An End-of-Life Timeline with an emphasis on Death at Home

I have discussed the essence of this piece with a group of GPs, and the ‘essential comment was:

‘In summary, I think you have a valid and reasonable point about proportionality in many ways ... In addition, with the national drive to increase ‘deaths in the community’ there will be gaps and potential unintended consequences that become more apparent with the shift in care. I think you have picked up on one of these issues, although I suspect there are more to think through.‘

It is quite likely that attempted cardiopulmonary resuscitation (CPR) would inevitably be unsuccessful once the GP has written that second note.

But the patient can forbid CPR at any point - so people should stop using DNACPR as a proxy for ‘expected death’:

http://www.dignityincare.org.uk/Discuss_and_debate/Discussion_forum/?obj=viewThread&threadID=847&forumID=45

The start of this timeline is when the patient has been told that ‘something is going to kill you’: not necessarily within 12 months, and the patient need not be ‘otherwise in bad health’ at the time of the diagnosis.	The patient might be ill and getting worse here - but, and this is crucial, the patient might be ‘frail, or otherwise at risk of a ‘sudden’ death (some heart conditions for example) but ‘reasonably stable clinically”.	The patient will ‘be obviously very poorly’ at this stage’ (it is hard to see how the GP could anticipate an imminent death, otherwise).	This is the period which bothers me - in particular if the patient has died without ‘entering the green region’ and if the patient’s GP is not available to attend very quickly after the death.	I feel certain - but cannot prove - that memories of the death are strengthened by ‘undue interrogation’ directly after the death: which would make this grieving worse.	
The patient is terminally diagnosed.	When the GP believes it to be true the GP writes in the patient’s notes: ‘I (the GP) would no longer be surprised by the natural death of this patient, but I would need to attend post-mortem before deciding whether to certify the death’	When the GP believes it to be true the GP writes in the patient’s notes: ‘I (the GP) will now certify any death which is not apparently unnatural, even if I am unable to attend post-mortem’.	The patient dies.	The end of ‘the first day after the death’ - that day ends when the relative goes to sleep [or, perhaps, tries to go to sleep].	The end of ‘the grieving process’ - an ill-defined point, of no particular significance to this analysis.

I became involved in this end-of-life stuff when my mother died - see a little way in to my piece at:

http://www.dignityincare.org.uk/Discuss_and_debate/Discussion_forum/?obj=viewThread&threadID=814&forumID=45

Currently some frankly absurd things happen - a London GP was discussing this with the London Ambulance Service a couple of years ago:

‘As you know we have had a recent death of a 103 yr old woman in a nursing home where the ambulance and police were called.
I wanted to ensure that our DN teams are aware of the importance of clarifying to ambulance staff that a death is EXPECTED. This ensures that the family are treated with compassion by ambulance staff and the police, in the unfortunate event that they are called.’

It is absolutely crucial that the people living with the patient are aware of this statement in the medical notes - see my piece at:

http://www.dignityincare.org.uk/Discuss_and_debate/Discussion_forum/?obj=viewThread&threadID=785&forumID=45

There are some fundamental issues which need to be sorted out about ‘DNACPR’ - see, for example, my pieces at:

http://www.bmj.com/content/352/bmj.i26/rr

http://www.bmj.com/content/350/bmj.h2157/rr-1

http://www.bmj.com/content/350/bmj.h841/rr-2

http://www.bmj.com/content/350/bmj.h2640/rr-2