

**Table 73: Wilson et al., (2015)<sup>472</sup>**

Study	Wilson et al., (2015) <sup>472</sup>
Aim	To examine nurses' decisions, aims and concerns when using anticipatory medications.
Population	Registered nurses providing end-of-life care (UK Lancaster and Cumbria, and Midlands); data included 61 interviews and 83 observations.
Setting	Community care and nursing homes in 2 regions in England. The first, Lancaster and South Cumbria covered a large semi-rural area serving a largely dispersed population. The Midland was the second area which was a socio-demographically varied area with a dense and varied population in urban districts, as well as a more dispersed population in rural areas. In each of the 2 geographic areas 2 community nursing teams, involving district nurses and specialist palliative care nurses, and 2 care homes for older people registered to provide nursing care (that is, nursing homes) were invited to take part using a convenience sampling approach. The authors employed a recruitment approach used successfully in a previous study of end-of-life in care homes, namely, working with key local end-of-life care stakeholders to publicise the study, identify potential participating sites and then invite participation via the team leader or care home senior nurse.
Study design	An ethnographic study in 2 regions of the UK using observations and interviews.
Methods and analysis	<p>Ethnographic study design, which demands that the researcher becomes involved in the daily activities of the particular group under study (in this case community nurses). The researcher then records, according to specified research objectives, aspects of the group's work and experiences in a detailed way, before making analytical interpretations that allow consideration of the broader implications.</p> <p>Observations: Approximately 4 weeks were spent with each nursing team in each nursing home to observe incidences of when prescriptions were written in advance of symptoms, as well as how, when and in what circumstances the prescriptions were activated. These observations allowed the study team to understand how the process of prescribing and using anticipatory medication unfolded in situ.</p> <p>Interviews: The aim of the interviews was both to complement the observational data and to gain their perceptions of the practical, organisational, ethical and communication issues they experienced. Sampling was dependent upon who was involved in writing, dispensing and using anticipatory medications at the study sites. The study team used a flexible interview schedule, adapted on the basis of the observations and informed by a literature review (using a set of aide-memoires). Interviews took place at the participant's place of work and lasted between 10 min and 2 hours. In addition to single interviews 6 small group interviews were held: 4 with 2 nurses, 1 with 3 nurses and 1 with 6 nurses. Two interviews were</p>

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	conducted over the telephone with nurses working out-of-hours for the convenience of the participants. Of the 61 nurses interviewed 5 were interviewed twice as directed by observations.
Themes with findings	<p>Necessary conditions identified by nurses in order to administer anticipatory medications:</p> <ul style="list-style-type: none"> <li>• Irreversible symptoms due to the dying phase – the nurse had to be satisfied that the person had entered ‘the dying phase’.</li> <li>• Inability to take oral medications</li> <li>• Where possible gain the person’s consent</li> <li>• Decisions are independent of demands or requests from relatives – nurses acknowledged that although relatives often provided the majority of personal care to patients and had considerable insights into their needs, they took great care not to be ‘unduly’ swayed by relatives’ judgements or requests.</li> </ul> <p>Nurses’ aims in using anticipatory medications</p> <ul style="list-style-type: none"> <li>• To comfort and settle</li> <li>• Prevent transfer to hospital and avoid medical call-out</li> <li>• Start at the lowest dose and work within guidelines.</li> </ul> <p>Nurses concerns when using anticipatory medications:</p> <ul style="list-style-type: none"> <li>• Using the most appropriate drug for the presenting symptom</li> <li>• Used at the most appropriate time</li> <li>• Under medication</li> <li>• Over medication</li> <li>• Hastening death.</li> </ul>
Limitations	High risk of bias- Data saturation not met at 1 of the 4 sites and limited provision of supportive quotes.
Applicability of evidence	The evidence is directly applicable. However, it only covers a subsection of anticipatory prescribing, that is, about administering the drugs. In other words when the decision to prescribe has already been made.