Prescribing and medication use for symptom control in palliative care: stakeholder engagement within an activity theory study

S-A. Francis[1], J. Elyan[2], M. Ogden[1], B.D. Franklin[3], K.L. Mattick[4], A. Kajamaa[5], S. Yardley[1,6]

1. Background

- People with palliative care needs often use prescription medication to achieve symptom control.
- Prescribing and medication use are complex, multi-step processes influenced by prescribers, patients, carers and contexts. They are shaped by historically established divisions of labour and normative rules.
- In the care of palliative patients, approximately 20% of NHS serious incident reports involve prescription medications with causes and contributing factors poorly understood (1).

2. Question

How are the processes of prescribing and medication use for symptom control in palliative care intended to happen across the contexts of home, hospital and hospice?

3. Methods

- Stakeholder engagement with a purposive sample of informal carers and health care professionals.
- Informal conversations with a topic guide including known steps in prescribing and medication use.
- Iterative cycle of listening, identifying steps and theme attribution to develop an intended processes model.

4. Results

21 participants comprising carers, researchers, specialist and non-specialist healthcare professionals including representatives from pharmacy, medical and nursing professions participated in informal conversations.

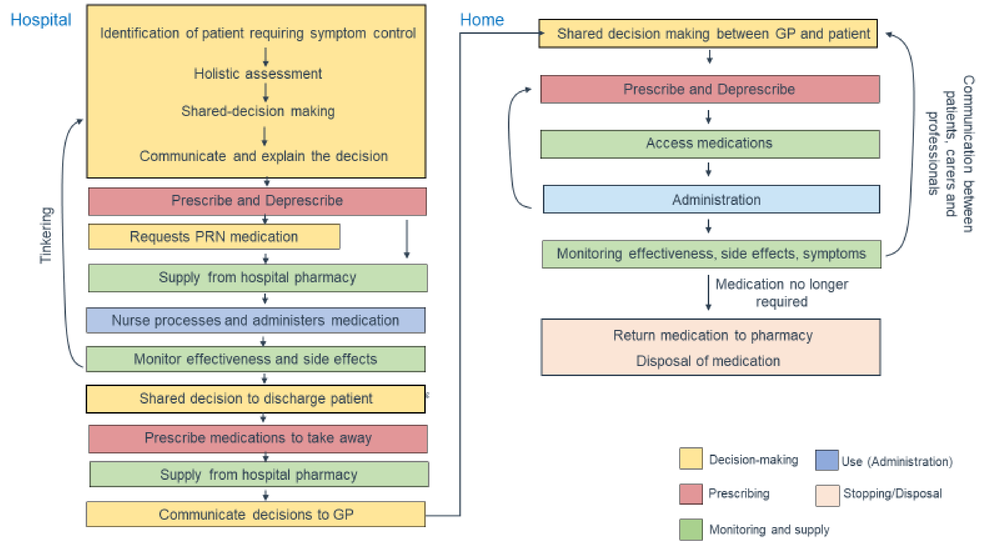

Figure 1: Intended processes of prescribing and medication use for symptom control in palliative care

Decision-making: balancing protocols and expertise, deviating from protocols to enable more personalised, person-centred care, specialist v non-specialist experience, risks of burdening carers.

Prescribing: balancing symptom control with over-medicating, dose titration, effective anticipatory prescribing, difficulties accessing the prescriber - which prescriber?

Monitoring and supply: difficulties accessing supplies, responsibility for monitoring efficacy and side-effects – whose responsibility for monitoring?

Use and administration: delayed medication, complex regimens, swallowing difficulties, packaging variations - who is responsible for administering medication?

Stopping and disposal*:* deprescribing, managing medication no longer required, risks of medication diversion and waste.

5. Conclusion

- Carers and professionals sharing their experiences and concerns about the processes involved in prescribing and the use of palliative medications is a valued element of our study.
- Content and themes have informed the design of our scoping review using the Joanna Briggs Institute framework and ensured it is comprehensive.
- Combined data from the stakeholder engagement and scoping review will be used to finalise a model of intended processes in prescribing and medication use in symptom control in palliative care.

6. Next steps

A focussed ethnography will continue to develop the medication processes model using activity theory (2).

Identifying mismatches between what is intended to happen and what is experienced in practice is key to improving safety and confidence in palliative care.

References and acknowledgements

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[1]Marie Curie Palliative Care Research Department, University College London, London, [2]Barking Havering and Redbridge University Hospitals NHS Trust, Romford, [3]UCL School of Pharmacy, London, [4]University of Exeter Medical School, University of Exeter, Exeter, [5]Faculty of Educational Sciences, University of Helsinki, Helsinki, Finland, [6]Palliative Care, Central & North West London NHS Foundation Trust, London.

sally-anne.francis@ucl.ac.uk