

## RESEARCH REPORTS

A small number of recently published, research articles will be briefly reviewed each issue. The articles presented will focus on a variety of material with the theme of end-of-life care. Occasionally, material that does not meet the exact criteria for inclusion will be reviewed because it is, nevertheless, of relevance to nurses working in all care environments.

Ashby M, op't Hoog C, Kellehear A, Kerr PG, Brooks D, Nicholls K, Forrest M (2005) Renal dialysis abatement: lessons from a social study. *Palliative Medicine* 19(5): 389–96

This qualitative study aimed to examine why some people refuse, or choose to discontinue, renal dialysis. Interviews were conducted with 16 people attending a renal unit. Themes discussed include poor quality of life, pain and suffering, the desire not to be a burden, doctor–patient issues surrounding prognostic uncertainty and a sense of abandonment. Significant points of interest include the following: discussions about the withdrawal of dialysis appear more difficult than those about withholding dialysis; difficulties encountered with the recruitment of patients were attributed to possible reticence to refer because of concerns about raising end-of-life issues; and a number of patients over 77 years of age saw dying as a natural course that they preferred to take and hence refused dialysis.

In the discussion, the authors state that only recently has discontinuation of dialysis been regarded as an important component of a 'good death'. The article highlights the need to discuss end-of-life issues with patients requiring dialysis, especially those with co-morbidities, in order that they do not feel alone in reaching a decision about withdrawal or withholding of treatment.

Al-Adnani M, Scheimberg I (2006) How can we improve the rate of autopsies among Muslims? *British Medical Journal* 332(7536): 310

Muslims are generally reticent to have a post-mortem examination of their relatives. The authors explain that it is

not necessarily against their religion and introduce an aspect of Islamic practice called 'ijtihad opinion'. This is thinking, formulated by eminent Islamic scholars, who reach consensus on a subject. In 1982, a committee decided that the benefits of autopsies outweighed the drawbacks. The authors outline various ways that Muslim customs can be reconciled with UK customs and ways that UK procedures can accommodate Muslim beliefs. They conclude: 'Most religious objections to autopsy derive not from the principles of the faith, but from personal interpretations and anxiety.' The authors explain that most anxieties can be alleviated and objections countered by knowledge, understanding and respect.

Mulligan J (2006) Who will champion COPD patients? *Nursing Times* 102(7): 45

Prigmore S (2006) End-of-life decisions and respiratory disease. *Nursing Times* 102(7): 56–61

Both these articles form part of a supplement on respiratory care. Mulligan emphasises the importance of palliative care for people with COPD (chronic obstructive pulmonary disease). She suggests that, in order to ensure the needs of patients with COPD are met (including palliative needs), charismatic leaders, 'or champions', will be needed. These champions are likely to be COPD nurse specialists who have knowledge of the way the role of the clinical nurse specialists in palliative care has developed. They will therefore be able to adapt palliative care knowledge to the specific needs of COPD patients.

Prigmore provides a case study of an elderly woman with COPD. The woman, together with her family, eventually request that treatment is discontinued.

Their decision is analysed in terms of the four ethical principles of Beauchamp and Childress: respect for autonomy, beneficence, non-maleficence and justice. It provides an understanding of these principles as well as their specific application in end-of-life decision-making.

Ternstedt B, Franklin L (2006) Ways of relating to death: views of older people resident in nursing homes. *International Journal of Palliative Nursing* 12(7): 334–40. Erratum in: *Int J Palliat Nurs*. 2006; 12(11): 544

Seven elderly people, resident in nursing homes, were interviewed on four occasions over a period of 12–24 months. All were between 86 and 95 years old, judged to be in the early palliative stage of disease, able to talk, not suffering from memory loss and able to give informed consent. The aim was to reach a deeper understanding of older people's thoughts, feelings and attitudes towards death. Findings revealed three main attitudes: (a) zest for life, (b) indifferent attitude, (c) longing for death.

The people had a variety of ways in which they related to death. However, whatever category into which they fitted, it was possible to see that they desired to be involved in aspects of the world beyond the nursing home, as well as in their personal care within the nursing home. The article confirms the view that some elderly people who are living in care homes have an active mental life. It provides a stimulus to consider how best to improve the quality of life for people living in such places. **EOLC**

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