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“We could do better”: the nature and meaning of information-giving in end-stage COPD

Jackie Malone*†, Katherine Froggatt*, Nancy Preston*

*International Observatory on End of Life Care, Lancaster University, UK; †University of Huddersfield, UK

**Background**

End of life in Chronic Obstructive Pulmonary Disease (COPD) is typically difficult to predict, and although palliative care initiatives are developing within COPD, active treatment often continues up to death (NICE, 2010; IMPRESS, 2012).

Staff delivering care express frustration at the lack of a palliative approach in end-stage disease and cite part of their role is to give information to assist decision-making for those in their care.

**Findings**

A sample of 7 nurses and 12 physiotherapists were recruited with a variety of experience and backgrounds. Key themes were identified:

- **Information-giving** is an element of staff’s perceived role in supporting those with COPD
- **Time constraints** lead to hesitancy and participants often wait for the patient express concern for the future before intervening

> “usually we’re led by a patient, if a patient starts to express…” (LP2, Band 7 physio)

> “I don’t want to put a patient in a situation where they’re not going to get the answers they need…” (LP6, Band 5 physio)

- Participants feel responsible to do the job well, which may be difficult, especially when less experienced

> “if the doctor’s not listening to the staff nurse and ...the sister has to go and speak to that same doctor, it’s just ridiculous.” (LN3, Band 6 nurse)

- Success of information-giving and sharing is rooted in the nature of interdisciplinary relationships

**Conclusion**

When considering treatment decision-making in acute severe COPD, effective information-giving in clinical practice is challenged by **inter-disciplinary relationships, time constraints** and professional experience.