End-of-life care

House of Commons estimates day debate
Wednesday 2 March 2016

About the BMA
The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000, which continues to grow each year.

Key points

- The BMA has recently completed a significant piece of qualitative research, with members of the public and doctors, into experiences and perceptions of end-of-life care.

- Whilst there are pockets of excellence in end-of-life care across the UK, there is considerable variation in the nature and quality of services provided between and within geographical areas, and between different medical conditions.

- The BMA believes better education and training for doctors in end-of-life issues should be available. This will be crucial in developing a confident and skilled workforce who can provide high-quality care to all patients at the end of life.

- More work is needed to encourage the public to discuss death and dying with loved ones, and to consider their wishes for care at the end of life.

- We are calling on the government to make end-of-life care a priority, and to work with other organisations to develop a clear, funded plan of action for improvements.

BMA research project into end-of-life care
In November 2014, the BMA launched a major new project examining end-of-life care and physician-assisted dying. We commissioned social research experts TNS BMRB to run a series of public dialogue events across the UK with members of the public and doctors to explore views, experiences and perceptions of a number of issues around care and options at the end of life. These included the accessibility, availability, and quality of end-of-life care provision across the UK, and, for doctors, the challenges to providing high-quality care to patients at the end of life.

Our aim in carrying out this research was to compile a thorough and comprehensive body of qualitative evidence around end-of-life care and physician-assisted dying, which would play a significant role in the ongoing public debate. We hope our findings on end-of-life care will also reinforce the BMA’s voice amongst those calling for improvements in the current provision of care.

The first two volumes of our final report have now been published, and draw together existing evidence on the subject and detail the findings of our events. These are available online at www.bma.org.uk/end-of-life-care. A third volume will be published in Spring 2016, which will detail our reflections and
recommendations for action, and establish what changes are needed to ensure that patients receive high quality end-of-life care.

**Ensuring consistently high-quality care**

End-of-life care in the UK is frequently of very high quality, and the UK’s expertise in this area is internationally recognised. A recent study ranked the UK as the best in the world for palliative care, describing the quality and availability of services as “second to none”. However, unfortunate cases of poor end-of-life care persist – some of which were detailed recently in the 2015 report of the Parliamentary and Health Service Ombudsman on complaints received.

Similarly, our project found some examples of excellent initiatives and good practice in end-of-life care alongside considerable variation in the nature and quality of services provided between and within geographical areas, and between medical conditions. We are clear that if improvements are to be made, significant changes and investment in funding and workforce must be prioritised. We are therefore calling on the government to make end-of-life care a priority, and to work with other organisations to develop a clear, funded, plan of action.

**Education, training and support for doctors**

Education and training in end-of-life care issues is crucial, particularly for doctors for whom end-of-life care is not the sole component of their work. We believe that education and training should not be seen as a one-off event, but that time and support for accessing end-of-life care training opportunities should be built in throughout a doctor’s career. Doctors at the events we commissioned expressed concerns about not knowing who to contact for help and advice in palliative care emergencies. Provisions should be put in place to ensure that doctors are able to access specialist palliative care advice and support, whenever and wherever they may need it.

**Information for patients**

A key finding from the research was that there is a reluctance amongst the public to discuss death and dying. Very few of the members of the public attending the events had thought about their preferences at the end of life, and fewer still had shared their thoughts with those close to them. This tendency to avoid discussing death and dying presents immense difficulties for doctors who will care for people at the end of life, especially with regard to advance care planning, and, in the event a patient lacks capacity, the medical decisions that need to be made in their best interests.

---


---

For further information, please contact:

David Knowles, Senior Public Affairs Advisor

T: 020 7383 6520 | M: 07917 041 018 | E dknowles@bma.org.uk

---

February 2016