Database of evidence to support end of life care

From knowledge generation to practice session

Phil Wiffen & Sheena Derry

Cochrane Pain, Palliative & Supportive Care Group

Background

- 1.24 In view of this lack of evidence on the LCP and end of life care more generally, the Review panel **recommends**

- 1.25 To provide independently and rigorously gained evidence for good end of life care, the Review panel also **recommends** that the National Institute for Health Research (NIHR) fund research into the biology of dying

- 1.76 The Review panel understands that there is very little evidence on the use of drugs to manage symptoms and distress in the last days of life

MORE CARE, LESS PATHWAY
A REVIEW OF THE LIVERPOOL CARE PATHWAY

Background

- **Five new Priorities for Care**
- **Defining what we mean by the term evidence**
- **Proposal to establish an annotated database of evidence**

ONE CHANCE TO GET IT RIGHT

The process

- Undertake a search of three major databases using a sensitive search for palliative care literature

- Incorporate into and EndNote database

- Two people to trawl the records and include those which are relevant (remove noise)

- Annotate those records which indicates which priority, the level of evidence and additional headings

- Publish a searchable dbase on the web

The Priorities

- **Priority 1**. **Recognise.** The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person's needs and wishes, and these are reviewed and revised regularly.

- **Priority 2 Communicate**. Sensitive communication takes place between staff and the person who is dying and those important to them.

- **Priority 3 Involve.** The dying person, and those identified as important to them, are involved in decisions about treatment and care.

- **Priority 4 Support** The people important to the dying person are listened to and their needs are respected.

- **Priority 5 Plan and do** Care is tailored to the individual and delivered with compassion – with an individual care plan in place

Levels of evidence

- **Type A.** Stated to be a systematic review with or without a meta-analysis

- **Type B.** Stated to be a randomised controlled trial

- **Type C.** Stated to be a quasi-experimental study such as a non randomised controlled study, an interrupted time series or controlled before and after study.

- **Type D**. Stated to be descriptive study.

- **Type E**. Expert opinion from working groups, committees or other respected authorities.

Other annotation

- Audit- where a study (which may be research) has identified key issues such as opinions and experience of carers or patients.
- Education- studies associated with education-usually of palliative care staff
- Ethics- issues related to the ethics of research
- Needs assessment- studies identifying the needs of palliative care patients
- Prognosis
- Research- issues relating to research methodology or assessment of PC research
- Research proposal- description of a planned research project or protocol
- Service delivery- relating to service provision in different settings including homes
- Staff- issues relating to staff including attitudes.
- Training- training needs
- Volunteers- studies about their role or other aspects

What did we find?

- **Search carried out in two phases:**
  - 1. RCTs and SRs
  - 8819 potential records leading to 1008 included
  - 2. Other study designs
  - 11646 potential records leading to 793included

Overall result

Total records 1801

Derived from: Medline 1170

Embase   310

Central   270

Screen shots

Current status

- **Database available as EndNote X7 file on request**

- **Currently investigating transfer to a searchable web file**