**University of Leicester**

**Future 50 PhD Scholarship**

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| **Project Reference** | HC Birt |

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**Section 2 – *Project Information***

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| **Project Title** | Anticipatory medicines at end-of-life in UK care homes: developing best practice | |
| **Project Highlights:** | 1. | The individualised prescribing of anticipatory medicines to manage a person’s symptoms at end-of-life is embedded in NICE guidance for dying patients, but there is little evidence of how best practice is in implemented in non-NHS settings. |
| 2. | The decision to administer anticipatory medicines relies on a clinical judgement of need. In care homes such need is often assessed by care staff with little or no clinical training. |
| 3. | The use of anticipatory medicines symbolises the approach of a person’s death; the activity is bounded by social and cultural norms. There is evidence that care home staff may experience emotional burden. |
| **Project Summary** | | |
| Anticipatory, or ‘just in case’ injectable medicines are prescribed for a person who is nearing the end of their life and administered if needed by a registered health professional to manage symptoms of pain, excess secretion and agitation. The use of anticipatory medicines is inherent in NICE best practice guidelines, but there is limited evidence on clinical-effectiveness, cost-effectiveness or safety in community practice (1). In care homes anticipatory medicines are prescribed, dispensed, then stored until care home staff decide the resident requires them. It is not understood how staff make the decision that symptoms require this. Nurses can experience emotional burden when deciding to administer such medicine (2). In some care homes a senior care worker makes the clinical decision that a resident’s symptoms require relief, meaning timely administration relies on good communication with community registered health professionals (3). This PhD will review literature and use interviews to examine the heuristics that shape decisions to administer anticipatory medicines.  Prescribing anticipatory medicines is a social marker of approaching death and their use may be a source of distress for residents and their families. The moral complexity of anticipatory medicines is exacerbated by lay misunderstanding of their purpose; this can create cultural concerns about hastening death. The little-known perceptions of residents and families of these medicines will be explored through qualitative methods.  Examining specific views of staff, residents, and families in relation to anticipatory medicines, within a contextually diverse sample of care homes, will provide empirical evidence from which to co-design practice and policy guidance around optimum ways to use anticipatory medicines in UK care homes.  1 Bowers et al. [Anticipatory prescribing of injectable medications for adults at the end of life in the community: A systematic literature review and narrative synthesis](https://journals.sagepub.com/doi/full/10.1177/0269216318815796). Palliat Med 2019;33(2):160-177.  2 Wilson et al. Administering anticipatory medications in end-of-life care: a qualitative study of nursing practice in the community and in nursing homes. Palliat Med. 2015,29(1):60-70.  3 Faull et al. Anticipatory prescribing in terminal care at home: what challenges do community health professionals encounter? BMJ Support Palliat Care. 2013;3(1):91-7. | | |