter most? By bringing together stories with a lifetime's experience working in medicine and the newest psychology, Mannix offers lessons for how we can better speak our mind and help when others need to.





[Communication in palliative nursing : the COMFORT model](#)

Author: Wittenberg, E.

Publication Date: 2020

Edition, Place of Publication and Publisher: 2nd ed. edn. New York: Oxford University Press.

Abstract: Communication in Palliative Nursing presents the COMFORT Model, a theoretically-grounded and empirically-based model of palliative care communication. Built on over a decade of communication research with patients, families, and interdisciplinary providers, and reworked based on feedback from hundreds of nurses nationwide, the chapters outline a revised COMFORT curriculum: Connect, Options, Making Meaning, Family caregivers, Openings, Relating, and Team communication. Based on a narrative approach to communication, which addresses communication skill development, this volume teaches nurses to consider a universal model of communication that aligns with the holistic nature of palliative care. This work moves beyond the traditional and singular view of the nurse as patient and family educator, to embrace highly complex communication challenges present in palliative care—namely, providing care and comfort through communication at a time when patients, families, and nurses themselves are suffering. In light of the vast changes in the palliative care landscape and the increasingly pivotal role of nurses in advancing those changes, this second edition provides an evidence-based approach to the practice of palliative nursing. Communication in Palliative Nursing integrates communication theory and health literacy constructs throughout, and provides clinical tools and teaching resources to help nurses enhance their own communication and create comfort for themselves, as well as for patients and their families.

[Oxford handbook of palliative care](#)

Authors: Watson, Max et al.

Publication Date: 2019

Edition, Place of Publication and Publisher: 3 ed. / edn. Oxford University Press.

Abstract: This practical guide briefly covers the historical and epidemiological background of palliative care and the growth of palliative medicine as a specialty, before dealing with major physical, psychological, spiritual, and symptom management issues from diagnosis to bereavement care.

Chapter 2 is about Communication in palliative care with barriers, communication issues, advice on how to break bad news, dealing with strong feelings and exploring them, dealing with denial and other practical advice.

[How to be an even better listener : a practical guide for hospice and palliative care volunteers](#)

Author: Mundle, R.

Publication Date: 2019

Place of Publication and Publisher: London : Jessica Kingsley

Abstract: Providing guidance and advice on the challenging art of listening, this book responds directly to the expressed learning needs of hospice and palliative care volunteers regarding their communication skills in end-of-life care. Listening can be mentally, physically, and spiritually exhausting, often highlighted in books about hospice and palliative care but never taking the spotlight. This accessible companion provides hospice and palliative care



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workers with a variety of helpful insights and suggestions drawn from a solid base of current theoretical concepts and clinical research. With personal reflections on being listened to, the guide includes strategies for becoming a more effective listener, as well as exploring the challenges of listening, the need for self-care and spiritual and ethical considerations. By expanding their own capacity for empathy, compassion and understanding the wider narrative of illness, hospice and palliative care volunteers will become even better listeners in their essential roles.

[With the end in mind : dying, death and wisdom in the age of denial](#)

Author: Mannix, K.

Publication Date: 2017

Publisher: Collins edn.

Abstract: In this unprecedented book, palliative medicine pioneer Dr Kathryn Mannix explores the biggest taboo in our society and the only certainty we all share: death 'Impossible to read with dry eyes or an unaltered mindset' Sunday Times A SUNDAY TIMES BESTSELLER & BOOK OF THE YEAR SHORTLISTED FOR THE WELLCOME BOOK PRIZE Told through a series of beautifully crafted stories taken from nearly four decades of clinical practice, her book answers the most intimate questions about the process of dying with touching honesty and humanity. She makes a compelling case for the therapeutic power of approaching death not with trepidation but with openness, clarity and understanding. *With the End in Mind* is a book for us all: the grieving and bereaved, ill and healthy. Open these pages and you will find stories about people who are like you, and like people you know and love. You will meet Holly, who danced her last day away; Eric, the retired head teacher who, even with Motor Neurone Disease, gets things done; loving, tender-hearted Nelly and Joe, each living a lonely lie to save their beloved from distress; and Sylvie, 19, dying of leukaemia, sewing a cushion for her mum to hug by the fire after she has died. These are just four of the book's thirty-odd stories of normal humans, dying normal human deaths. They show how the dying embrace living not because they are unusual or brave, but because that's what humans do. By turns touching, tragic, at times funny and always wise, they offer us illumination, models for action, and hope. Read this book and you'll be better prepared for life as well as death.

