

Palliative care in the emergency department: avoidable or appropriate?

The number of patients with conditions requiring palliative care is increasing rapidly (Morris, 2012). There is rising interest internationally in developing appropriate models of care for this group (Rosenwax et al, 2011), with particular concerns expressed that people with life-limiting illness are receiving unnecessary intervention before death (Addicott and Ashton, 2010). Clearly the risk of this is potentially high in the emergency department setting, given the obvious tension between the original intent of the service and the support and care required by people with palliative care needs. However, there is a paucity of data defining appropriate emergency department use. The few studies that have attempted to quantify the proportion of patients deemed appropriate for emergency department care present figures ranging from 4.8% to 90%, and even fewer have explored the issue specifically for those with palliative care needs (Harris and McDonald, 2014).

Prevalence of attendance

A systematic review identified no previous studies that defined the incidence of emergency department presentations among patients with palliative care needs, let alone the incidence of potentially avoidable presentations. The authors concluded that the 'lack of data regarding the incidence of presentations amongst patients with palliative care needs to the emergency department is a barrier to evidence based policy making, which will

ensure the needs of this growing cohort of patients are met' (Wong et al, 2014).

Reasons for attendance

Research to date exploring the reasons why patients with palliative care needs present to the emergency department has focused solely on their 'presenting complaint' as documented by emergency department health-care professionals (Barbera et al, 2010; Hjermsstad et al, 2013). A review of such studies revealed that shortness of breath, pain and gastrointestinal symptoms are consistently the most common presenting complaints (Green et al, 2016a). However, this approach over-emphasizes the physical aspect of illness and disregards the emotional, social and spiritual concerns of service users which may be driving emergency department presentations. As a result, we do not currently have a detailed understanding of the reasons that patients with palliative care needs seek emergency care, and further research is needed (Green et al, 2016a).

A recent qualitative study of seven patients and two caregivers explored the reasons why patients known to a specialist palliative care service present to the emergency department (Green et al, 2016b). All participants perceived local services to be complex and inconsistent and did not fully understand the roles of health-care professionals or the structure of local service provision. They reported that a key driver behind emergency department presentation was the extensive work required to make sense of alternative care options (Green et al, 2016b). This demonstrates an urgent need to develop strategies that promote patient understanding of care options, as well as continuity of care. Such strategies could include care navigators, or system-wide implementation of comprehensive electronic health records. However, while these sorts of strategies appear to have the potential to minimize inappropriate use of acute hospital services for patients with palliative care needs, further research is required to support implementation.

Appropriateness of attendance

There is increasing concern worldwide regarding the appropriateness of the use of acute services by patients with palliative care needs. Indeed, their increasing use has been seen as a failure of both routine palliative care and pre-emptive strategies such as advance care planning (Green et al, 2011). As a result, there have been calls to implement strategies that prevent hospital admissions or emergency presentations among this group (Addicott and Ashton, 2010).

However, further debate is needed regarding what an 'appropriate' emergency department attendance means within a palliative care context, given increasing recognition of palliative care as an integral component of emergency medicine (Meo et al, 2011). Such debate must be informed by a whole systems approach and recognize that primary care and outpatient clinics are often under-resourced to manage acute medical needs, potentially leaving the emergency department as the only option available to patients. Moreover, research in the acute hospital setting, where similar concerns have been raised, has identified the complexities of defining 'appropriate' usage (Gott et al, 2013). For example, different specialties may have different perspectives, and clinical and patient perspectives may not align (Gott, 2014).

Who is responsible for supporting patients with palliative care needs?

Palliative care as a specialty still does not receive the attention it deserves. For example, there is underinvestment in research on which to build the evidence base, and in medical education. The average medical student receives a sprinkling of palliative care training, hence newly qualified doctors often feel inadequately prepared to manage such patients (Murray and Murray, 2016).

Although not traditionally deemed an ideal location for palliative care provision, emergency department staff are increasingly recognized as key to providing generalist palliative care (Mierendorf and Gidvani,

Dr Emilie Green, Academic Clinical Fellow in General Practice, Royal Free London NHS Foundation Trust, London NW3 2QG

Professor Merryn Gott, Professor of Health Sciences and Director of Research, School of Nursing, Faculty of Medical and Health Sciences, University of Auckland, New Zealand

Correspondence to: Dr E Green
(emilie.green@doctors.org.uk)

2014). For example, they must assess the acute wellbeing of the patient in relation to their disease trajectory so as to perhaps amend management plans or enact advance care plans or advance directives as appropriate. Adequate communication skills are essential to enable frank, but sensitive, discussion of important issues such as prognosis and resuscitation. Emergency department physicians are receiving increasing training on recognizing when aggressive intervention should be superseded by patient goals such as symptom management, and joint emergency department–palliative clinical guidelines are progressively being developed (Mierendorf and Gidvani, 2014).

Conclusions

The existing literature does not permit a detailed understanding of the decision-making process that leads patients to the emergency department (Barbera et al, 2010). Service user perspectives are crucial in shaping the future of acute care. Health-care providers need to look beyond the physical burden of illness and seek to understand and respond to the decision-making process leading individuals with palliative care needs to the emergency department (Quest et al, 2011). Only then may we begin to cast judgment on the appropriateness of such presentations and potential alternative care options. **BJHM**

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KEY POINTS

- Patients with palliative care needs have high health-care use and are likely to be high users of emergency department services, although limited data are currently available regarding incidence of attendance and, in particular, appropriateness or avoidability of attendance.
- There is a paucity of research exploring the decision-making process that leads patients with palliative care needs to the emergency department.
- Palliative care is increasingly considered an important component of emergency medicine.
- Emergency department health-care professionals should receive training and support from specialists in palliative care so as to manage such patients effectively in the acute setting.

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International Journal of Palliative Nursing	
Promoting excellence across the palliative care team	
Editorial	
Rediscovering holism Jack Miller	523
Commentary	
Using social media to create discussion Sarah Russell, Laura Middleton Green and Bridget Johnson	525
Review	
The characteristics and experiences of anticipatory mourning in caregivers of teenagers and young adults Rachel Griffith, Kerry Davies and Yvonne Lawford	527
Research	
Palliative and end-of-life decision-making in dementia care Gary Mitchell	536
'Fighting for care': parents' perspectives of children's palliative care in South Tyrol, Italy Philipa Davidson, Maria Michela Kelling, Lukas Luchner and Caterina Mennarich-Grandi	542
Can a community of practice enhance a palliative approach for people drawing close to death with dementia? Christine Tenn, Mary Jane, Gillie Holman, Barbara J Horne, Sharon Andrews, Fran McHenry and Andrew I. Robinson	548
Communication differences when patients and caregivers are seen separately or together Kate Swinburn, Jennifer Taylor, Patsy Burns and David Currow	557
Research roundup	566
Web Words	570