



# Hospice Friendly HOSPITALS

Putting Hospice Principles into Hospital Practice.

The Hospice Friendly Hospitals Programme is an IHF initiative in partnership with:



*The*  
**ATLANTIC**  
*Philanthropies*



# Converging Ethics of Practice in Our One World

## Hospice Friendly Hospitals Program

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[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)



# Cork University Hospital



# The HFH Program

- **This is a 5 year programme to improve the quality of end-of-life care in acute and community hospitals in Ireland by:**
- **Developing Quality Standards in relation to death, dying and bereavement.**
- **Introducing and sustaining the standards.**
- **Changing the culture in hospitals.**
- **Focus on integrated care, communication, dignity and design and an ethical approach**



# The HFH Program

**This program was set up by the Irish Hospice Foundation It was co-funded by**

- **The Atlantic Philanthropies**
- **The Health Service Executive**
- **The Health Service National Partnership Forum**
- **The Dormant Accounts Fund**



# Scope of National Audit of End-of-life Care

- **This was the first project of its type conducted within the European Union**
- **Data was collected on a sample of 1,000 deaths in the acute and community hospitals.**
- **The data was collected from nurses, doctors and bereaved relatives.**
- **Further data was collected from ward staff, physiotherapy, pharmacy etc.**
- **A hospital profile was completed by management.**



# Rationale for the National Audit of End-of-Life Care

- **To provide data on end of life care and experiences.**
- **To deepen our understanding of end of life care and experiences through statistical analysis**
- **To inform the process of end of life care against objective standards.**
- **To evaluate whether compliance with the standards improves the care and experiences.**
- **To evaluate in 2012 if there is a difference between HFH of non HFH hospitals.**



# The Audit Experience

- **False Identity**
- **Person travelling from US dying in E.D**
- **Individuals admitted to E.D from care homes**
- **Persons with no next of kin**





# Results of the Audit

## The Hospital

- **Put End-of-Life care in the Service Plan.**
- **Move from emergency to planned admission**
- **Improve the hospital's physical layout and usage of single rooms.**
- **Improve our documentation.**
- **Have sufficient staff**
- **Improve hospital information system**
- **Facilitate patients to die at home.**



# Results of the Audit

## The Staff

- **Develop Skills to Diagnose End-of-Life and Dying.**
- **Improve end-of-life Care Decision Making.**
- **Hold Team Meetings**
- **Provide training for End-of-Life Care**
- **Prepare Staff for the Deaths of Patients**
- **Build on the experience of Staff.**



# Results of the Audit

## The Family

- **General Support for Families.**
- **Support for Families Following Sudden death.**



# Results of the Audit

## The Patient

- **Extend to all patients the Quality of Care for Cancer Patients.**
- **Improve the Quality of Communication with Patients.**
- **Strengthen the Role of Specialist Palliative Care**



# Quality Standards for End-of-Life Care in Hospitals

- These standards were developed in relation to the hospital, the staff, the patient and the family.
- The Standards are available online [www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)



# Case Study

**Julie fell from a building at 06 00 hours. She was attending a party with her boyfriend. The police and ambulance were called. She was admitted to E.D and transferred to the O.R with abdominal bleeding and head injuries. She died in P.A.C.U at 14.00 hours. P.A.C.U staff transferred her to O.R reception for family to see her.**





[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)