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ARTICLES

['Beyond the Reach of Palliative Care': A Qualitative Study of Patient and Public Experiences and Anticipation of Death and Dying](#)

Authors: Pollock, Kristian; Caswell, Glenys; Turner, Nicola and Wilson, Eleanor

Publication Date: -06-21 ,2024

Journal: Qualitative Health Research , pp. 10497323241246705

Abstract: The demands and costs of health care resulting from increasingly ageing populations have become a major public health issue in the United Kingdom and other industrially developed nations. Concern with cost containment and shortage of resources has prompted a progressive shift in responsibility from state provision of care to individual patients and their families, and from the institutional setting of the hospital to the domestic



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home. Under the guise of choice and patient centredness, end-of-life care is framed within a discourse of the 'good death': free from distress and discomfort and accompanied by significant others in the preferred place, usually assumed to be home. The promotion of the 'good death' as a technical accomplishment enabled by pre-emptive discussion and advance care planning has sidelined recognition of the nature and significance of the pain and suffering involved in the experience of dying. There has been little research into the disparity between policy and professional assumptions and the lived reality of end of life. In this paper, we present findings from a qualitative study of how terminally ill patients, bereaved family members, and members of the public understand, anticipate, and experience death and dying. These findings contribute to an important and timely critique of the normative idealisation of death and dying in health policy and practice, and the need to attend closely to the real-world experiences of patients and the public as a prerequisite for identifying and remedying widespread shortcomings in end-of-life care.

[Addressing challenges in end of life communication with patients and families](#)

Authors: Williams, Mary

Publication Date: May 31 ,2023

Journal: Nursing Standard (Royal College of Nursing (Great Britain) : 1987) 38(6), pp. 78–82

Abstract: Skilled and compassionate communication with patients and their families is a priority in all areas of clinical practice. This is particularly important in palliative and end of life care, where people may feel frightened and vulnerable and require clear, honest and compassionate communication from healthcare professionals. However, many patients and families have reported dissatisfaction with their interactions with healthcare professionals in end of life care, including a lack of compassion and understanding of their emotional well-being. This article explores the literature on end of life communication with patients and families and discusses how improvements can be made in this area of practice.

["Are They Saying It How I'm Saying It?" A Qualitative Study of Language Barriers and Disparities in Hospice Enrollment](#)

Authors: Dressler, Gabrielle;Cicoello, Katherine and Anandarajah, Gowri

Publication Date: Mar ,2021

Journal: Journal of Pain and Symptom Management 61(3), pp. 504–512

Abstract: CONTEXT: Language barriers contribute significantly to disparities in end-of-life (EOL) care. However, the mechanisms by which these barriers impact hospice care remains underexamined. OBJECTIVES: To gain a nuanced understanding of how language barriers and interpretation contribute to disparities in hospice enrollment and hospice care for patients with limited English proficiency. METHODS: Qualitative, individual interviews were conducted with a variety of stakeholders regarding barriers to quality EOL care in diverse patient populations. Interviews were audiorecorded and transcribed verbatim. Data were coded using NVivo 11 (QSR International Pty Ltd., Melbourne, Australia). Three researchers analyzed all data related to language barriers, first individually, then in group meetings, using a grounded theory approach, until they reached consensus regarding themes. Institutional review board approval was obtained. RESULTS: Twenty-two participants included six nurses/certified nursing assistants, five physicians, three administrators, three social workers, three patient caregivers, and two chaplains, self-identifying from a variety of racial/ethnic backgrounds. Three themes emerged regarding language barriers: 1) structural



