

End-of-life Care Planning for Health and Social Care Workers

This document provides useful tips to health and social care workers and staff in healthcare settings (including hospitals, nursing homes and residential care facilities) about end-of-life care planning. It will support you to have meaningful conversations with residents, patients and service users as part of the end-of-life care planning process for each person. However, we appreciate these are exceptional times and conversations about end of life can be very difficult.

End of life can be defined from the point of a receiving a life-limiting diagnosis through the months before death, up to and including the final hours – a continuum rather than a point in time. End-of-life care aims to support someone in the later stages of a life-limiting condition to live as well as possible until they die. It involves treatment, care and support for people who are nearing the end of their life and it is an important part of palliative care.

End-of-life care involves talking to the person, their family members and friends (with consent) about what to expect towards the end of their life.

End-of-Life Care Planning

End-of-life care planning is person-centred and involves finding out the wishes and preferences of the person regarding what they want for their end-of-life care. It is built around the needs of the individual, with the resident always at the heart of every decision. It is a holistic approach to care that responds to the person's physical, social, spiritual and psychological needs.



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All staff have an important role in facilitating end-of-life care planning with residents and their loved ones. Residents will often give cues, direct or indirect, that they want to talk or are anxious about something;

- *“I seem to be on more and more tablets, but I’m not sure they’re making a difference ...”*
- *“I’m not getting any better, am I?”*
- *“Am I dying?”*

How to respond to these questions?



- Don't panic.
- Don't avoid the question.
- Don't rush a response - take some time before you answer.
- Gently probe to find out what's behind the question:
 - *“What makes you ask that?”*
 - *“How are you feeling?”*
 - *“What is your biggest worry at the moment?”*
 - *“Are you feeling worried/afraid?”*
 - *“Is there something about your future care you would like to tell me?”*
 - *“What do you understand by what the doctor said?”*
 - *“How can I help?”*
- It's also okay to say “I don't know” if you don't.
- It might be appropriate to say you cannot answer the question but you will try to find someone that can help.
- Make sure you inform nursing staff of any end-of-life care conversations (with the person's consent).
- Remember the person chose to talk to you and by listening you're showing you care and are providing comfort.
- Make sure that all end-of-life care conversations are recorded in the person's end-of-life care plan.

More information and resources are on the Irish Hospice Foundation (IHF) Care & Inform website hub: www.hospicefoundation.ie/covid19careandinform/

For advice and tips for initiating an end of life conversations please see Advance Care Planning for Health and Social Care Professionals resource: www.hospicefoundation.ie/covid19careandinform/resources-for-healthcare-professionals/advance-care-planning-for-health-and-social-care-professionals/

For support on communication see our online video, Breaking Bad News: COVID-19, which gives five steps to help you deliver difficult news: www.hospicefoundation.ie/covid19careandinform/resources-for-healthcare-professionals/

You can find more information about CEOL, (Compassionate End of Life), the Irish Hospice Foundation's quality improvement programme for nursing homes and residential care centres (RCCs) here: www.hospicefoundation.ie/healthcare-programmes/ceol/

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