# What's in a Word?–Language in Dying Patients

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**Intro**: Healthcare professionals (HCPs) are not always good at recognising dying and communicating this to their teams to allow shared care plans to be made. **Method**: We audited language used in deaths from Covid-19 in 3 hospitals using note search from Trak database. **Results -** A range of terms some vague, were used to describe dying. **Conclusion** - A uniform language would be useful to give clarity to patient's, their family and healthcare team.

**Related publications:**

– Wentland, K et al; Language Used by Health Care Professionals to Describe Dying at an Acute Care Hospital; Journal of Pain and Symptom Management 56 (3), 2018, pp 337-343
– Parliamentary and Health Ombudsman; Dying without Dignity; 2015; Accessed at https://www.ombudsman.org.uk/sites/default/files/Dying_without_dignity.pdf; September 2020.

# Introduction and Method

- ❖ Death is an inevitable part of life
- ❖ Studies show that HCPs use a vastly differing language when communicating about death.
- ❖ Not using the terms "Death" or "dying" may lead to ambiguity.
- ❖ This leads to lack of understanding and may deprive the patient of the ability to complete tasks or have conversations needed prior to death. This can also cause added grief for families who do not realise that their relative is dying.
- ❖ This may also mean that anticipatory medicines are not given if staff are not aware that a patent is dying

- ▪ Names and CHI numbers of all patients (n=73) who died from Covid-19 in Mar- Apr 20, were provided from the Clinical Records Department.
- ▪ TRAK note search of these people was under taken in NHS Lothian
- ▪ The phrases used when patients were first identified as being "sick enough to die" and were "dying" was audited and copied from written electronic notes.

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# Results and Conclusion

| Phrase | Description | Examples |
|---|---|---|
| **Phrase 1 –<u>Prognosis</u>** | 25% of healthcare practitioners (HCPs) used prognosis as a phrase when recognising patients sick enough to die | •*"guarded prognosis"*<br>•*"based on current picture, prognosis looks poor"* |
| **Phrase 2 –<u>Deterioration</u>** | 5% used deterioration in recognition a patient is sick enough to die | • *"we suspect he is likely to deteriorate"* |
| **Phrase 3 –<u>Survival</u>** | Survival was used as a term in 21% in recognition of sick and 5% of dying patients | •*"does not appear to be improving"; "we are worried he may not survive this illness"*<br>•*"expectation that x will not survive this"* |
| **Phrase 4 – <u>Palliative care or End of Life (EOL)</u>** | The phrase palliative or EOL was used in 19% of patients recognised as sick enough to die and in 16% of those recognised as dying | • *"Continues to deteriorate, likely nearing end of life"*<br><br>• *"Approaching end of life"* |
| **Phrase 5 – <u>Death or Dying</u>** | These terms were used in 5% of those sick enough to die and 25% of those dying | • *"dying is a possibility"*<br>•*"I have told him [patient] I think he is dying"* |
| **Phrase 6 – <u>Current Clinical Condition and Symptom managment</u>** | Used in 5% of patients sick enough to die and 21% of those dying | •*"stable at the moment.... obviously very frail and things could change"*<br>• *"I expect he will not improve"* |

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# Results and Conclusions continued

• There were use of 2 euphemisms (*"likely will pass away"*, *"disease is treacherous and patient could fall off perch at any time"*) and no documentation in 2 patients (3%) sick enough to die and 24 dying (33%). This may be due to the rapid progression to death seen in patients dying from Covid-19.

• There was significant variation between the phrases used in the 73 patients audited . Certain terms introduce ambiguity to staff, patients and their family. A Universal Language of Dying would help, with clear, recognisable terms.

• This audit points to the idea that a universal language would be of use to HCPs to increase their comfort in discussing death and dying and to ensure appropriate goals of care for dying patients.

## Take Home Messages

1) There are various terms that are used in medical notes instead of death and dying and some are unclear
2) Healthcare Practitioners need to have a unified approach to language about death and dying to avoid ambiguity in goals of care and ensure patient/family understanding

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