

Table 31: Jackson 2010

Study (RefID)	Jackson 2010 ²³⁶
Aim	To explore the perceptions of relatives and health care professionals of care pathways in the last 48 hours of life.
Population	Bereaved carers and healthcare professionals
Setting	UK
Study design	Research nurses compiled through medical coding a list of all people who had died within 48 hours of admittance to hospital. Clinical consultants reviewed the patient notes and decided whether in their opinion the person could have been cared for at home. Demographic data was taken from the medical records. Semi-structured interviews were undertaken with the bereaved carers and 'key informants' including hospital consultants, chaplains, porters, hospital nurses, ambulance staff, hospice at home assistants, and nursing and residential home staff. Percentage of staff type included, or how the bereaved carers were recruited was not provided.
Methods and analysis	a 'collaborative approach' was used involving several team members (unclear if same across all interviews) reading the transcripts and identifying themes. These were then coded by the researchers.

<p>Themes with findings</p>	<p>Unpredictability: <i>“You know, I had asked how long [until death] and t[the doctor] said “how long is a piece of string”. I mean, fair enough, but [other healthcare professionals] kept saying: “she is not ready to die.”</i></p> <p>Privacy: Relatives and staff did not perceive the acute environment to be the ideal place to die, in particular because of its lack of privacy, which was exacerbated by the use of paper curtains around beds: <i>“There was my dad, an 88 year old man, looking dreadful on oxygen and being moved. There were visitors everywhere and noise everywhere. [I do not know] why they had to move my dad from a very very peaceful area [while] telling me he only had hours left to live. [He was] pushed into a bay and all squashed in.”</i></p>
<p>Limitations</p>	<p>Poorly reported study. No information given on what questions were asked in the semi structured interviews, so hard to extract meaningful conclusions from data provided.</p>
<p>Applicability of evidence</p>	<p>Very applicable setting, as UK hospital based, including those important to the dying person and a multiprofessional team involved in their care. However, the subject is potentially not applicable as it is far wider than communication of prognosis, and no information about what questions were asked is provided.</p>