

# **Do healthcare professionals and relatives agree on dying patients end of life care?**

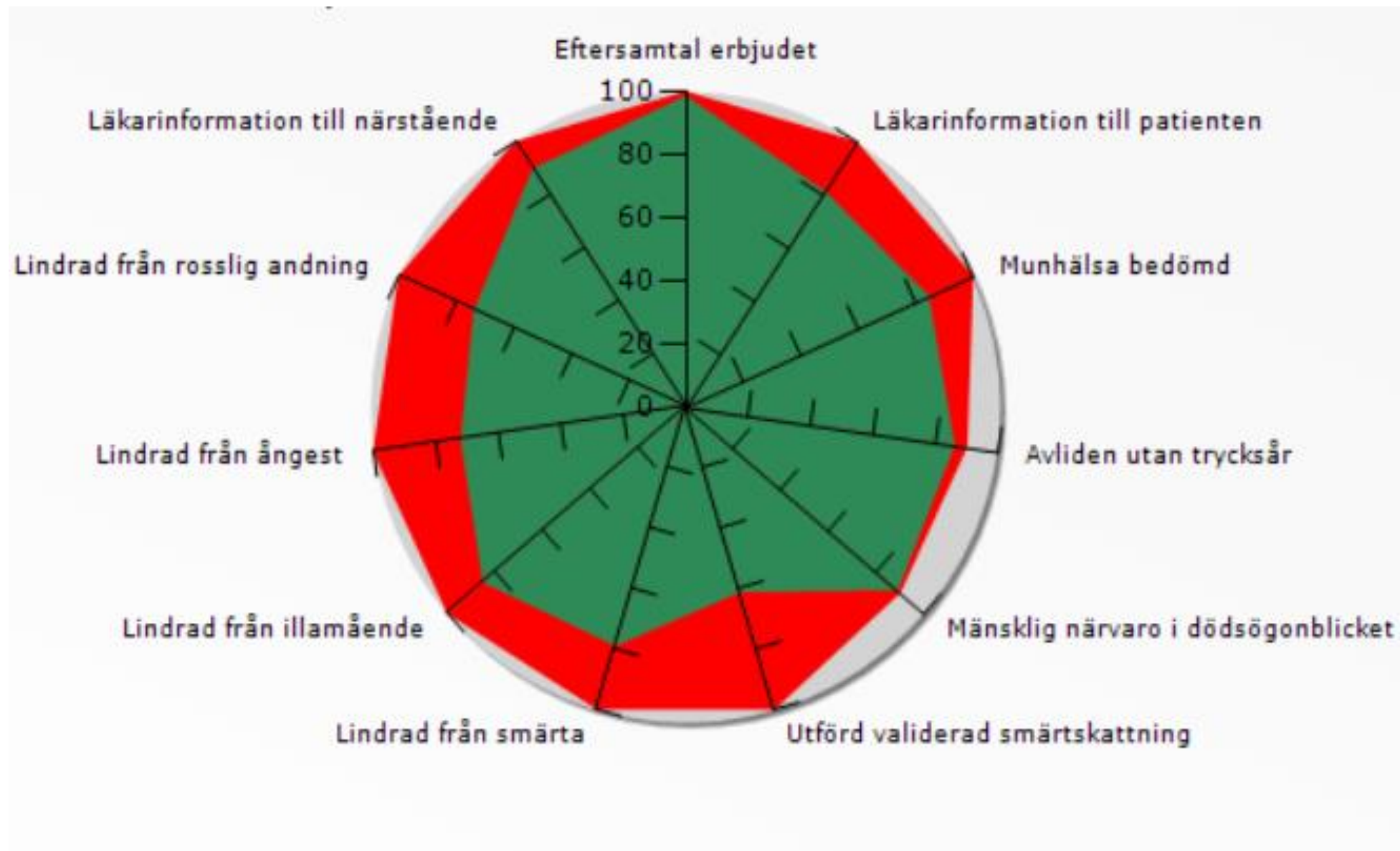
