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Experiences of MultimorBidity at the EnD of life

When everything matters:
rethinking palliative care for people with multimorbidity

Dr Sarah Bowers

ST7 Palliative Medicine/Internal Medicine, Forth Valley/Strathcarron Hospice

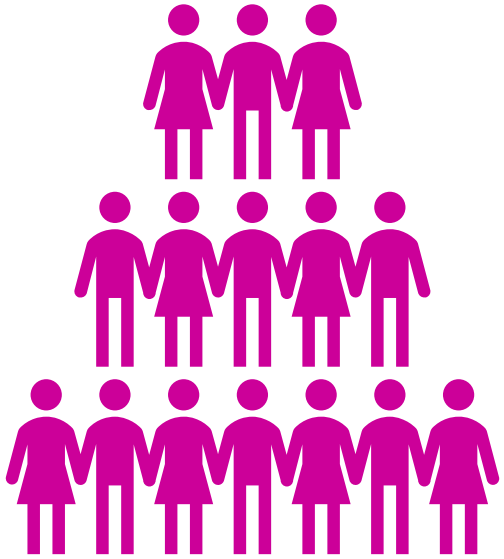
SCREDS Clinical Lecturer, University of St Andrews

Conflicts of Interest

- Multimorbidity Doctoral Training Programme for Health Professionals, which is supported by the Wellcome Trust (223499/Z/21/Z)

- The funder had no role in study design, analysis or outputs





Societal impact of multimorbidity



Healthcare use at the end of life



How we can make this better

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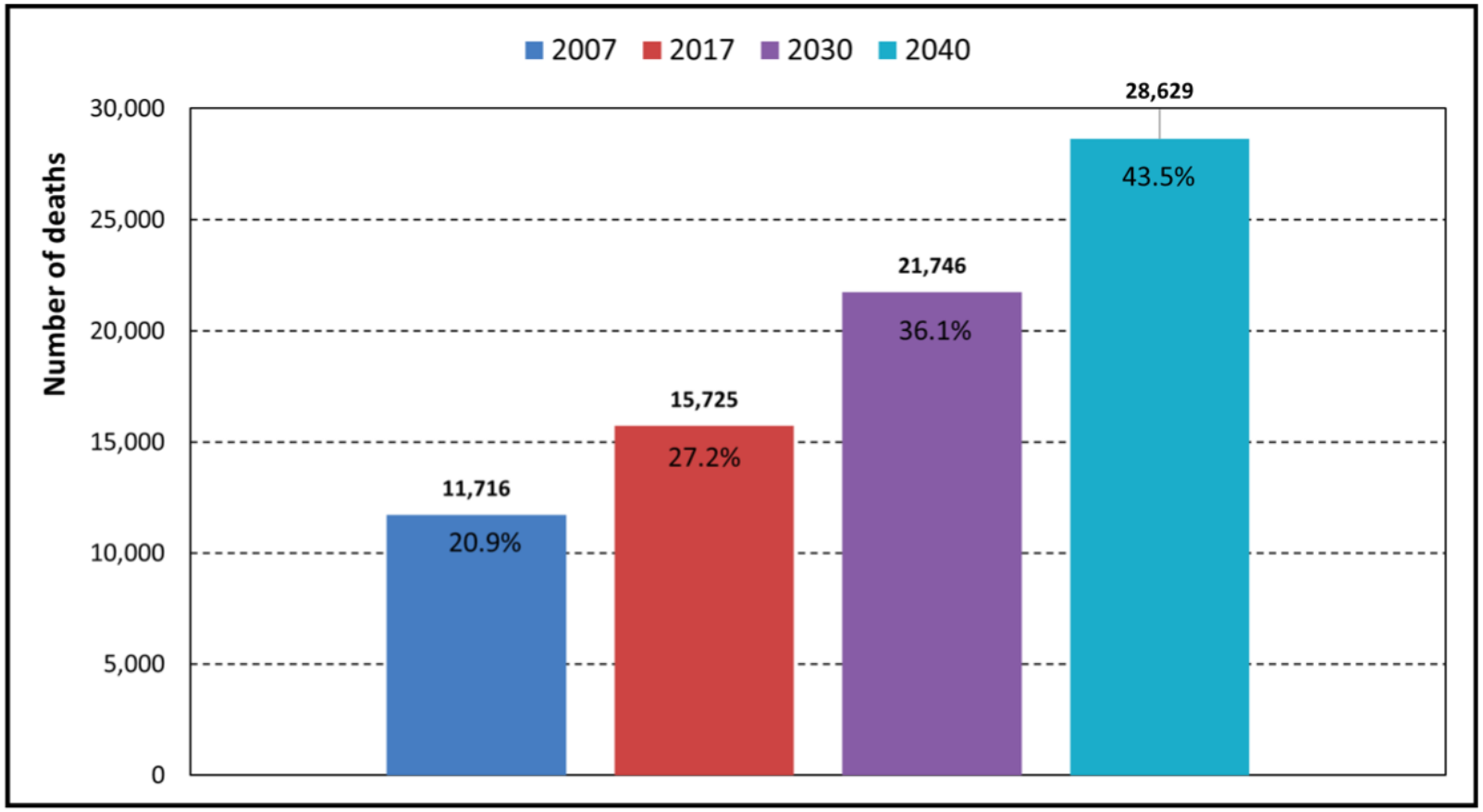
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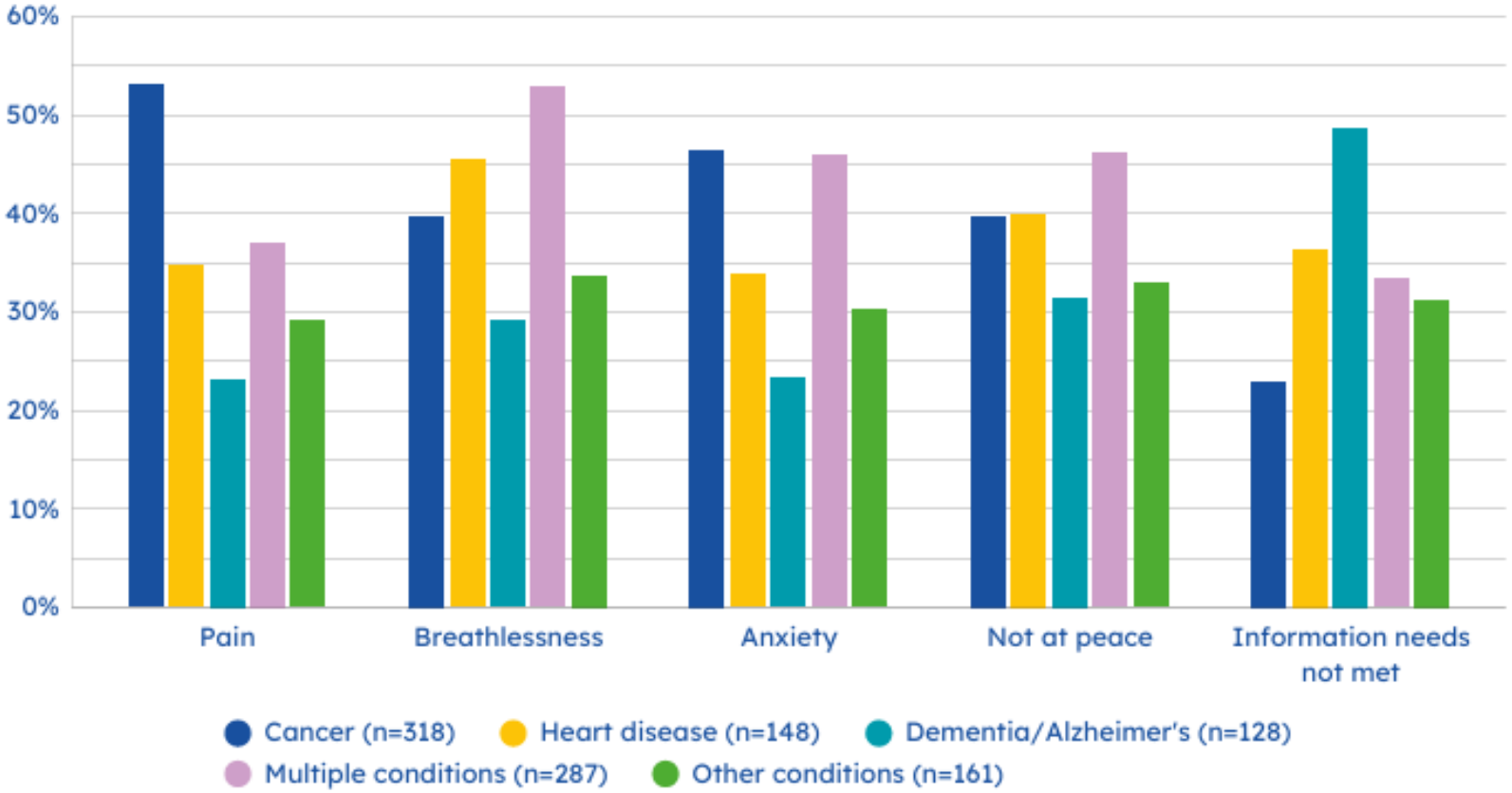
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Proportion of those who will die with multimorbidity will increase by **60%**



