Summary of Meeting held at Redclyffe Annexe on 11.7.91

A meeting was arranged for the trained staff at Redclyffe Annexe following concern expressed by some staff at the prescribed treatment for 'Terminal Patients'

Present:-

Mrs. Evans	
Sister Goldsmith	S/N Williams
Sister Hamblin	S/N Donne
S/N Giffin	S/N Tubbritt
S/N Ryder	S/N Barrington
S/N Barrett	E/N Turnbull

The main area for concern was the use of Diamorphine on patients, all present appeared to accept its use for patients with severe pain, but the majority had some reservations that it was always used appropriately at Redclyffe.

The following concerns were expressed and discussed:-

1. Not all patients given diamorphine have pain.

2. No other forms of analgesia are considered, and the 'sliding scale' for analgesia is never used.

3. The drug regime is used indiscriminately, eachpatients individual needs are not considered, that oral and rectal treatment is never considered.

4. That patients deaths are sometimes hastened unnecessarily.

5. The use of the syringe driver on commencing diamorphine prohibits trained staff from adjusting dose to suit patients needs.

6. That too high a degree of unresponsiveness from the patients was sought at times.

7. That sedative drugs such as Thioridazine would sometimes be more appropriate.

8. That diamorphine was prescribed prior to such procedures such as catheterization* - where dizepam would be just as effective. *(S [illegible]!)

9. That not all staffs views were considered before a decision was made to start patients on diamorphine - it was suggested that weekly 'case conference' sessions could be held to decide on patients complete care.

10. That other similar units did not use diamorphine as extensively.

Mrs. Evans acknowledged the staffs concern on this very emotive subject. She felt the staff had only the patients best interest at heart, but pointed out it was medical practice they were questioning that was not in her power to control. However, she felt that both Dr. Logan and Dr. Barton would consider staffs views so long as they were based on proven facts rather than unqualified statements. Mrs. Evans also pointed out that she was not an expert in this field and was not therefore qualified to condemn nor condone their statements, she did, however, ask them to consider the following in answer to statements made.

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1. That patients suffered distress from other symptons besides pain but also had the right to a peaceful and dignified death. That the majority of patients had complex problems.

2. If 'sliding scale' analgesia was appropriate in these circumstances, particularly when pain was not the primary cause for patient distress. That terminal care should not be confused with care of cancer patients.

3. The appropriateness of oral treatment at this time considering the patients deterioration and possibility of maintaining ability to swallow. The range of drugs available to cover all patients needs in drugs that can be given rectally together with patients ability to retain and absorb product.

4. It was acknowledged that excessive doses or prolonged treatment may be detrimental to patients health but was there any proven evidence to suggest that the small amounts prescribed at Redclyffe over a relatively short period did in fact harm the patients.

5. It could be suggested to Dr. Barton that drugs could be given via a butterfly for the first 24 hrs. to give trained staff the opportunityto regularise dose to suit patient.

6. That treatment sometimes needed regularising as patients condition changed -were staff contributing signs of patients deterioration to effects of drug? Few patients remained aware until the moment of death.

7. What was the evidence to suggest that thioridazine or any other similar drugs would be better.

8. Again, what was the objection to diamorphine being used in this way and how was diazepam better.

9. Mrs. Evans wholly supported any system which allowed all staff to contribute to patients care however, she could not see that weekly meetings were appropriate in this case where immediate action needed to be taken if any action was required at all.

10. What was the evidence to prove that these other units care of the dying was superior to ours,before any change could be taken on this premis it would need to be established that we would be raising our standards to theirs rather than dropping our standards to theirs.

It was evident that noone present had sufficient knowledge to answer these questions with authority, it was therefore decided that before any critisism was made on medical practice we needed to be able to answer the following questions.

- What effect does Diamorphine have on patients.

- Are all the symptons that are being attributed to Diamorphine in fact due to other drugs patients are recieving, or even their medical condition.

- Is it appropriate to give Diamorphine for other distressing symptons other than pain.

- Are there more suitable regimes that we could suggest.

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To try and find the answers to these questions Mrs. Evans would invite Kevin Short to talk to staff on drugs and ask Steve King from Charles Ward Q.A. if he would be prepared to contribute to discussion.

This would take time to arrange meanwhile staff were asked to talk to Dr. Barton if they had any reason for concern on treatment prescribed as she was willing to discuss any aspect of patient treatment with staff.

I hope I have included everyones views in this summary, as we will be using it to plan training needs, please let me know if there is any point I have omitted or you feel needs amending.

IE/LP
16.7.91