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# What have we done

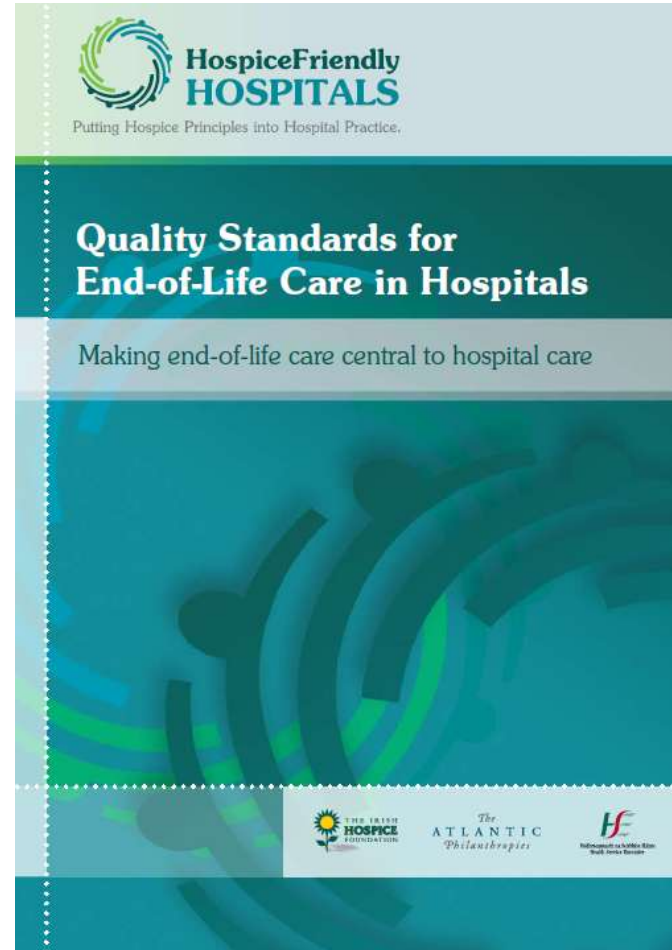
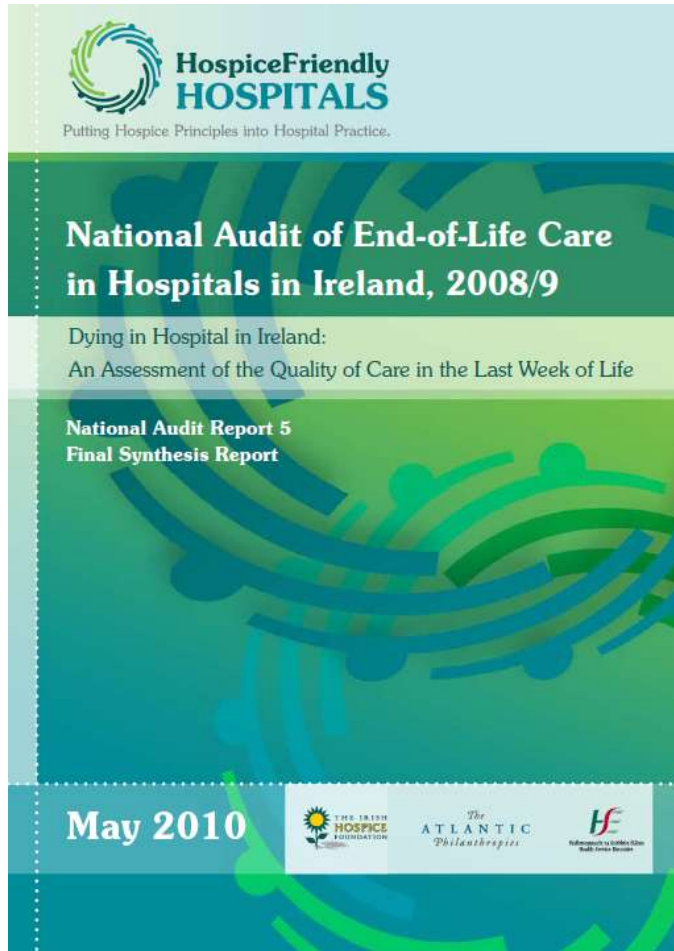
- **The hospital has a multidisciplinary standing committee on death dying and bereavement.**
- **Hospital policies on end-of-life care are now in place and accessible for all staff.**
- **Education is provided on Breaking Bad News**
- **A serenity suites are now available to relatives of deceased patients.**
- **A life symbol is clearly displayed if a patient dies**
- **Hand over bags are available for patients belongings.**
- **Sympathy cards are sent from the hospital**
- **Religious Leaders met in the hospital to discuss the project**