Finucane et al, *BMJ Open* 2021

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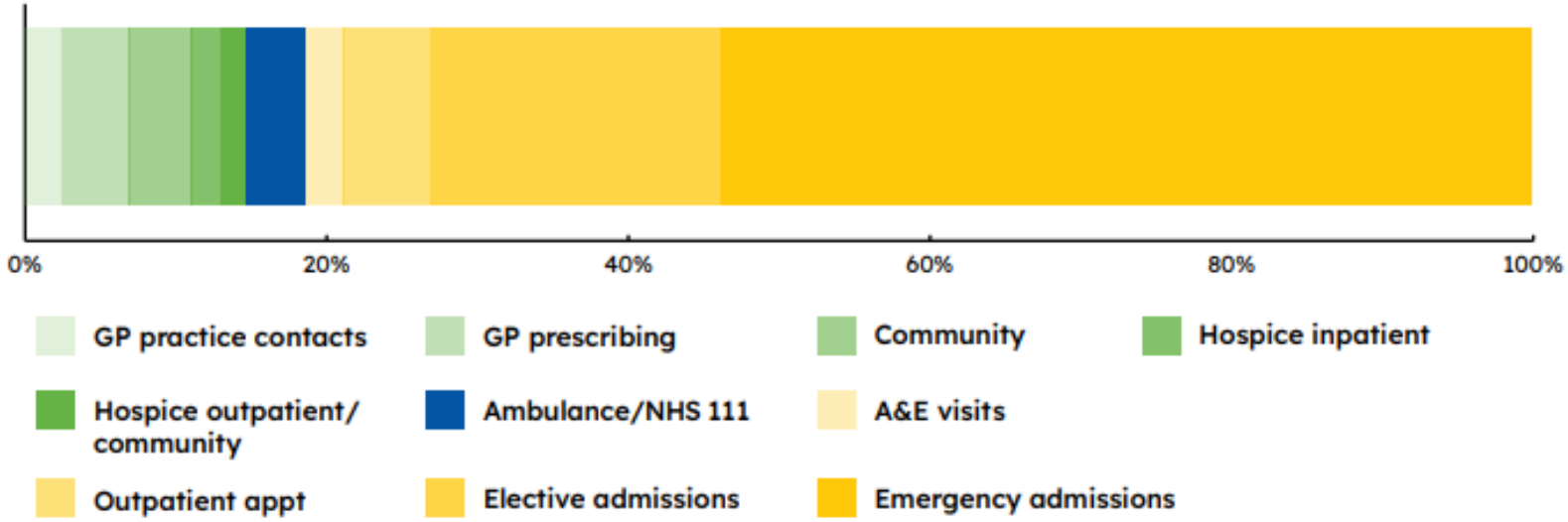


