LETTER TO THE EDITOR

Palliative care for patients with end-stage COPD*Dear Sir*

We were delighted to see the Discussion paper by Murray *et al.* in the most recent issue of the *Primary Care Respiratory Journal*.¹ The needs of COPD patients at the terminal phase of their long-term disease has, as detailed by the authors, been

long neglected. We would agree that the main obstacle in ensuring appropriate care for these patients is in deciding how and when to determine the point at which they enter the terminal phase of their condition.

In our personal experience, when the patient is considered to have reached the terminal phase of COPD, the perception of all who are involved in the patient's care changes to a proactive holistic

Box 1 Lincolnshire criteria for patients with end-stage COPD

End of life issues should be considered in patients who have severe COPD and where there is a likelihood that they may die within the following 12 months.

The following clinical indicators may also be useful in determining fulfilment of end of life criteria:

PRIMARY CLINICAL INDICATORS

- Severe COPD (FEV₁ < 30% predicted)
- History of >2 acute exacerbations in the last 12 months
- Frequent admissions into hospital with acute exacerbation COPD
- Progressive shortening of the intervals between admissions
- Limited improvement following hospital admission

SUPPORTING CLINICAL INDICATORS

- On maximum therapy - no other intervention is likely to alter the progression of the condition
- Dependence on oxygen therapy
- Severe unremitting dyspnoea at rest (MRC dyspnoea score 5)
- Severe co-morbidities e.g. heart failure, diabetes
- Housebound – unable to carry out normal activities of daily living/self care

In patients fulfilling end of life criteria consider:

- Clear management plan in consultation with the patient and carer
- Gold Standard Framework - include on GP supportive care register
- Referral to specialist services
 - Community Matron/Community Respiratory Nurse Specialist
 - District nurses
 - Palliative care team
 - Social Services
 - Complex Case Manager (for continuing care health funding if near to death criteria met)
- Benefits advice (DS1500 form/Attendance Allowance/Disability Living Allowance)
- Priority access to Out of Hours Emergency Service via alert card, providing summary of relevant patient information
- Adopting Liverpool Care Pathway (for last few days of life)

Agreed by Lincolnshire Countywide COPD Steering Group, March 2006

approach rather than a reactive approach based on fluctuations in the disease process. Within Lincolnshire we have adopted guidelines in the care of patients with COPD to enable clinicians to consider when a patient reaches the end of life phase of their disease (as shown in Box 1). This was a consensus document produced by a countywide team of primary and secondary care clinical staff, including both generic and disease-specific staff. We have made these guidelines widely available throughout the health community. We recognise that there are only a few other examples of similar guidelines; these guidelines have already been put into practice, and we note the similarity between the indicators which we identified and the indicators highlighted by Murray *et al.*¹ In addition, within the Lincolnshire guidelines there are recommended actions to be considered by clinicians once COPD patients have been identified as requiring end of life care.

We would endorse the conclusion within the Discussion paper that adoption of the Gold Standard Framework for Palliative Care will aid

the removal of present deficits in the care that these COPD patients receive.

Reference

1. Murray SA, Pinnock H, Sheikh A. Palliative care for people with COPD: we need to meet the challenge. *Prim Care Resp J* 2006;15(6):362-4. doi:10.1016/j.pcrj.2006.08.008.

Noel O'Kelly*

GP with a Special Interest (Respiratory Medicine)

Jude Smith

Respiratory Nurse Consultant

*Inspire Team, Lincolnshire PCT – Provider Services,
Boston West Business Park, Sleaford Road, Boston,
Lincolnshire, PE21 8EG*

*Corresponding author. Tel.: 01205 318027;

fax: 01205 318048

E-mail address: noel.okelly@lpct.nhs.uk

12 November 2006

Available online at <http://www.thepcrj.org>