

Helping The Dying PD Patient

Dr Helen Hurst
Consultant Nurse Older People
Manchester University Foundation Trust
UK

Conflict of Interest

I have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

None

Aims

- Recognising dying in a patient on PD what are the trajectories ?
- What do we know about patients wishes?
- How to prepare a patient and family
- Why is it important
- Its OK to be uncertain
- To finish a short video 'dying is not as bad as you think'

- Not going to discuss survival !

Knowing your Patient...its at the heart of what we do!

Even when we are at our most frail and aged, when there is no modern medicine to help us, when there is no benefit in being in a hospital, we still may choose to:

‘... not go gentle ... rage, rage against the dying of the light.’

BMJ primary care 2016 **William Mackintosh poet RS Thomas**



What Do We Mean by Dying ?

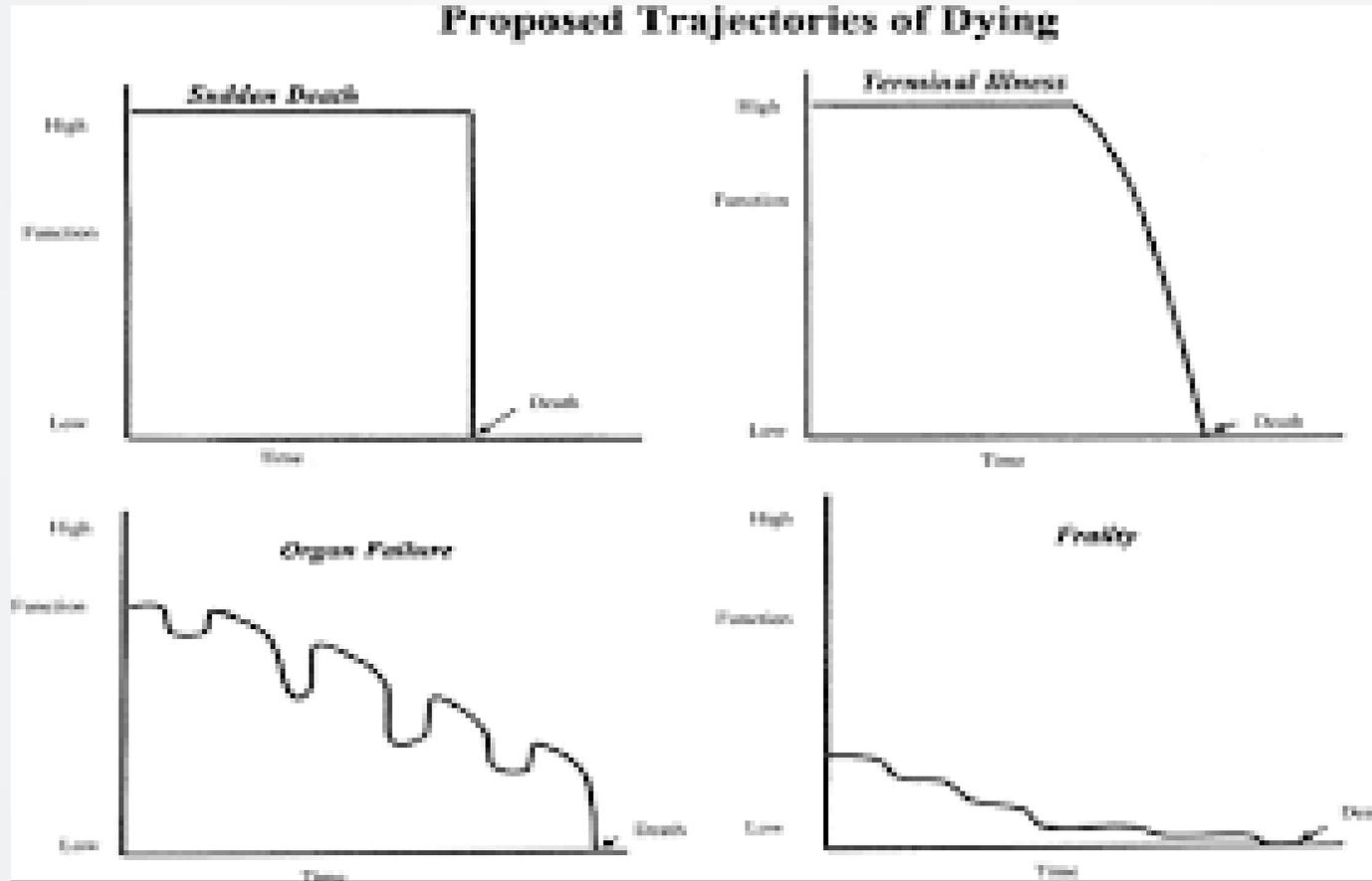
'Palliative care should be considered from diagnosis onwards and integrated into care for people with any condition that means they may die in the foreseeable future' WHO 2014