Marie Curie Better End of Life Report 2024

Similar/higher symptom burden but **less likely** to access specialist palliative care

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£22billion of UK public spending is on people in their last year of life



Cummins et al, *Nuffield Trust* 2025

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Explore how people with multimorbidity use and experience healthcare in the last year of life

1

Journal of Multimorbidity and Comorbidity
Volume 15, March 2025
© The Author(s) 2025, Article Reuse Guidelines
https://doi.org/10.1177/26335565251326309

Sage Journals

Review

Descriptions of advanced multimorbidity: A scoping review with content analysis

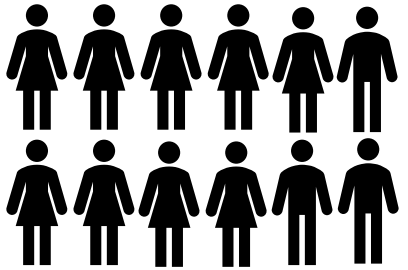
Sarah P Bowers [1], Polly Black [1], Lewis McCheyne [2], Darcy Wilson [3], Rose S Penfold [4,5], Liam Stapleton [6], Pam Channer [7], Sarah E E Mills [1,2], Linda Williams [8], Frances Quirk [1,2], and Jo Bowden [1,2]

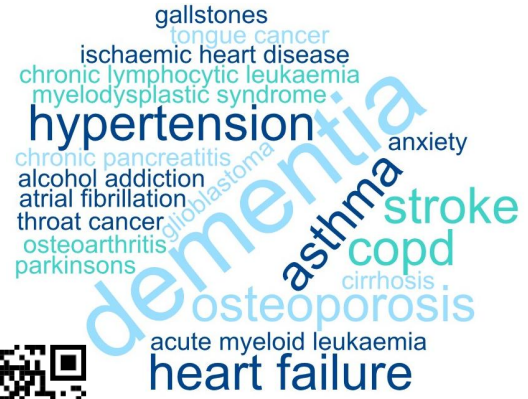


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3







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Public Health Scotland

2017-2021: 299,361 decedents

45.6% had ≥2 long-term conditions



51.9% vs 48.2%
F M



59.1% vs 23%
80+ 70-79



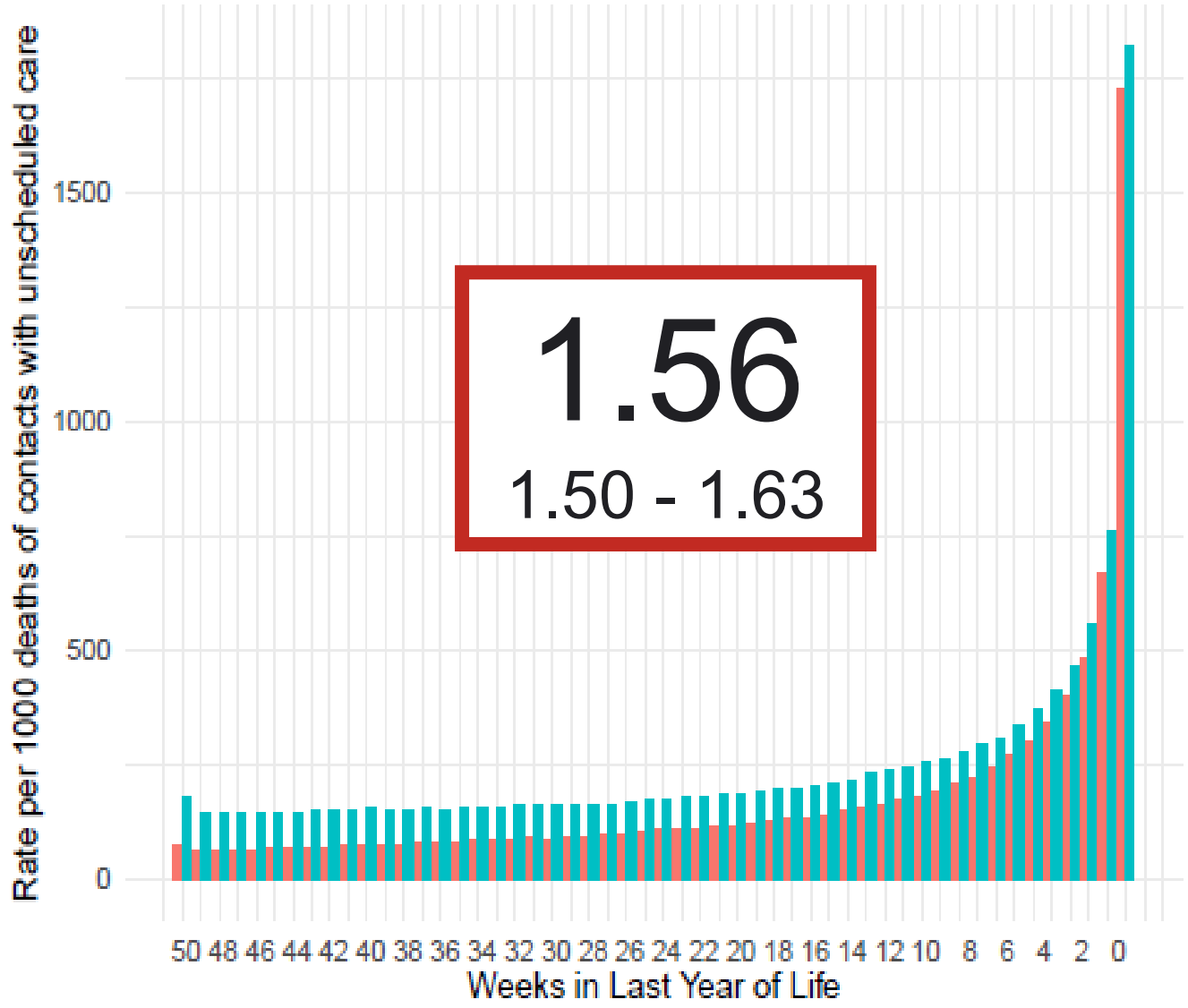
25.3% vs 14.1%
1 5



35.9% vs 2.70%
1 8

Top 10 conditions	Percentage prevalence in decedent cohort (%)
Hypertension	21.2
Cancer	18.7
Arrhythmia	14.1
Coronary artery disease	13.9
Diabetes	12.3
Chronic obstructive pulmonary disease	11.7
Dementia	10.0
Drug or alcohol misuse	8.1
Stroke/TIA	7.8
Heart failure	7.1

People **with multimorbidity** have higher use of unscheduled care throughout the last year of life



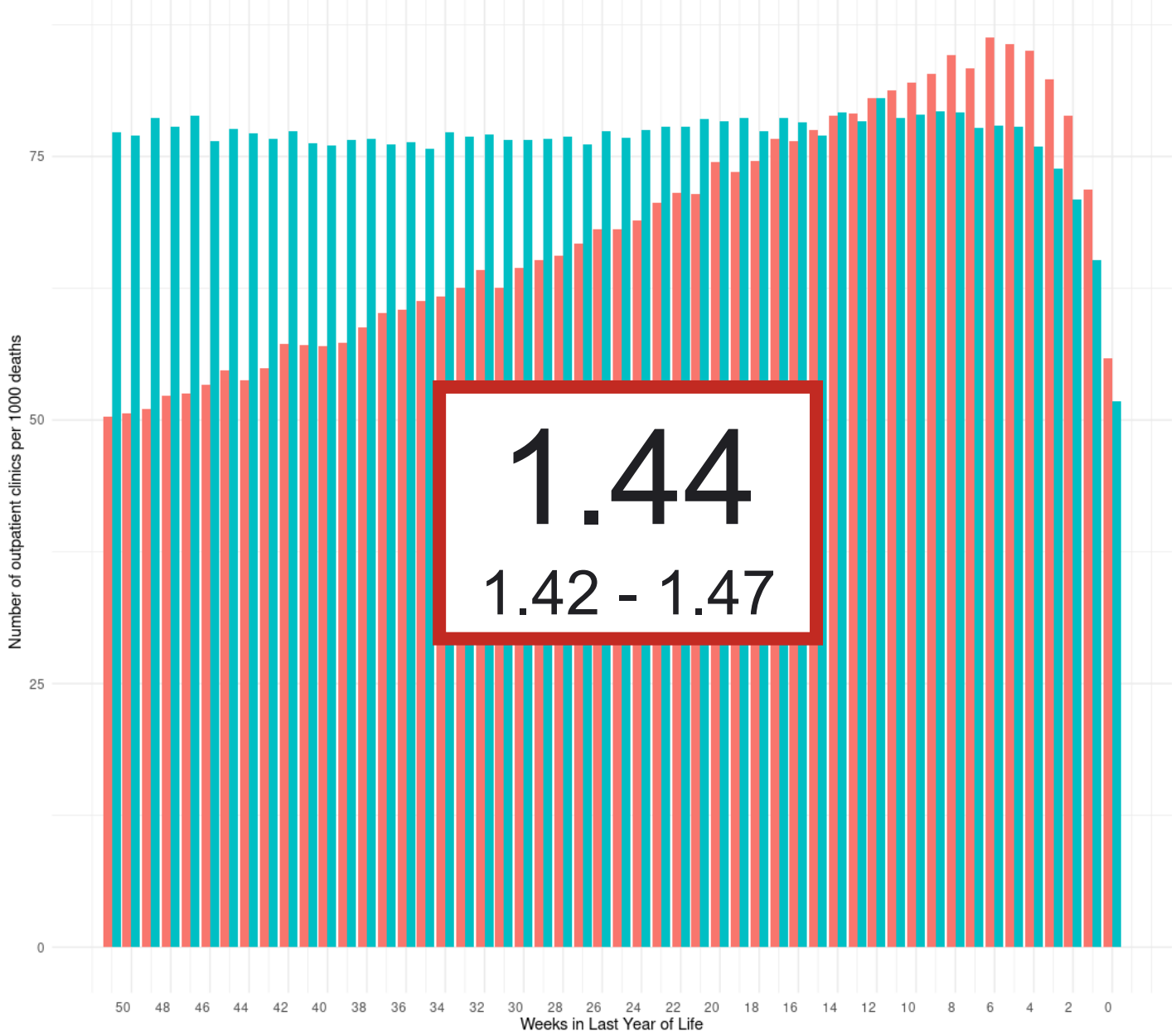
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3,256,021 unscheduled care contacts in the last year of life