# End of Life Symbol



# Audit & Standards



[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)

# End of Life Door Sign



# Family Handover Bag



[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)

# Bed and Mortuary Trolley Drapes



# Ward Alters

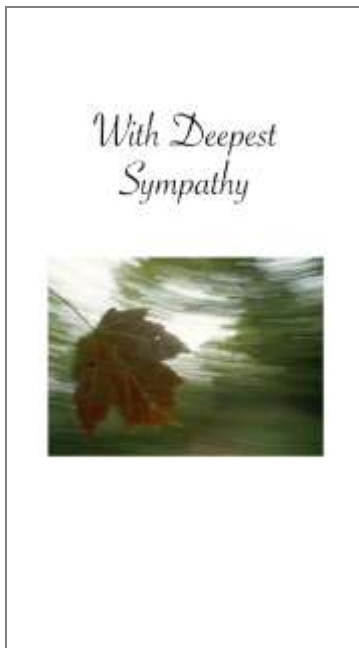


# Contents for Ward Alters





# Sympathy Cards



# NorMors' Chin-Collar



[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)

# End-of-Life Care Resource Folder

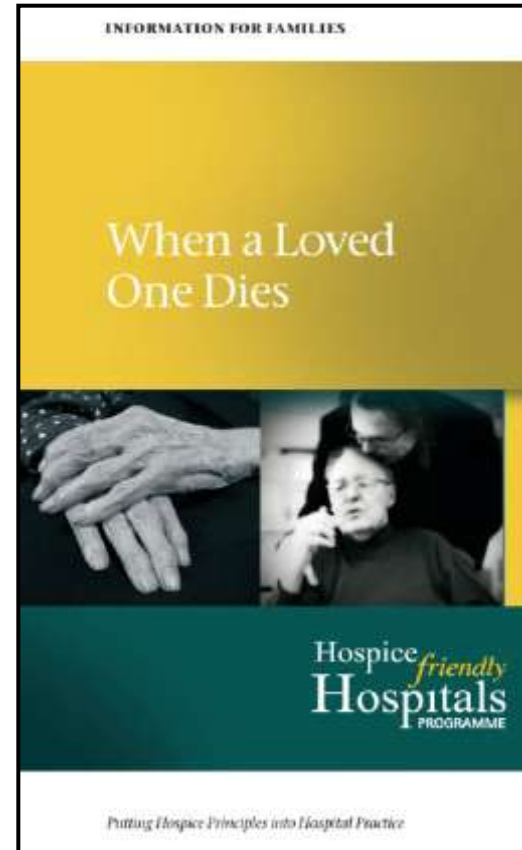
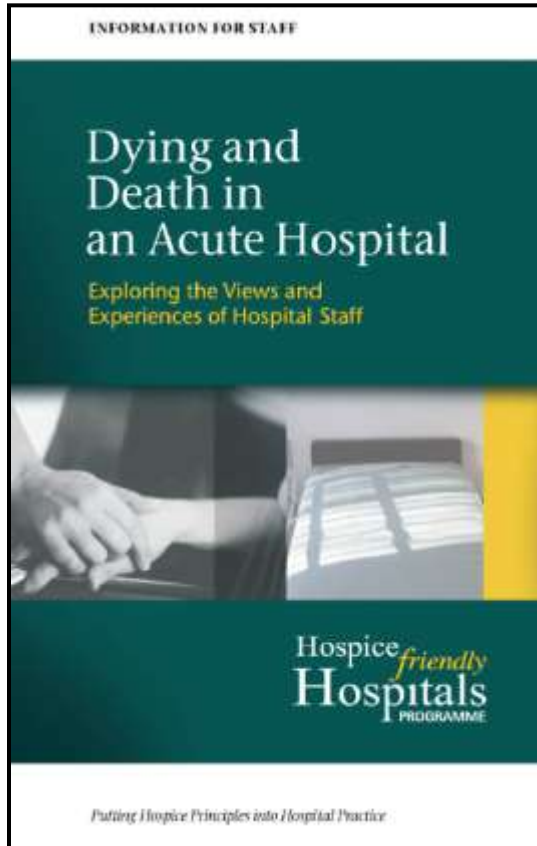