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barriers inhibit access to interpreters; 2) variability in accuracy of translation of EOL concepts exacerbates language barriers; and 3) interpreters' style and manner influence communication efficacy during complex conversations about prognosis, goals of care, and hospice. Our theoretical model derived from the data suggests that Theme 1 is foundational and common to other medical settings. However, Theme 2 and particularly Theme 3 appear especially critical for hospice enrollment and care. **CONCLUSION:** Language barriers present unique challenges in hospice care because of the nuance and compassion required for delicate goals of care and EOL conversations. Reducing disparities requires addressing each level of this multilayered barrier.

[Systematic mixed-method review of barriers to end-of-life communication in the family context](#)

Authors: Nagelschmidt, Katharina;Leppin, Nico;Seifart, Carola;Rief, Winfried and von Blanckenburg, Pia

Publication Date: Sep ,2021

Journal: BMJ Supportive & Palliative Care 11(3), pp. 253–263

Abstract: **BACKGROUND:** Communication about the end of life is especially important in the family context, as patients and their families are considered as the care unit in palliative care. Open end-of-life communication can positively affect medical, psychological and relational outcomes during the dying process for patient and family. Regardless of the benefits of end-of-life conversations, many patients and their family caregivers speak little about relevant end-of-life issues. **AIM:** To identify barriers that hinder or influence the discussion of end-of-life issues in the family context. **DESIGN:** A systematic mixed-method review according to Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines. **DATA SOURCES:** A systematic search of PsycInfo, CINAHL, PubMed and Web of Science was conducted and extended with a hand search. Peer-reviewed primary studies reporting on the barriers to or difficulties in end-of-life conversations experienced by terminally ill patients and/or family caregivers were included in this review. **RESULTS:** 18 qualitative and two quantitative studies met the inclusion criteria. The experiences of n=205 patients and n=738 family caregivers were analysed qualitatively; n=293 patients and n=236 caregivers were surveyed in the questionnaire studies. Five overarching categories emerged from the extracted data: emotional, cognitive, communicative, relational and external processes can hinder end-of-life communication within the family. The most frequently reported barriers are emotional and cognitive processes such as protective buffering or belief in positive thinking. **CONCLUSIONS:** Research on end-of-life communication barriers in the family context is scarce. Further research should enhance the development of appropriate assessment tools and interventions to support families with the challenges experienced regarding end-of-life conversations.

[A Scoping Review of End-of-Life Communication in International Palliative Care Guidelines for Acute Care Settings](#)

Authors: Olsson, Maja Magdalena;Windsor, Carol;Chambers, Shirley and Green, Theresa L.

Publication Date: Aug ,2021

Journal: Journal of Pain and Symptom Management 62(2), pp. 425–437.e2

Abstract: **CONTEXT:** End-of-life communication in acute care settings can be challenging and many patients and families have reported low satisfaction with those conversations.



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OBJECTIVE: To explore existing guidelines around palliative care to increase current understanding of end-of-life communication processes applicable to the acute care setting. **METHODS:** A scoping review following the method of Arksey and O'Malley was undertaken to identify eligible documents and thematically summarize findings. Web sites of government authorities, departments, and ministries of health as well as palliative care organizations were searched as were MEDLINE, CINAHL (EBSCOhost), EMBASE, Cochrane Library, Joanna Briggs Institute, and PsycINFO databases. Searches were limited to documents published between January 2009 and August 2019 that were nondisease specific and applicable to the acute care setting. **RESULTS:** Thirteen guidelines from nine different countries were identified. Thematic analysis produced eight themes: 1) The purpose and process of end-of-life communications, 2) cognitive understanding and language in end-of-life communication, 3) legal aspects of end-of-life communication, 4) conflicts and barriers related to end-of-life care, 5) end-of-life communication related to medical record documentation, 6) healthcare professionals' responsibilities and collaboration, 7) education and training, and 8) policies, guidelines, and tools for end-of-life communications. **CONCLUSIONS:** Palliative and end-of-life guidelines applicable to acute care settings outline the purpose of end-of-life communication and address how, when, and by whom such conversations are best initiated and facilitated. How guidelines are developed and what aspects of communications are included and emphasized may differ across countries related to role differences of physicians and nurses and national laws and regulations.

