Medication management in the last stage of life

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To gain in-depth knowledge of the reasons, preferences and values of patients, relatives, nurses and physicians about decision-making concerning continuation, adjusting and medication withdrawal in the last phase of life.

Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON38781

Source
ToetsingOnline

Brief title
Medilast

Condition

- Other condition

Synonym
medication used in the last stage of life and its decision-making

Health condition

terminale levensfase (laatste 3 maanden)

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Sint Radboud
Source(s) of monetary or material Support: ZonMw

Intervention

Keyword: care etics, decision making, medication management, Palliative care

Outcome measures

Primary outcome

Understanding the reasons, preferences and values **of patients, relatives,

nurses and doctors in decisions about continuing, modifying or stopping

medication in the last phase of life.

Secondary outcome

not applicable

Study description

Background summary

Patients in the palliative phase of their illness often use many drugs. It could include medication that no longer useful or even harmful in the final stage of life. Medication management in end-of-life care is often difficult because of the interrelation of medical, emotional and ethical factors. Knowledge about and guidelines for the adequate management of medication in the last stages of life are missing. A systematic evaluation of current practices surrounding medication management for patients in the last phase of life has not yet occurred.

The purpose of this research is to create a description of the current practice, and to make recommendations to improve medication management in the last phase of life. More specifically, the research will focus on the clarification of substantive medical, practical and ethical aspects of medication management at the end of life. The research will focus on primary care, clinical departments for palliative care and hospices. Identifying bottlenecks and improvement cooperation between these three settings is an important goal of the research.

First, known medication management models will be studied for their usefulness as a basis for medication management at the end of life. Second, in a dossier study, knowledge of the nature and extent of the use of useless or harmful drugs in the last phase of life be obtained.

Third, substantive medical and ethical considerations about the current practice of medication management will be clarified in-depth interviews with caregivers, patients and relatives.

Fourth, the findings from the literature review, the dossier and the interview studies will be used in a questionnaire study aimed to give a representative picture of current practice.

Eventually a Delphi procedure among experts will lead to the formulation of recommendations and tools for practice. The research will culminate in a medical and ethical framework for medication management in the last phase of life that meets the needs of those involved in daily practice that in the long term (beyond the scope of this study) can be developed into a guide line.

It contributes to the optimization of care and quality of life in the last phase of life and a dignified death phase.

Study objective

To gain in-depth knowledge of the reasons, preferences and values of patients, relatives, nurses and physicians about decision-making concerning continuation, adjusting and medication withdrawal in the last phase of life.

Study design

Prospective in-depth interviews with patients with a life expectancy of less then three months, their closest relative(s), the first responsible nurse and the attending physician.

Study burden and risks

none

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

life expectancy of three months (terminal fase of life), the patient, the close relative, the first responxible nurse and the atending physician

Exclusion criteria

mentally unable patient

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled

Primary purpose:	Other

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-07-2013
Enrollment:	0
Type:	Anticipated

Ethics review

Approved WMO

Date:	04-07-2013
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL44030.091.13