WHY IS IT IMPORTANT?

Evidence for early palliative care improves QOL, helps avoid burdensome interventions, reduces hospital admissions and choices are aligned to their priorities

Scott A Murray et al BMJ 2017

Recognising dying: early palliative supportive care



Arguably renal patients will fall into all these categories.....Scott A Murray BMJ 2017

Signs of Decline; How do we know ?

- The surprise question:

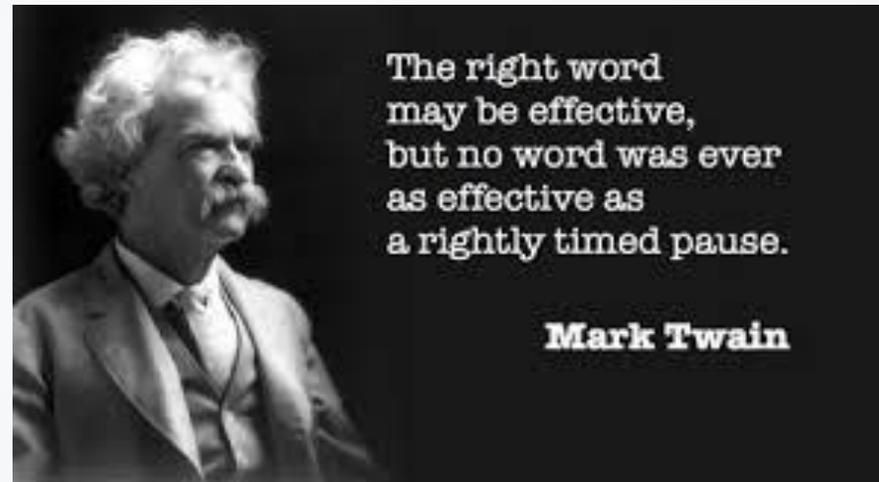
Would you be surprised if the patient were to die in the next months, weeks or days? (Berger and Hedayti 2012)

- General indicators of decline, physical, functional, symptoms burden, dialysis burden, frailty (GSF 2011)
- Cognitive dysfunction, new serious diagnosis, failing PD does not want to transfer to HD, recurrent admissions (Meeus and Brown PDI 2015)
- Patient choicewanting to stop dialysis

.....

Knowing the signs of decline and preparing for dying what do we do next ?