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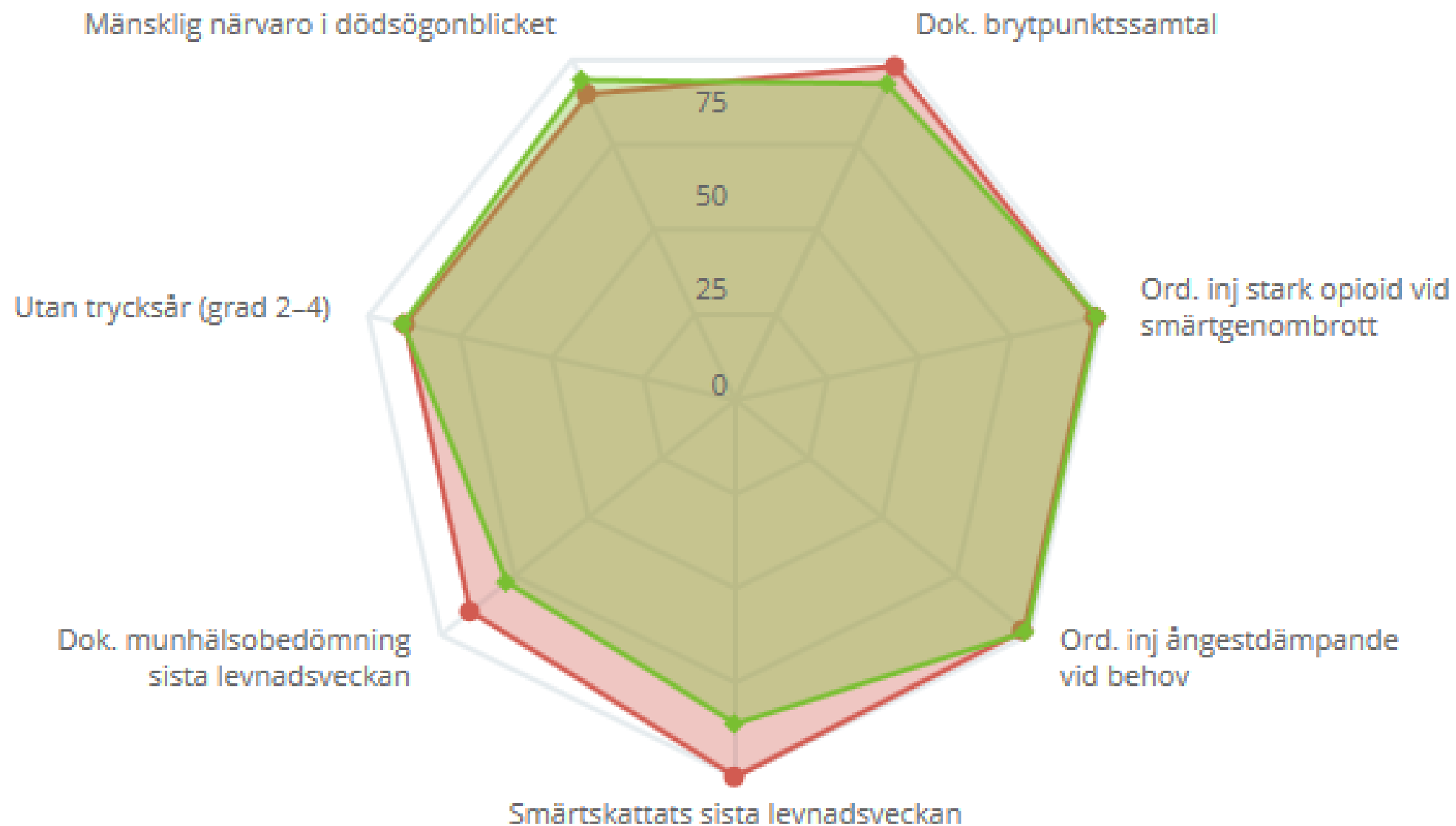
# Uppsala Hospice

