Project Title
Anticipatory prescribing of injectable medications for last-days-of-life symptom control: reassessing best practice
Summary
The prescription of injectable anticipatory medications is widely considered to be key in facilitating effective last-days-of-life symptom control at home. Prescribing practices and stakeholder perspectives of this care, particularly those of dying patients and their families, had not been investigated in detail. Dr Ben Bowers has successfully led and delivered high-quality, impactful research to address these critical knowledge deficits. His findings have made a unique and substantial contribution to dying care and has been described by national policy makers as "ground-breaking" and "highly insightful". Ben's widely read published doctoral research (twelve papers and editorials to date) is robustly challenging established clinical orthodoxies about anticipatory medication best practice. This research included a systematic review highlighting the deficient evidence-base of this widespread clinical practice; the first mixed-methods study of current practice; and the first study of anticipatory medication care undertaken with terminally ill patients and their family carers. The research has highlighted variations in care and concerns about unsafe prescribing practices. The medications can be both reassuring and a source of concern for patients and their families. Discussion with patients and family carers of the process of dying and the role of anticipatory medications in care are often vague and inadequate. Although administered anticipatory medications were reported to have generally helped symptom control, some family carers reported considerable difficulties in persuading nurses to administer them when needed. In summary, Ben's research to date has made a unique and substantial contribution to a critical and under-researched area of dying care. Ben has worked closely with over forty patients, families and clinicians in designing the research and interpreting results and their implications for practice and policy. He has also worked closely throughout with clinician communities and numerous national organisations, including Marie Curie and the Queen's Nursing Institute, in sharing and discussing the findings. These ongoing partnerships and resulted in considerable impact, which continues to grow. Including the release of a recent national policy brief of anticipatory prescribing. Impact so far: • Ben's findings have attracted the attention of national policymakers and resulted in positive changes to practice. Community services across two large geographic regions no longer recommend prescribing anticipatory syringe pumps. They have put in place safer systems to ensure timely assessments and access to injectable medications • Ten community nursing services and integrated care systems report that they have improved their anticipatory medication policies and practice as a result of implementing Ben's research recommendations • Ben's publications have been a catalyst for schemes across the UK enabling willing family carers to administer injectable medications with suitable training and support; and scheme for centrally held, easily accessible stores of end-of-life medications for use in the community • He was awarded the highly prestigious Early Researcher Award at the Palliative Care World Congress in 2023, for the international impact of his research • Ben was recently announced by Nurse Times as one of the 75 nurses and midwives whose work

has had an especially significant impact on the NHS since its creation

• Ben's new four-year Wellcome Fellowship is understanding and improving systems in using anticipatory medications, working with patients, families and clinicians (Word count 512)

Who was the funder for this project?

NIHR School for Primary Care Research & NIHR Applied Research Collaboration East of England

Are there any links or resources you want to share?

1. Morgan L, Barclay S, Pollock K, Massou E, Bowers B. The financial costs of anticipatory prescribing: A retrospective observational study of prescribed, administered and wasted medications using community clinical records. Palliative Medicine 2023; Online First

2. Bowers B, Antunes BCP, Etkind S, Hopkins S, Winterburn I, Kuhn I, Pollock K, Barclay S. Anticipatory prescribing in community end-of-life care: systematic review and narrative synthesis of the evidence since 2017. BMJ Supportive & Palliative Care 2023. Online First: 26 May 2023

3. Bowers B, Howard P, Madden B, Pollock K, Barclay S. Is end-of-life anticipatory prescribing always enough? British Medical Journal 2023; 381: p1106

4. O'Hara L, Evans C, Bowers B. Family carers' administration of injectable medications at the end of life: a service evaluation of a novel intervention. British Journal of Community Nursing 2023; 2; 28(6): 284-292.

5. Bowers B, Pollock K, Barclay S. Simultaneously reassuring and unsettling: a longitudinal qualitative study of community anticipatory medication prescribing for older patients. Age and Ageing 2022. 51(12): afac293.

6. Bowers B, Pollock K, Barclay S. Unwelcome memento mori or best clinical practice? Community end-of-life anticipatory medication prescribing practice: a mixed methods observational study. Palliative Medicine 2022; 36(1): 95-104

7. Bowers B, Pollock K, Barclay S. Administration of end-of-life drugs by family caregivers during covid-19 pandemic. British Medical Journal 2020; 369: m1615

8. Bowers B, Pollock K, Dickman A, Ryan R, Barclay S. Anticipatory syringe pumps: benefits and risks. BMJ Supportive & Palliative Care 2021; 11: 303-304

9. Bowers B, Barclay SS, Pollock K, Barclay S. General Practitioners' decisions about prescribing end-of-life anticipatory medications: a qualitative study. British Journal of General Practice 2020; 70(699) e731-739

10. Bowers B, Ryan R, Kuhn I, Barclay S. Anticipatory prescribing of injectable medications for adults at the end of life in the community: A systematic literature review and narrative synthesis. Palliative Medicine 2019; 33(2): 160-177