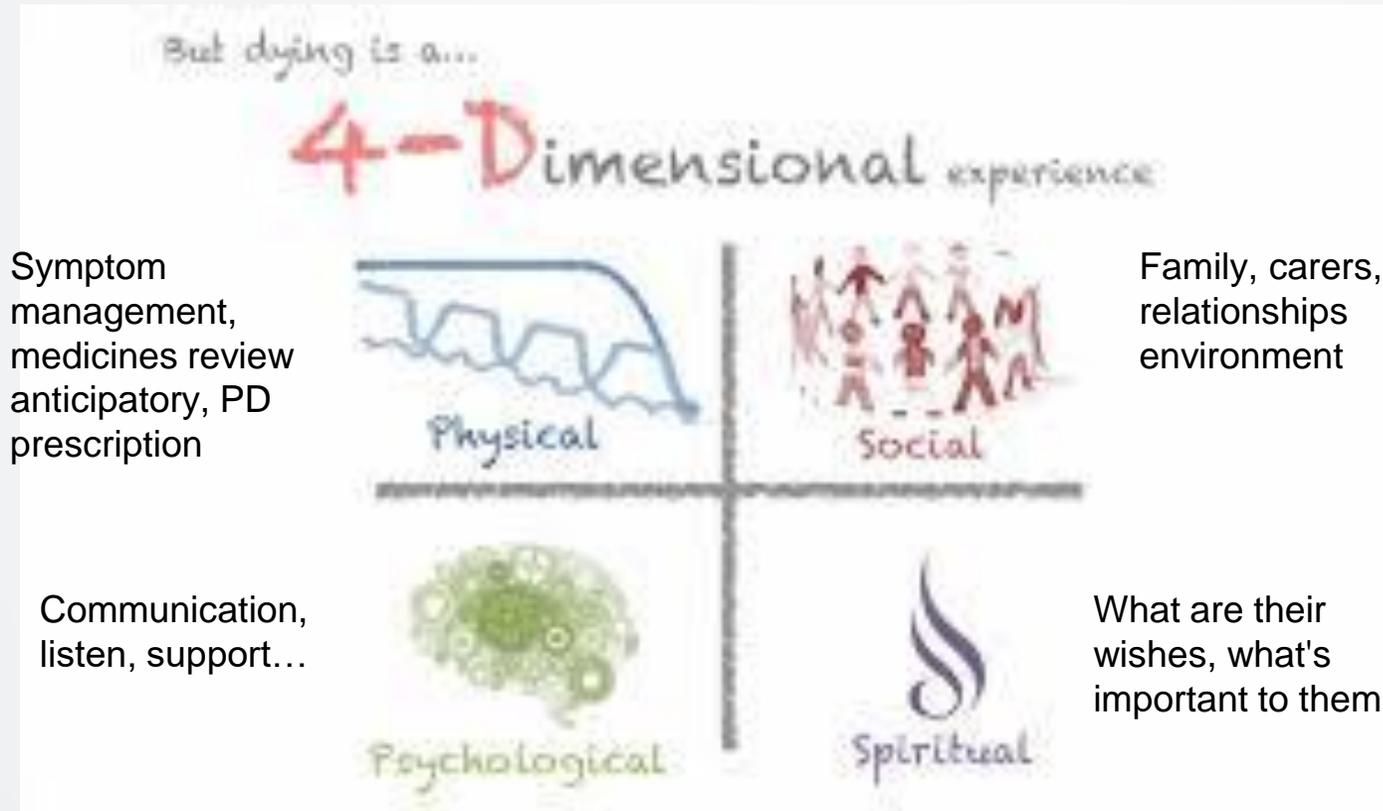
Take a pause

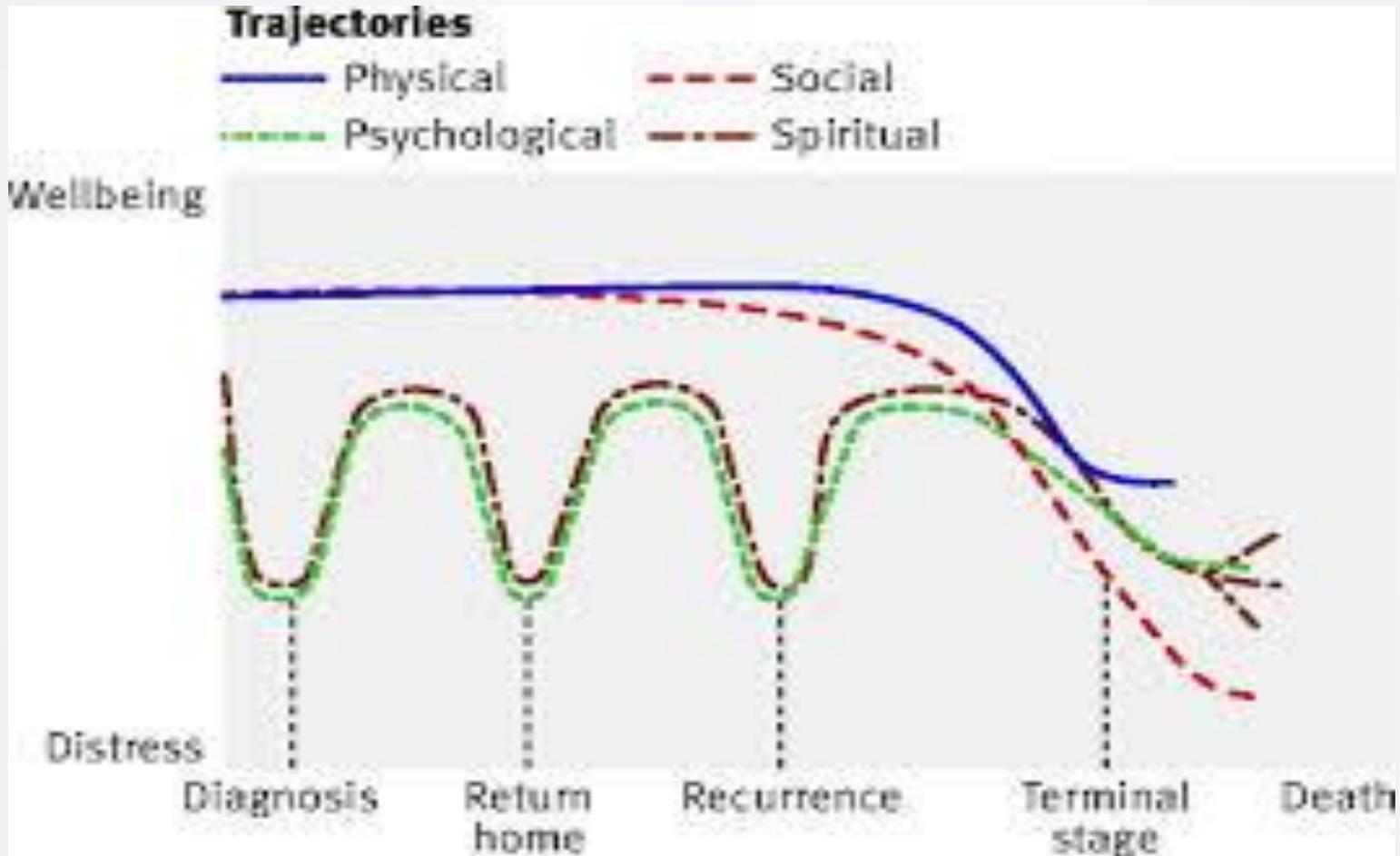


Core Themes and Subthemes of a Good Death and/or Successful Dying

Core Theme	Subtheme
Preferences for dying process	Death scene (how, who, where, and when)
	Dying during sleep
	Preparation for death (e.g., advanced directives, funeral arrangements)
Pain-free status	Not suffering
	Pain and symptom management
Emotional well-being	Emotional support
	Psychological comfort
	Chance to discuss meaning of death
Family	Family support
	Family acceptance of death
	Family is prepared for death
	Not be a burden to family
Dignity	Respect as an individual
	Independence
Life completion	Saying goodbye
	Life well lived
	Acceptance of death
Religiosity/spirituality	Religious/spiritual comfort
	Faith
	Meet with clergy
Treatment preferences	Not prolonging life
	Belief that all available treatments were used
	Control over treatment
	Euthanasia/physician-assisted suicide
Quality of life	Living as usual
	Maintaining hope, pleasure, gratitude
	Life is worth living
Relationship with HCP	Trust/support/comfort from physician/nurse
	Physician comfortable with death/dying
	Discuss spiritual beliefs/fears with physician
Other	Recognition of culture
	Physical touch
	Being with pets
	Healthcare costs

Considerations for dying.....