- 6-12 beds
- 150-200 death/year
- SRPC 100% registrations

# Swedish national quality registry of end-of-life care-Uppsala Hospice



# Swedish national quality registry of end-of-life care-Uppsala Hospice



# Aim

- To integrate the perspectives of relatives experience in the end-of-life care in order to improve the quality of care at Uppsala Hospice

Do we see the same picture?



# Methods

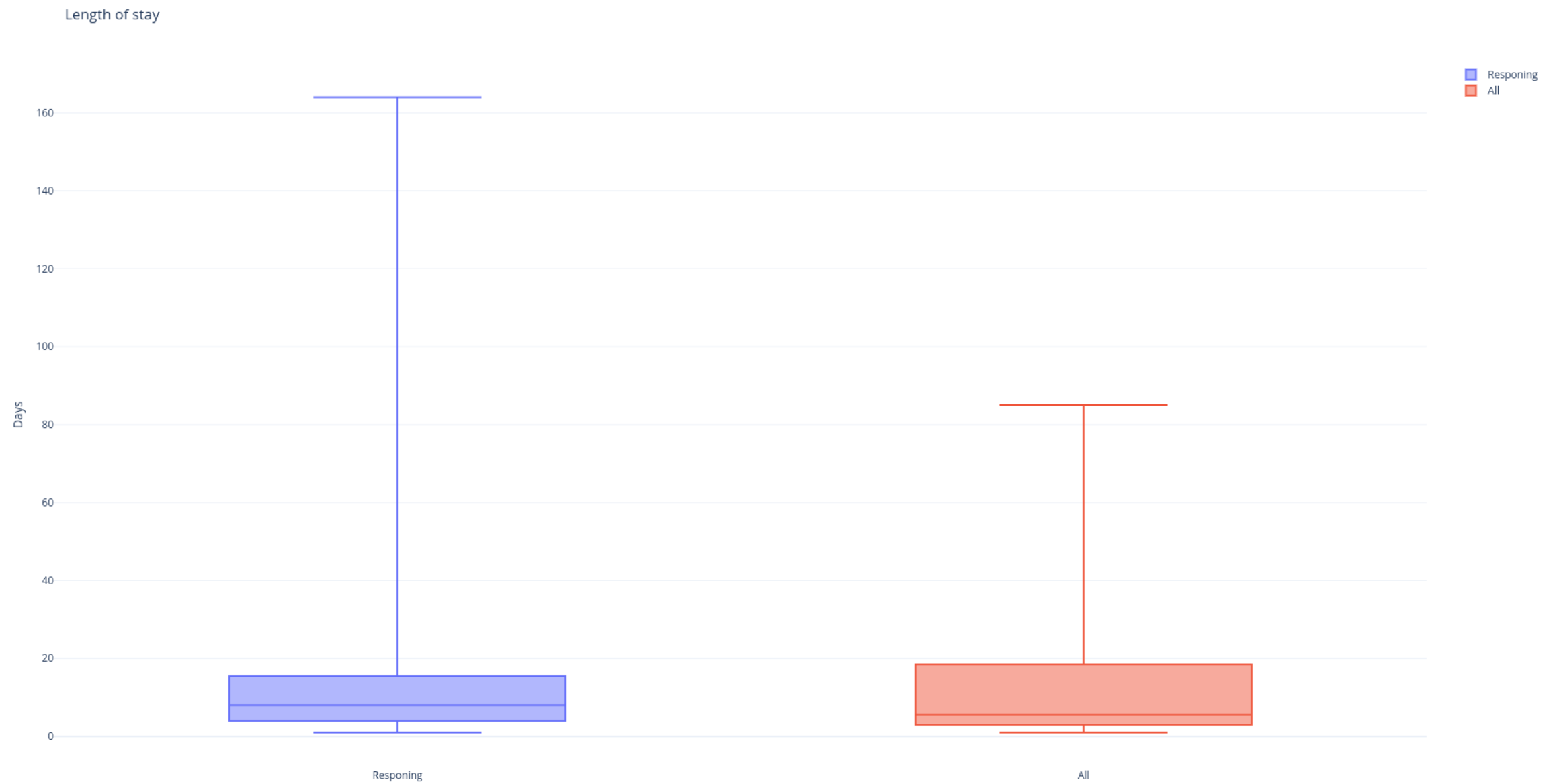
- In this study we compare answers from health care professional's registration in the SRPC (end-of-life questionnaire, ELQ) with answers from a corresponding SRPC survey (r-SRPC) sent to the closest relative
- Retrospective descriptive study on all patients at Uppsala Hospice registered in the SRPC during 2017
- Answers matched and paired in cross tables