[Talking about end of life in general palliative care - what's going on? A qualitative study on end-of-life conversations in an acute care hospital in Denmark](#)

Authors: Bergenholtz, Heidi; Timm, Helle Ussing and Missel, Malene

Publication Date: Jul 25, 2019

Journal: BMC Palliative Care 18(1), pp. 62–z

Abstract: **BACKGROUND:** End-of-life (EOL) conversations in hospital should serve to give patients the opportunity to consider future treatment options and help them clarify their values and wishes before it becomes relevant to make decisions about treatment. However, it is known that EOL conversations are not performed systematically in hospital. This may mean that patients and their relatives do not address EOL issues. There is a lack of knowledge about who is responsible for conducting these conversations, and when and under what circumstances they are conducted. The aim of this study was to explore the existing practices regarding EOL conversations in an acute care hospital setting.

METHODS: The design was Interpretive Description and the methods for the data collection included: 1. Participatory observational studies in a pulmonary medical and surgical ward (a total of 66 h); 2. Four focus group interviews with healthcare professionals (n = 14) from the wards. The analysis followed Spradley's ethnosemantic analysis. **RESULTS:** The results revealed three cultural categories related to: 1. The physical and organizational setting; 2. The timing of EOL conversations and competencies and roles in addressing EOL issues and 3. Topics addressed in EOL conversations. The EOL conversations were part of daily clinical practice, but there was a lack of competencies, roles were unclear and the physical and organizational environment was not conducive to the conversations. The topics of the EOL conversations revolved around a "here-and-now" status of the patient's disease progression and decisions about the level of treatment. To a lesser extent, the conversations included the patient's and relatives' thoughts and wishes concerning EOL, which allowed long-term care planning. **CONCLUSION:** This study demonstrates that there are several barriers to talking about EOL in an acute care hospital setting, and future strategies must address an





overall approach. In order to provide patients and their relatives with better opportunities to express their EOL wishes, there is a need for clearer roles and guidelines in an interdisciplinary approach to EOL conversations, alongside improved staff competencies and changes to the organizational and physical environment.

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INTERNET SITES / WEBPAGES

[RealTalk](#)

Authors: Harris-Christensen, S., Spencer, W., Pino, M., Parry, R. and Faull, C.&

Publication Year: 2024

Abstract: 'RealTalk' is a novel approach to training aimed at enhancing healthcare communication. It is based upon real-life video and audio recordings of UK hospice care and bereavement support groups, and learning points based on communication science research using the Conversation Analysis method.

RealTalk comprises:

- An online knowledge hub with 'In a Nutshell' accessible versions of communication science publications, and blogposts
- Free online training materials featuring video and audio clips of real life practice and evidence-based learning points. Trainers must register in order to use these. The authentic nature of the clips means that access to them is restricted to certain types of trainees and training events.
- Communication masterclasses, introductory and refresher workshops, and consultancy delivered by experts in healthcare communication research and education.

Date Retrieved: Aug 12, 2024

[REDMAP Framework](#)

Authors: University Edinburgh

Publication Year: 2021

Abstract: REDMAP is a 6-step guide to Future Care Planning conversations with people who are living with a serious illness, health conditions or disabilities that will get worse at some stage, or older people who are becoming frailer. Future care planning involves the person and people who are close to them.

