

Decision making at the End of Life

A learning and reflective
practice session



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Session aims

This session is aimed at care home managers and leaders. It will focus on decision making around do not attempt cardiopulmonary resuscitation (DNACPR) and End of Life Care.

Session objectives:

By the end of the session the participant will have:

- ☞ explored the experience of End of Life Care for patients/clients, families and carers in their own setting
- ☞ explored leadership, accountability and responsibility in nursing practice
- ☞ reflected on areas of good practice and areas where improvement is required
- ☞ increased their awareness of resources to support decision making at the of End of Life

Reflection – 15 minutes

1. Think about, then write down an area of practice in End of Life Care that you are proud of, that you or your team does particularly well in caring for and supporting patients or clients at the end of life. Describe the evidence that assures you that this is good practice.
2. Write down a description of an area of practice in End of Life Care in your own setting that needs improvement.
3. Describe the actions you need to take to address the area of practice described above.

If you are undertaking this exercise with others, discuss 1-3 above and exchange good practice ideas.

Film clip – 10 minute exercise

1. Watch and listen to the four minute film clip, 'Ain't the way to die' by clicking the link on the next slide.
2. At the end of the film, make a note of at least three key points about the film's End of Life Care themes that stand out for you.

Unwanted consequences

Please click the link:

[Ain't the way to Die](#)

Discussion about the film clip – 5 minutes

If you are undertaking this exercise with others, take a few moments to discuss and exchange your thoughts about the film clip.



Clinical scenario – 20 minute exercise

Exploring challenges in practice

1. Carefully read through the case scenario on the next slide
2. Read through and discuss with colleagues the key questions on slide 9, in relation to the case scenario
3. Write down your responses to the key questions. The references on slide 10 will help to inform your discussion and responses.
4. Refer to local and national policy, guidance or other sources pertaining to End of Life Care and DNACPR in your discussion and responses to the key questions e.g. clinical ethics committee.



Case scenario

- James, a registered nurse is working at night in a care home for older people. During his rounds, James approaches Mr Brown, a patient in bed who is clearly deceased. Mr Brown is 92 and has advanced dementia. He is frail, bed bound and has a number of chronic medical problems. Mr Brown has been at the care home for a number of months.
- James observes that Mr Brown has clearly been deceased for some time. James is competent in verification of death and makes a clinical assessment. He does not initiate cardiopulmonary resuscitation (CPR) as, in his professional judgement / assessment this would be futile.
- There are no do not resuscitate orders in place for Mr Brown. There is no evidence of an end of life care discussion or care plan in Mr Brown's records. In a timely manner, James informs the care home manager / nurse lead as well as Mr Brown's relatives and the police of Mr Brown's death.
- Mr Brown's relatives are supportive of nurse James's decision making and rationale. They are relieved that Mr Brown was able to pass away with dignity and are grateful to James. The police are satisfied that there is no follow up necessary by them.

Key questions

1. As the nurse leader or manager of the care home in which this incident takes place, what concerns are raised for you in this scenario?
2. Outline your accountability and responsibilities in this scenario to:
 - Mr Brown and his family
 - Other patients and relatives in your care
 - James, your nursing staff, the multidisciplinary team
 - Those to whom you directly report
 - Regulatory bodies
 - Others
3. How might your future practice change as a result of your learning from this incident?

References and resources to inform your responses to the key questions on slide 9

1. RCN/BMA Joint statement on CPR: <https://www.rcn.org.uk/news-and-events/news/joint-statement-on-cpr>
2. NMC/RCN joint statement on decisions relating to CPR: <https://www.nmc.org.uk/news/news-and-updates/joint-nmc-rcn-statement-decisions-cpr/>
3. Resuscitation Council (UK). Decision relating to CPR: <https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>
4. Resuscitation Council (UK) ReSPECT: <https://www.resus.org.uk/respect/>
5. Human Rights Article 3 <https://www.equalityhumanrights.com/en/human-rights-act/article-3-freedom-torture-and-inhuman-or-degrading-treatment>
6. RCN End of Life Care pages: <https://www.rcn.org.uk/clinical-topics/end-of-life-care>
7. National Audit on End of Life Care: <https://www.nhsbenchmarking.nhs.uk/nacel-audit-outputs>

Written reflective account – 10 minutes

☞ Use the NMC reflective practice template to record and reflect on your learning, including how it will inform your future practice.

☞ See:

<http://revalidation.nmc.org.uk/what-you-need-to-do/written-reflective-accounts/index.html>
and NMC Code (2018)

<https://www.nmc.org.uk/standards/code/>

NMC Nursing & Midwifery Council

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in *How to revalidate with the NMC*.

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
How did you change or improve your practice as a result?
How is this relevant to the Code? <small>Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust</small>

You have now completed this learning session

Please see the additional resources to support your practice on the next slide.



Additional useful resources pt. 1

- ➔ RCN End of Life Care resources page:
<https://www.rcn.org.uk/clinical-topics/end-of-life-care>
- ➔ RCN Pain and Palliative Care Forum:
<https://www.rcn.org.uk/get-involved/forums/pain-and-palliative-care-forum>
- ➔ RCN Care Homes subject guide:
<https://www.rcn.org.uk/library/subject-guides/care-homes-subject-guide> (includes links to the RCN *Care Home Journey* resource and the Older People's Forum)
- ➔ RCN Principles of Nursing Practice:
<https://www.rcn.org.uk/clinical-topics/nutrition-and-hydration/principles-of-nursing-practice>

Additional useful resources pt. 2

- ➔ RCN Advanced Care Planning tools:
<https://www.rcn.org.uk/clinical-topics/end-of-life-care/advance-care-planning>
- ➔ RCN 'Fundamentals of care at the end of life' resource:
<http://rcnendoflife.org.uk/>
- ➔ Macmillan - Advanced care planning in Scotland, England, Wales & Northern Ireland:
<https://www.macmillan.org.uk/information-and-support/organising/planning-for-the-future-with-advanced-cancer/advance-care-planning-ni>
- ➔ Northern Ireland Direct – End of Life Care & Palliative Care: <https://www.nidirect.gov.uk/conditions/end-life-care-and-palliative-care#toc-1>