# Patient Characteristic

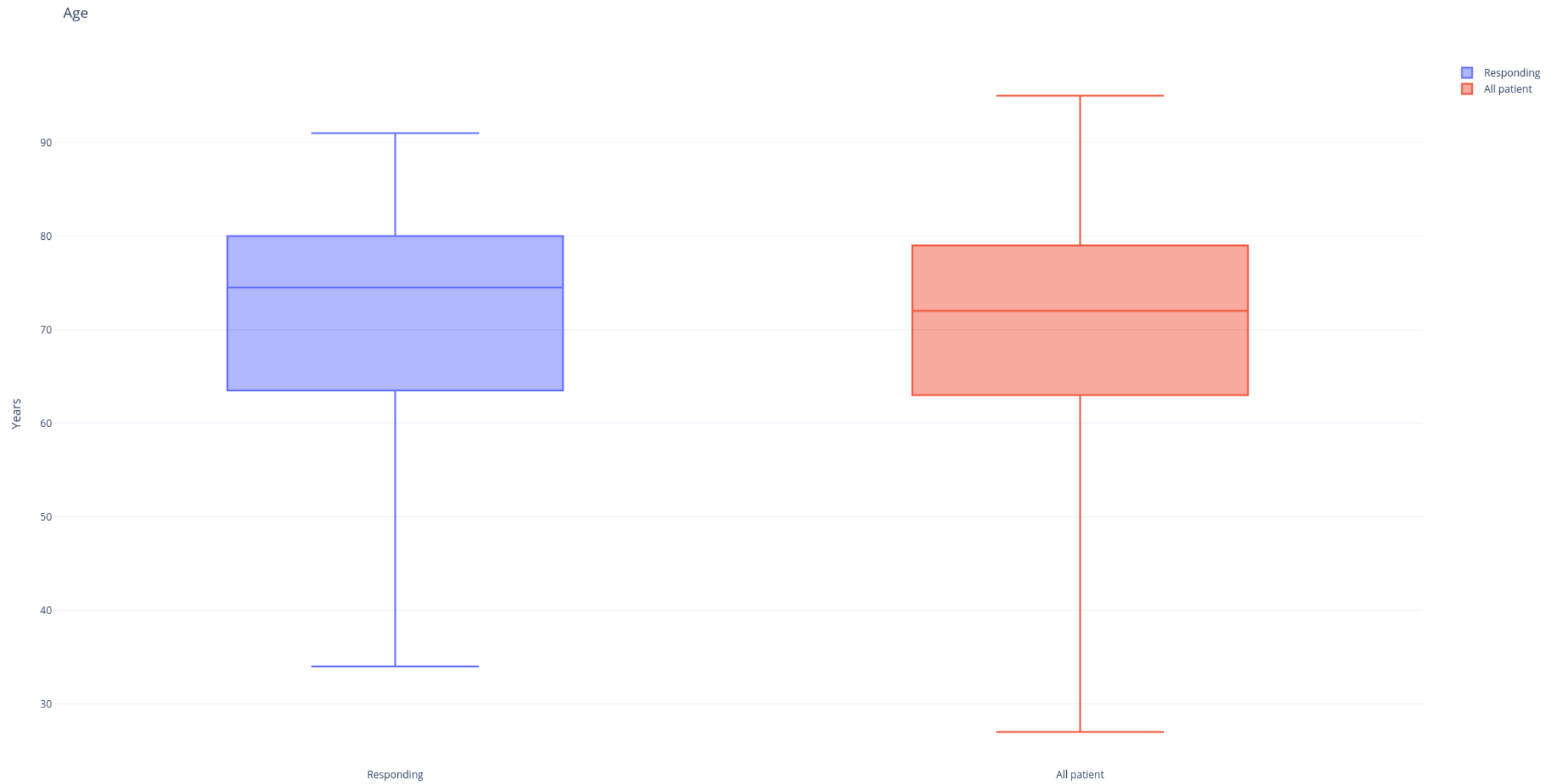
	All	Responding group
Number of patients	156	52
Male/female	72/84	27/25
Age mean	72	72
Age median	71	74.5
Age range	27-95	34-91
Cancer Diagnosis	136/156 (87%)	46/52 (88%)
Length of stay, median /mean	8,5/14	5,5/14



# No bias regarding length of stay



# No bias regarding age



# Agreement in answers from ELQ and r-SRPC compared in cross tables

HCP	Relatives			
	Yes	No	Don't know	Total
Yes	30	7	4	41
No	4	3	1	8
Don't know	1	1	1	3
Total	35	11	6	52

$34/52 = 67\%$  conformity for pain

# Agreement on

- Someone present at time of death, 95% conformity
- Parental nutrition/fluids, 90% conformity

# Discordant on

- Transition call, 50% conformity

# Conformity regarding symptoms

- Pain 67%
- Dyspnoea 65%
- Death rattle 63%
- Nausea 57%
- Anxiety 50%
- Confusion 44%

# Conclusion

- Additional sources is valuable in our effort to improve end of life care

# Discussion

How do we get the same picture?





**Thank you for the attention**