REDMAP was developed by Dr Kirsty Boyd, Reader in Palliative Care, The University of Edinburgh.

Date Retrieved: Aug 12, 2024

[Difficult conversations | Healthcare professionals](#)

Authors: MacMillan

Abstract: Delivering bad news or having difficult conversations with your patients is even harder during the coronavirus pandemic. We have advice to help you cope.

Date Retrieved: Aug 12, 2024



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Somerset - End Of Life Care & Bereavement Support

Authors: Support, Somerset-End Of Life Care & Bereavement

Abstract: Various elearning and videos around communication such as breaking bad news, team communication and the importance of listening.

Date Retrieved: Aug 13, 2024

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PODCASTS AND VIDEOS

'I've been associated with caring for over 10,000 people at the end of their lives.' Dr Kathryn Mannix

Author: Mannix, Kathryn

Publication Date: 2019

Abstract: What can you learn from watching thousands of people die? When Dr Kathryn Mannix asked herself that question, she realised that she had a lot to offer beyond the normal scope of her job as a palliative care doctor, caring for people at the end of life. With four decades of clinical practice, Kathryn is uniquely placed to tell us what it is actually like to die, and in her book 'With the End in Mind', makes the case for approaching death not with fear, but with openness and understanding.

Podcast-Emergency care plans at the end of life

Authors: BMJ Talk medicine

Publication Year: 2017

Abstract: When a person's heart or breathing stops and the cause is reversible, immediate cardiopulmonary resuscitation (CPR) offers a chance of life. However, when a person is dying—for example, from organ failure, frailty, or advanced cancer—and his or her heart stops as a final part of a dying process, CPR will not prevent death and may do harm. But conversations around that distinction are difficult.

In a this podcast, we explore the ways in which these conversations go wrong, and give some practical advice on carrying them out better. Joining Helen Macdonald are Zoe Fritz, consultant acute physician, and Wellcome Fellow, David Pitcher, former president of the Resuscitation Council, and Kate Masters, whose mothers death led to a change in the law around DNACPR orders.

Read the articles discussed in this podcast:

Emergency care and resuscitation plans www.bmj.com/content/356/bmj.j876

Resuscitation policy should focus on the patient, not the decision

www.bmj.com/content/356/bmj.j813

My mum's care means that decisions not to resuscitate must now be discussed with patients

www.bmj.com/content/356/bmj.j1084

BJ Miller: What really matters at the end of life | TED Talk

Authors: Miller, B.J.

Abstract: At the end of our lives, what do we most wish for? For many, it's simply comfort, respect, love. BJ Miller is a hospice and palliative medicine physician who thinks deeply



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about how to create a dignified, graceful end of life for his patients. Take the time to savor this moving talk, which asks big questions about how we think on death and honor life.

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DATABASES AND INFORMATION SOURCES USED			
	Pubmed	HMIC	BMJ Best Practice
	Medline	Social Policy and Practice	Cochrane Library
	Emcare	CINAHL	TRIP
	Embase	PsycINFO	Grey Literature
	AMED	UpToDate	x Other: Library Hub Google Advanced search

PURPOSE OF SEARCH			
x	Patient info/health & well being	x	Clinical decision making (inc. patient care)
	Executive Team support		Research/Education/Professional development
	Quality Improvement		Primary Care & Neighbourhoods Directorate support
	KM/Management decision making		Other

USER CATEGORY OF REQUESTOR			
	Medical students		Patients/public
x	Nursing/midwifery students		Physician Associates
	Junior doctors		Public Health (Somerset CC)
	Nurses/Midwives		Other
	Allied Health professionals		

HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?			
x	YES - share		NO – do not share



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KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS	LIMITS USED
Palliative care End-of-life care Communication Conversation Discussion Barriers Obstacles Challenges Hurdles Difficulties Issues Guide / guidelines / guidance Advice Training Model Framework	English

METADATA (TAGS)			

