

End of life.H1 Patient care	Doc 22	She was only given enough to allow her to "die with dignity".
End of life.H1 Patient care	Stakeholder 6	What nourishment was she given at GWMH? Mr [Code A] thinks she had none and became dehydrated when, he believes, was the true cause of her death
End of life.H1 Patient care	Stakeholder 6	As far as Mr [Code A]s aware his mother was not given any food until the time she died- believes she died of starvation and dehydration
End of life.H1 Patient care	Stakeholder 5	Had Mrs [Code A] 20/11 Dr Barton - happy for nursing staff to confirm death. Reconfirmed 28/11 - 29/11 drip out, 3/12 died.
End of life.H1 Patient care	Stakeholder 9	Charge nurse gave Mr [Code A] an injection shortly before he died. Mr [Code A] had reported pain in groin after catheter procedure within 10 - 15 minutes he had died.
End of life.H1 Patient care	Stakeholder 9	When Mrs [Code A] queried cause of death 'Louis Body Dementia' - Mrs [Code A] queried as unlikely. Coroner did post-mortem found that cause of death was pneumonia. Post mortem found organs normal but Post Mortem certificate found that he had recovered from pneumonia.
End of life.H1 Patient care	Stakeholder 11	Particularly upsetting when a health care assistant came in to mother's room, asked for a dress, and suggested that her mother get up and dressed; family had just been told that their mother was dying

End of life.H1 Patient care	Stakeholder 11	Mrs [Code A] recommends that Staff need training in dealing with next of kin; need for sensitivity about treating families and patients with dignity eg right to wear own clothes (eg Health care assistant insisted that Mrs [Code A] eat a dinner she'd ordered from the canteen despite the fact that Mrs M upset as her mother was dying)
End of life.H1 Patient care	Stakeholder 13	1st entry on admission sheet - happy for death certification. Was going in post-op 'well' patient for convalescence. Written by Doctor. Is this a cover for hospital with no 24 hour cover
End of life.H1 Patient care	Stakeholder 13	Notes checked - no Drs entered room in last days of life.
End of life.H1 Patient care	Stakeholder 13	Basic care lacking in last few days eg moistening mouth - clean pillow cases
End of life.H2 Relatives & carers	Doc 22	All the staff on the ward were extremely caring at all times both to Mrs [Code A] and to her two daughters and sons.
End of life.H2 Relatives & carers	Doc 23	I did give my consent while later, I felt awful about, and felt it should not have been put to me.
End of life.H2 Relatives & carers	Stakeholder 6	Family received no support from GWMH staff after told them that she would die.
End of life.H2 Relatives &	Stakeholder 6	

carers		Nurse just said ' I'm surprised that she lasted this long'
End of life.H2 Realtives & carers	Stakeholder 5	Sit down with relatives - more pragmatic - not shining lights of nursing home - false expectations. Gave up too easy on mother. Ends here
End of life.H2 Realtives & carers	Stakeholder 9	At no time did Consultant come onto ward when husband near to death.
End of life.H2 Realtives & carers	Stakeholder 9	Did not explain DNR policy at War Memorial.
End of life.H2 Realtives & carers	Stakeholder 10	- 3 days after husband died, nurse from GWM rang & asked if Mrs [Code A] was ok. Perhaps you just want to be alone & put the phone down – it was a bit late to nurture a caring relationship
End of life.H2 Realtives & carers	Stakeholder 11	12. Charge nurse Philip Bede told them that nothing could be done for Mrs [Code A] and that she would have to put on a syringe driver for administration of pain relief
End of life.H2 Realtives & carers	Stakeholder 11	Breaking of the news of their mother's imminent death by GWM staff was abrupt and terribly amateur...there was no empathy, no compassion; shied away from discussing death or dying directly (Mrs [Code A] asked how long her mother had left, [Code A] from the whole thing. She said that the 'next thing will be a chest infection'; first time any such thing had been mentioned
End of life.H2 Realtives & carers	Stakeholder 11	Particularly upsetting when a health care assistant came in to mother's room, asked for a

		dress, and suggested that her mother get up and dressed; family had just been told that their mother was dying
End of life.H2 Relatives & carers	Stakeholder 11	Cause of death recorded on death certificate as pneumonia; no reference to any of the other things affecting Mrs [redacted] and never mentioned to family. Dr Barton signed it and sister queried it but would not agree to a post mortem and their mother was cremated
End of life.H2 Relatives & carers	Stakeholder 11	Mrs [redacted] recommends that Staff need training in dealing with next of kin; need for sensitivity about treating families and patients with dignity eg right to wear own clothes (eg Health care assistant insisted that Mrs [redacted] eat a dinner she'd ordered from the canteen despite the fact that Mrs [redacted] upset as her mother was dying)
End of life.H2 Relatives & carers	Stakeholder 13	How was bad news broken? As soon as syringe driver - realised not <??> were told about syringe driver by.
End of life.H2 Relatives & carers	Stakeholder 16	Relatives and Carers After Dad died - waiting in waiting room 1 1/2 - 2 hours for the Doctor - did not arrive.
End of life.H3 Staff	Stakeholder 6	'I thought wad staff adopted a policy re suit themselves'
End of life.H3 Staff	Stakeholder 6	I never saw the staff they just weren't there