# Competence and Compassion End-of-Life Care Map



[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)

# Booklets for Hospital Staff and Families





# Cherishing & Nurturing Faith & Culture

Welcome



Ospidéal Maithreachais  
na hOllscoile Corcaigh  
Cork University  
Maternity Hospital

[endlyhospitals.net](http://endlyhospitals.net)

**CUH**   
Cork University Hospital  
Ospidéal Ollscoil Chorcaí



## **We welcome representatives from:**

**The Baha'i Community**

**The Buddhist Community**

**The Church of Ireland**

**Cois Tine: Integration and Immigration Committee**

**The Irish Council of Churches**

**The Jehovah's Witness Community**

**The Jewish Community**

**The Methodist Church**

**The Pagan Federation**

**The Presbyterian Church**

**The Roman Catholic Church**

**The Pastoral Care & Chaplaincy Teams from other city hospitals.**

**CUH & CUMH Hospital Staff**



# Work in progress

- **Garden area is still being developed**
- **Periphery areas in wards are being identified to provide some privacy for families.**
- **Areas of the canteen are to be identified specifically for families of deceased patients.**
- **Education is on going**
- **Serenity is to be developed**



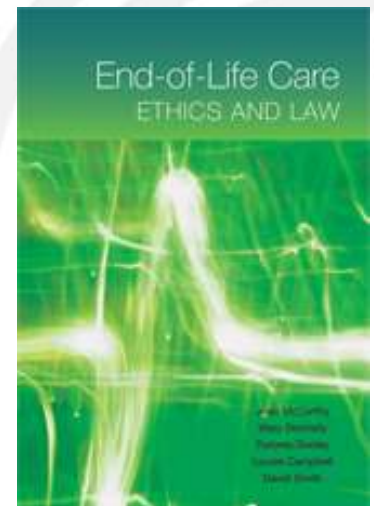


# Ethical Frame Work

- [www.hospicefriendlyhospitals.net/ethics](http://www.hospicefriendlyhospitals.net/ethics)
- As a response to the project and its implementation an ethical framework was developed by Dr. Joan Mc Carthy UCC and Dr. Delores Dooley UCC.
- The ethical framework is provided in 8 study sessions.



[www.hospicefriendlyhospitals.net](http://www.hospicefriendlyhospitals.net)



# The Ethical Framework

- **The framework's study modules:**
- **Explaining Ethics.**
- **The Ethics of Breaking Bad News.**
- **Healthcare Decision-making and the Role of Rights.**
- **Patient Autonomy in Law and Practice.**
- **The Ethics of Managing Pain.**
- **The Ethics of Life Prolonging Treatments.**
- **The Ethics of Confidentiality**
- **Ethical Governance in Clinical Care.**



# Explaining Ethics

- **Ethical Reasoning considers the values we hold in relation to one another.**
- **In relation to end of life care key values include**
- **The sanctity of life,**
- **The quality of life**
- **Autonomy.**



# The Ethics of Breaking Bad News

- **Patient Autonomy**
- **Principle of Truth Telling.**
- **Therapeutic Privilege**



# Health Care Decision Making and The Role of Rights.

- **Moral Right is a claim that demands of others to act or desist from acting in certain ways.**
- Moral right to be treated with dignity
- **Legal Right**
- Enforceable by law. The State, European Convention.
- **Best Interest**
- This takes into account the patients wishes including expressed views, beliefs and values, culture and autonomy.
- It further considers clinical outcomes, risks, right to life and patient suffering.



