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“Patch them up and send them home”: perceptions of nurses and physiotherapists in their role with end-stage COPD

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Background & Method

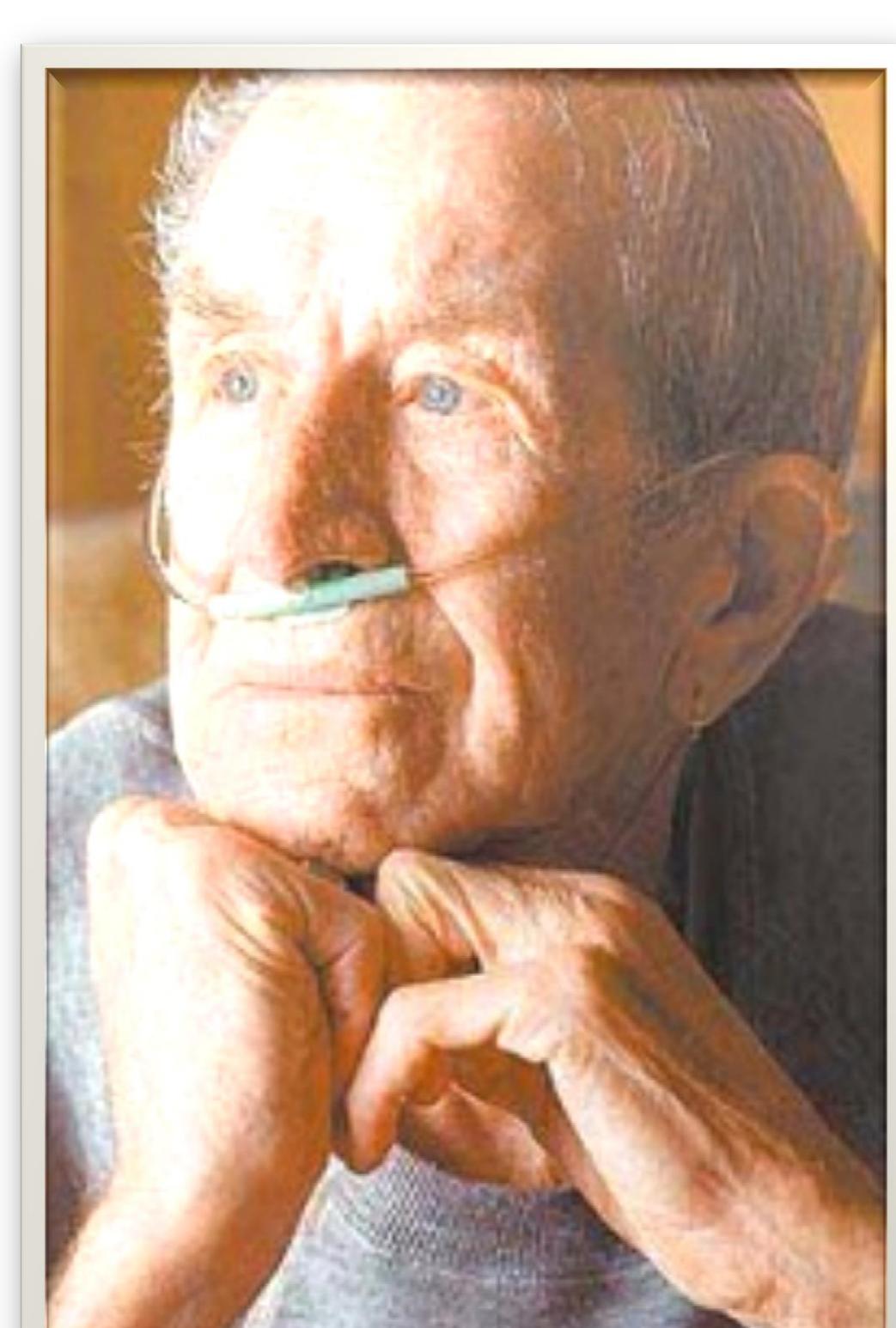
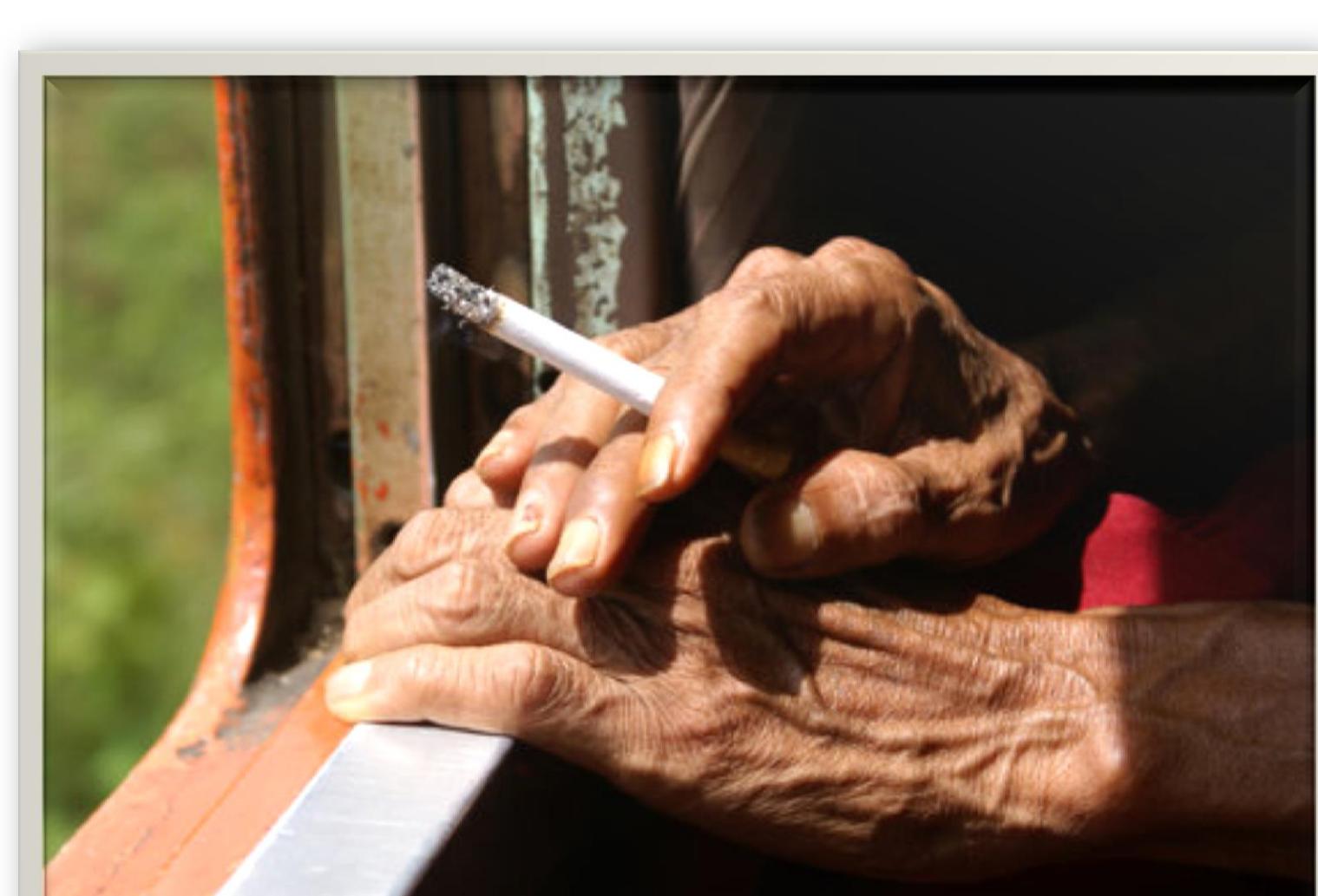
End of life in Chronic Obstructive Pulmonary Disease (COPD) is typically difficult to predict, and although palliative care initiatives are developing within COPD, active treatment often continues up to death (NICE, 2010; IMPRESS, 2012). There is a lack of literature in the field concerning the impact this has on staff delivering care, and their role in decision-making within this patient group.