Scott A Murray BMJ 2017

Acute
Episode

Hospitalisation

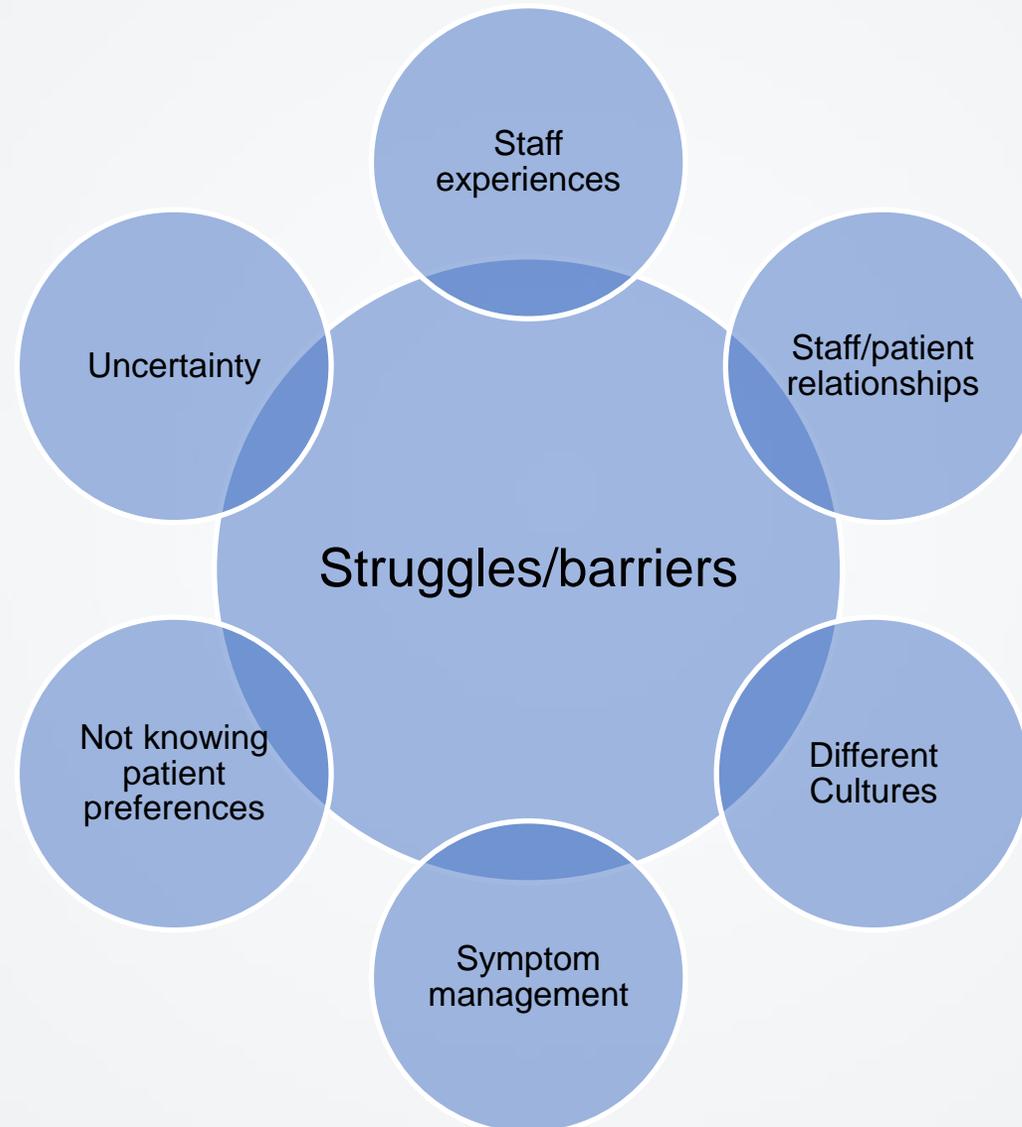
Failing PD

Breakpoint Discussions:

- What do they understand the prognosis to be?
- What are the concerns that lie ahead?
- What kind of trade offs are they willing to make?
- How do they want to spend their time if their health worsens?
- Who do they want to make decisions if they can't?

Atul Gawande: Being Mortal 2014

Evidence: Issues around dying and ACP



It can be complicated..... Case study

- 83 year old on Assisted APD frail mobility issues, two falls in 6 months, lived alone
- ACP in place did not want to go on HD
- Admitted with peritonitis but rigid abdomen very poorly had for 1 week presented another hospital 3 days earlier not treated
- Seen on ward immediately told me DNAR but realised needed surgery ...difficult discussions
- Outcome HD for 3 monthswas this the right thing?

Everyone's Role is Important !



After Death



- Follow up with families/carers
- Remember you may need to grieve
- Support each other reflect on the process
- Memorial services can help provide support

Summary...Helping the Dying PD Patient

- Hope for the best prepare for the worst.....
uncertainty is not a reason to avoid the topic
- Remember to pay attention to the 4Dimensions



- Communication





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