Contacts per 1000 deaths

					
<2 LTCs	743	743	644	513	501
2+ LTCs	811	803	719	636	627

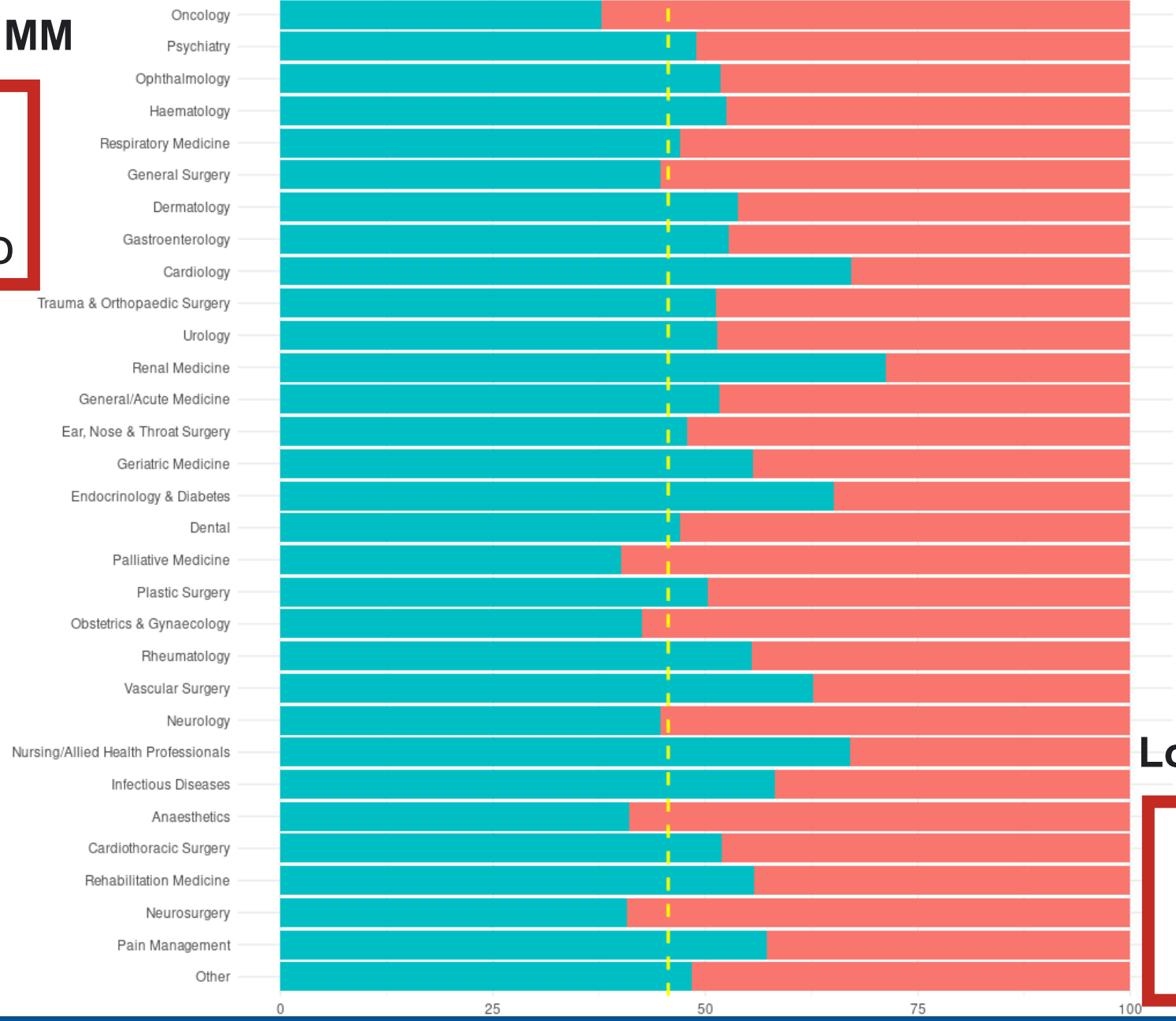
People with **multimorbidity** have static, high use of outpatient clinics in the last year of life