Aim: To explore the role of staff in caring and treatment decision-making for those with acute severe COPD and the multi-disciplinary team relationships influencing care.

Design: Exploratory, qualitative study consisting of 1:1 and group interviews in three NHS Trusts in the North of England

Participants: A convenience sample of respiratory nurses and physiotherapists caring for patients with severe COPD in the acute hospital setting, recruited via email.

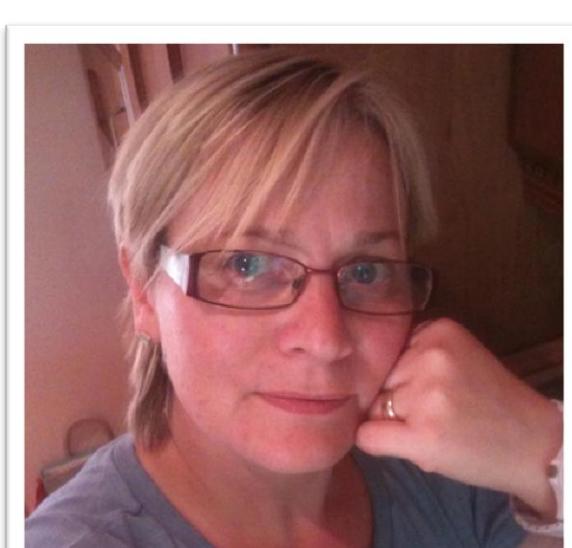
Analysis: Thematic analysis with constant comparison aided by the software NVivo.



References

- IMPRESS (2012) IMPRESS guide for commissioners on supportive and end of life care for people with COPD: [British Thoracic Society Reports: 4:2](#)
NICE (2010) Chronic obstructive pulmonary disease in over-16's: diagnosis and management: London: NICE

These findings represent the initial findings from a doctoral research study for the award of PhD Palliative Care



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Findings

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

- **Active treatment** remains the default position of many doctors
- **Advocacy and support** to patients and families is seen as a key role: “**you ... put your patient above everyone else...**” (**LN1, Band 5 nurse**)
- Effectiveness is hampered by pressure on beds and the general approach of “**patch her up and send her home**” (**PP1, Band 7 physio**)
- Staff opinions were consulted in some treatment decisions, but that this depended on the hierarchy of the medical team: “**...it does come down to ... which consultant is in charge that day**” (**LP4, Band 6 physio**)
- Levels of decision-making involvement and advocacy were related to **knowing the patient and professional experience**: “**with the patients you get to know really well, you bring it up**” (**LN3; Band 6 nurse**)
- but were significantly **limited by time and other pressures**

Conclusion

Participants described **frustration** regarding the lack of palliative care decision-making in end-stage COPD, but nurses and physiotherapists are developing their roles in advocacy for this patient group. **Knowing the patient and professional experience** enable a more active role in being advocates for patients who are approaching the end of life, but time constraints on busy acute wards add to the challenge.



International Observatory
on End of Life Care