# Patient Autonomy in Law and Practice

- **Autonomy is a positive right to make choices about care as well as a negative right to refuse treatment.**
- **Capacity should be judged free from prejudices based on age, mental illness or intellectual disability**



# The Ethics of Managing Pain

- **The Principle of Beneficence obliges us to ‘do good’ i.e managing pain is among the most important objective in caring for patients.**
- **The Principle of Nonmaleficence obliges us ‘to do no harm’. Research indicates that pain to be the greatest contributor for experiences of a ‘bad death’**



# The Ethics of Life Prolonging Treatments

- “Do Not Resuscitate” or “DNR”

***“is a legal order written in the hospital or on legal form to respect the wishes of a patient to not undergo CPR or advanced cardiac life support if their heart were to stop or they were to stop breathing”***





# Do Not Resuscitate Order International Positions

- Ireland there is no legal legislation.
- Jordan there is no legal legislation.
- UK governed by Human Rights Act 1988 and Mental Capacity Act 2005.
- US differs across states but advance directives and living wills are not accepted by the emergency services.
- New Zealand and Australia use NFR



# Do Not Resuscitate in the OR

- **Anaesthetic Care implies resuscitative measures.**
- **Intubation, mechanical ventilation, drug administration hence this constitutes a change in the medical status of a patient.**
- **Survival rates in the OR are as high as 92% following cardiac arrest.**
- 



# Options

- **The DNR is discontinued.**
- **The DNR is modified.**
- **The DNA stays as it is.**



# Preoperatively

- **A Multidisciplinary team discussion with the patient family/carers.**
- **This discussion takes into account the patients medical condition, diagnosis, prognosis and benefits from the proposed surgical intervention.**
- **This is documented and recorded.**



# Intra-operatively

- **The DNR option should remain in place for the duration of the patients stay in the OR environment.**
- **All Perioperative staff should be made aware of the DNR management option in place.**
- **Individuals involved in the preoperative consultation should be present.**



# Postoperatively

- **P.A.C.U staff are aware of the DNR option**
- **The DNR is reinstated on discharge from P.A.C.U.**
- **In exceptional cases the DNR order may be prolonged after consultation with patient or carers.**



# Application of the Study Module

## Four Box Method

**Medical Indications (beneficence)**

**Patient Preferences (autonomy)**

**Quality of Life (beneficence/autonomy)**

**Contextual Features (justice/fairness)**



# Decision Making Process

- **Medical Indications**
- **What is the problem? History? Diagnosis? Prognosis.**
- **Is it Acute? Critical? Reversible?**
- **What is the probability of success?**
- **Will the patient benefit from medical/nursing/care and how can harm be avoided**





# Patient Preference

- **Is the patient capable and competent?**
- **Is the patient informed?**
- **Does the patient understand and consent?**
- **Has the patient expressed preferences?**
- **Is the patient's ethical and legal right to autonomous choice being respected?**



# Quality of Life

- **What degree of impairment is the patient experiencing?**
- **What physical, mental or social deficits are likely to result if treatment succeeds?**
- **Are there biases that may prejudice the providers' evaluation.**
- **Could future life be considered undesirable?**



# Contextual Features

- **Are there family issues that might influence treatment decisions?**
- **Are there provider issues?**
- **Are there financial issues?**
- **Are there religious or cultural issues?**
- **How does the law influence decisions/**
- **Is there conflict of interest on the part of the providers?**



# The Ethics of Confidentiality

- **Patient confidentiality is protected by codes and laws.**
- **Freedom of Information Act in many countries governs access to personal information**



# Ethical Governance in Clinical Care

- **Clinical Ethics Committee support staff in ethical decisions.**
- **Harrison's Case Analysis tool.**



# Conclusion

- **I trust you have gained some insight from the presentation in relation to the project.**
- **I also hope you have gained relevant information to help with ethical decision making for practice.**
- **Many thanks**



# Key References

- **McCarthy J, Donnelly M., Dooley D., Campbell L., Smith D (2010) An Ethical Framework for End-Life-Care Dublin: The Irish Hospice Foundation Accessible from: <http://www.hospicefriendlyhospitals.net/ethics>**
- **The Association of Anaesthetists of Great Britain and Ireland Do Not Attempt Resuscitation (DNAR) Decisions in the Perioperative Period (2009) London. Accessible [www.aagbi.org](http://www.aagbi.org).**





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