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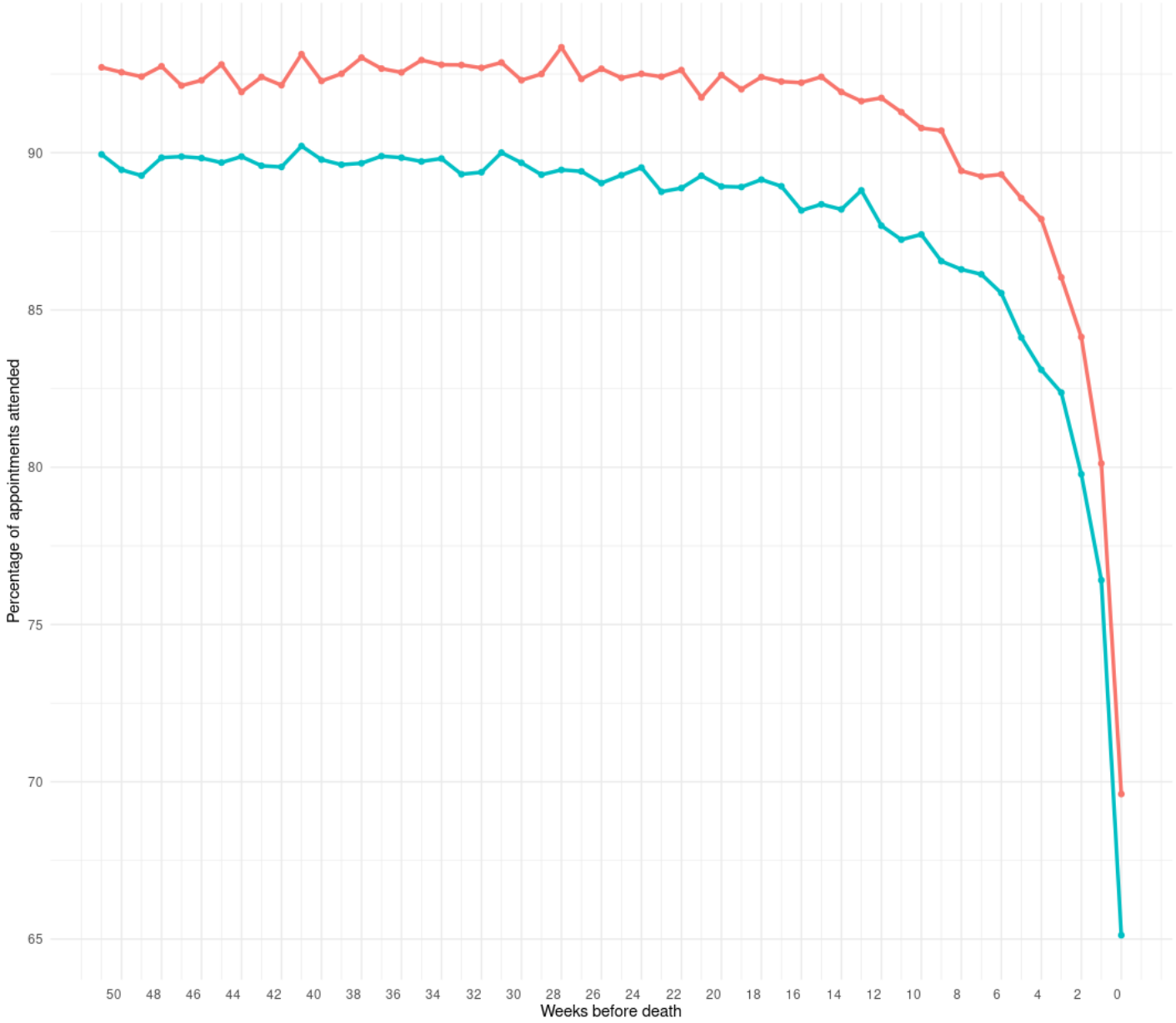
Highest prevalence MM

Cardiology
Renal
Diabetes & Endo



Lowest prevalence MM

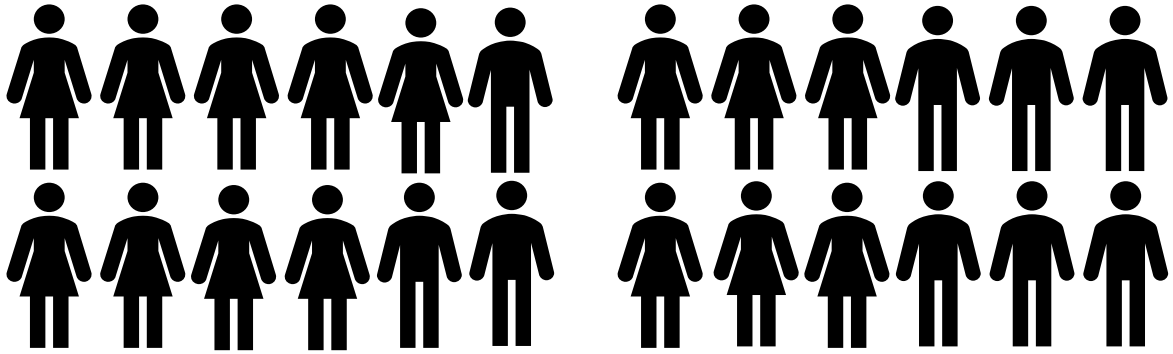
Oncology
Palliative*
Anaesthetics



People with **multimorbidity** have lower rates of attendance at pre-scheduled clinics

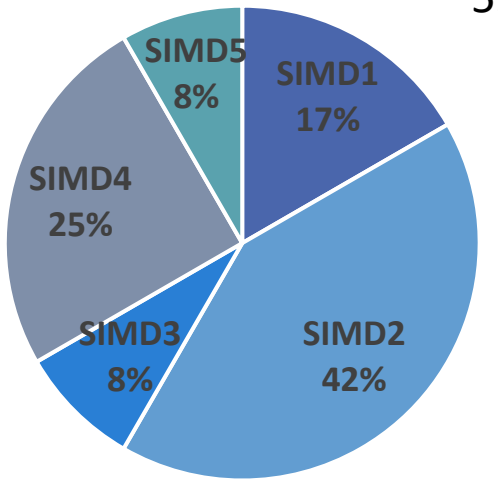
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Interpretative Phenomenological Analysis

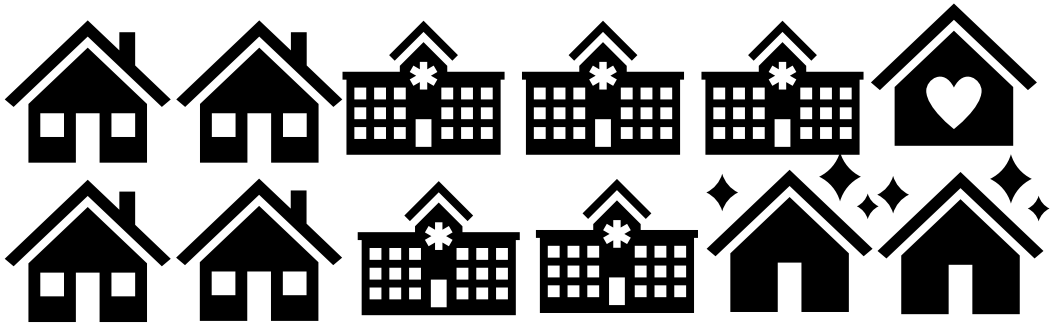


Bereaved caregivers
26 – 86

Decedents
52 – 86

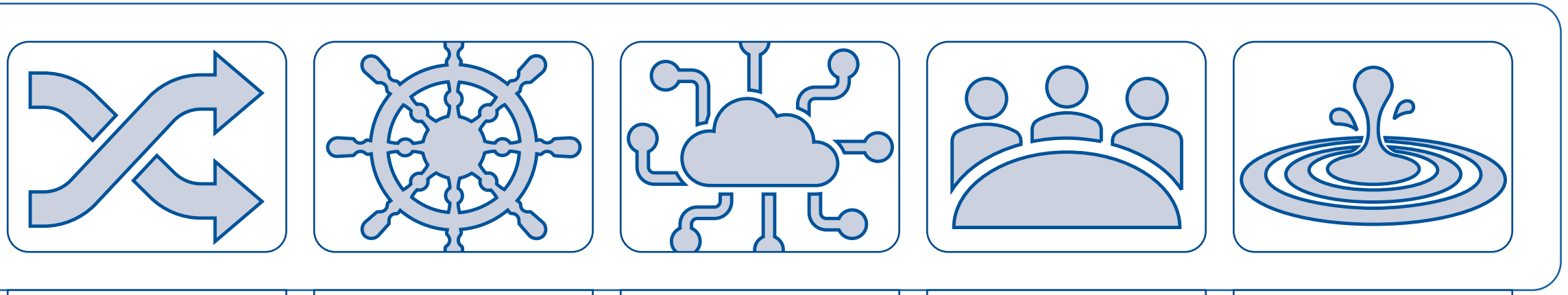




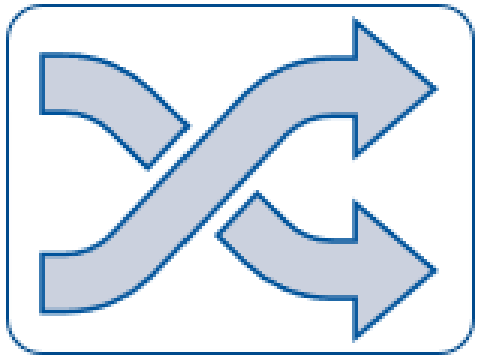


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Group Experiential Themes



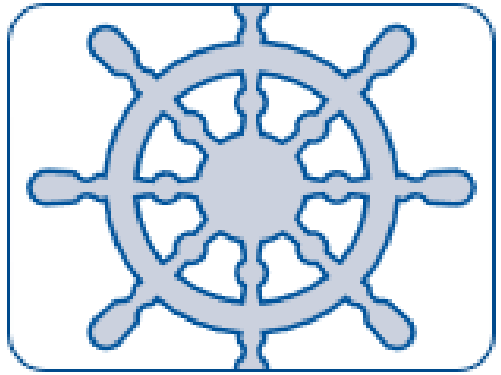
Multiple conditions mixed in together impacting prognostication	Dynamic, coordinated care from healthcare services supported caregivers	Information from various sources helped caregivers make person-centred decisions	Caregivers had to decide when and where to seek help, with a preference for known, trusted healthcare professionals	Being a caregiver has a changing, persisting impact



Multiple conditions mixed in together impacting prognostication

I wouldn't say she had a big thing, but all of the things that she had were becoming more frequent, more impactful on her overall well-being

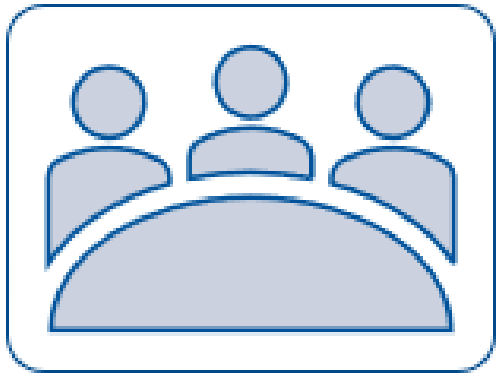
Daughter of a women with arrhythmia, heart failure, dementia, osteoarthritis, hypertension



Dynamic, coordinated care from healthcare services supported caregivers

And we felt like we, we'd had a few battles removed that we didn't have to deal with anymore

Son of a man with MSK injury, chronic pain, peripheral arterial disease, COPD



Caregivers had to decide when and where to seek help, with a preference for known, trusted healthcare professionals

So we were up all night and I thought I'll wait till 8:00 and then the local nurses would be on shift then and I phoned and it was one of the nurses that came in quite regular

Sister of a woman with CKD, epilepsy, congenital disease

A typical year



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Bringing this together



Multimorbidity

Complexity

Fragmentation

Crisis



Caregivers are the hidden workforce

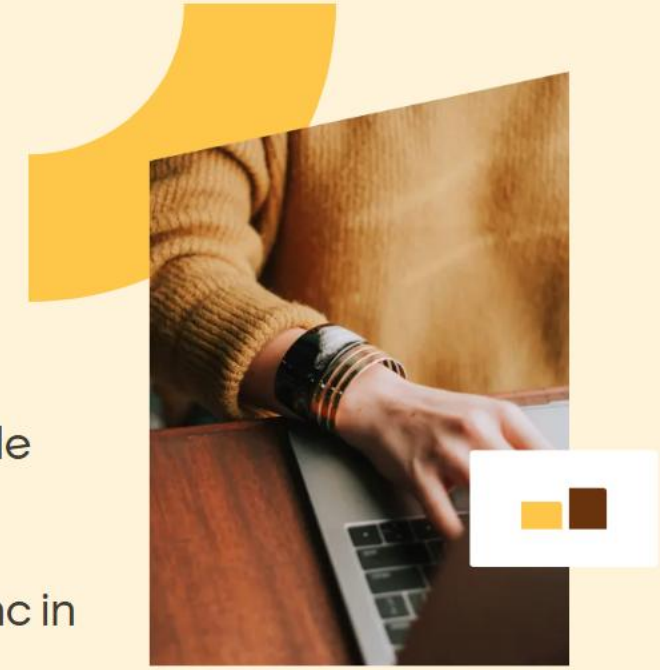


Uncertain benefit/burden of such healthcare interactions



Missed opportunities for future care planning

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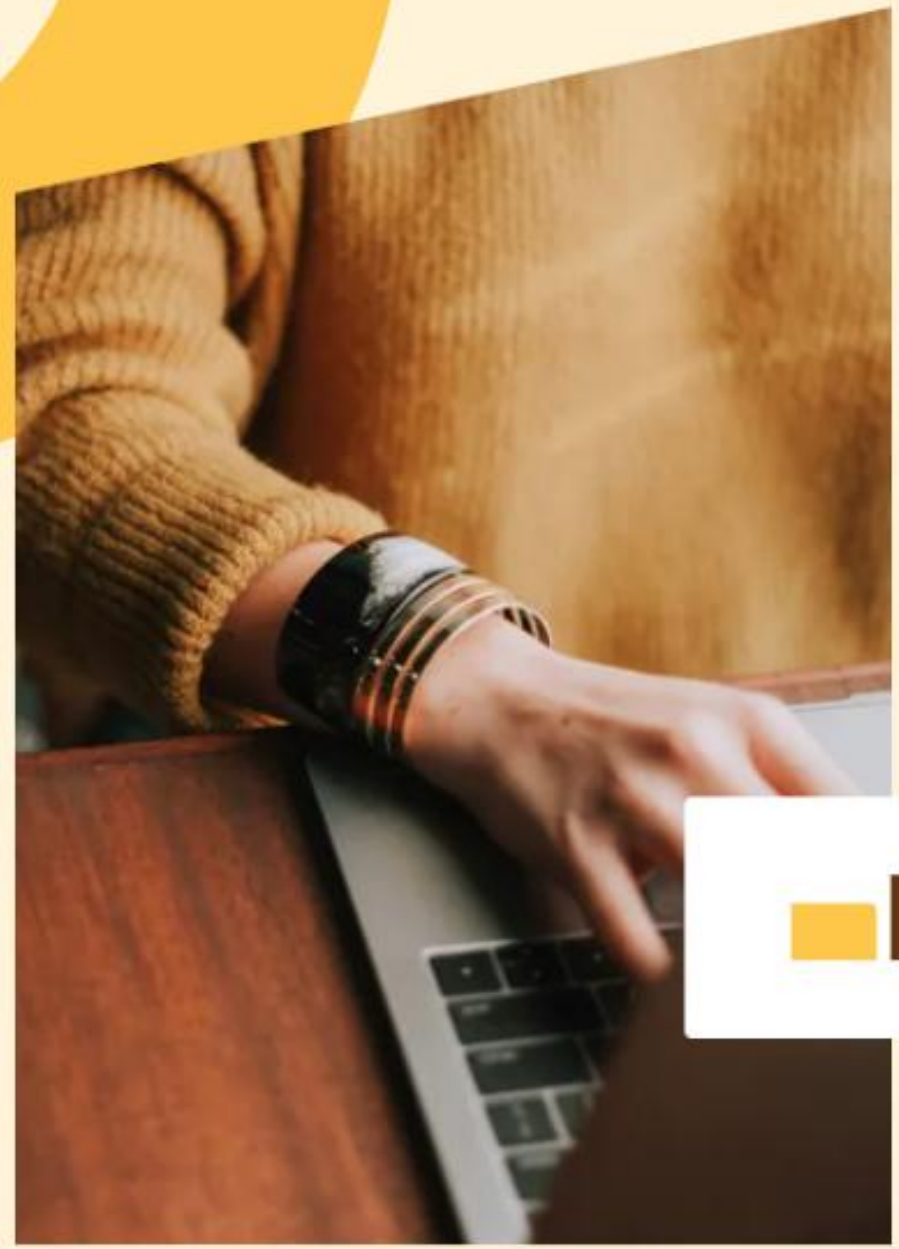
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*I feel if healthcare professionals had **openly discussed** my father-in-laws conditions, and how they interacted with each other and impacted on quality of life and end of life care, it would have been **easier to navigate** and **planned** end of life care could have been discussed rather than **reactive** to events*

- **Fife Community Advisory Council**
- **Dr Linda Williams, Dr Sarah Mills, Dr Jo Bowden, Prof Frances Quirk**
- **eDRIS team (Public Health Scotland)**
- **MMDTP – supported by Wellcome Trust**
- **Royal College of Physicians**

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