Providing expert care at the end of life: A view from another discipline

As they develop their careers, nurses often find that they can learn a lot from people in other disciplines, and with areas of expertise other than their own. Here, Helen Thurkettle of Guy’s and St Thomas’ NHS Foundation Trust, London, UK, explains her role as a Nurse Consultant for End of Life Care.

My role, which was created almost five years ago, is to empower community nurses to care for patients when they are nearing the end of their lives, in their own homes. I do this by providing leadership, help and support in dealing with complex, clinical and emotional situations. In these cases, all specialities and disciplines need to work together and coordinate care to provide a tailored care package for the patient and family. I use a great deal of the UK’s End of Life Care Strategy (EOLC), in particular the principles of palliative care which, historically, had been focussed towards cancer patients.

My background is in general nursing. I started my training in 1983 and worked for six years in hospital and community settings. I developed a personal interest in palliative and end of life care, and in 1989 I had the opportunity to work in a hospice in-patient setting which I did for the following eight years. I have subsequently worked as a clinical nurse specialist in community and hospital settings, and led on the development of a hospital palliative care service.

I was seconded by the cancer service improvement team to support and implement the principles of the end of life care strategy. From there, I became the EOLC nursing lead, working with many local nursing homes to support care home staff in developing their knowledge and confidence in caring for dying patients and improving standards of care. Throughout this time I have continually supported my clinical learning with academic studies to develop my knowledge and expertise in palliative care.

In 2000, nurse consultant roles were introduced in England to keep senior nurses in clinical practice, to improve the quality of service provision and achieve better outcomes for patients. They offered the knowledge and confidence to provide leadership and expertise in clinical nursing practice, and influence and support community nurses to deliver excellent, evidence-based, timely and compassionate care. A big part of these roles is to work alongside both specialist and generalist healthcare staff, across both hospital and community, to ensure that patients are supported by well-coordinated and informed teams. They are also responsible for measuring systems, and setting and reporting targets, so there is confidence in the standard of care being given to patients.

Looking after patients at the end of life in the community often requires complex clinical decision making, risk management and skilled nursing care. It can be extremely challenging and emotionally draining, and the staff appreciate clinical support alongside them in the home. It is important that my role can be flexible to meet the needs of all levels of the team, who will in turn benefit from the skills of knowledgeable, compassionate and confident nurses and well-co-ordinated systems. By working closely alongside nurses I can see their confidence and skills developing and they appreciate good feedback they receive from patients and families as well as their senior colleagues.

I have great hopes for the future of end of life nursing care:

- For the service: to always strive to do better in a changing landscape. There is a huge opportunity to stop thinking about hospital v community and think about working in a patient-focussed way. The standard of care should be the same irrespective of where the patient may be, including nursing homes.

- For the profession: to develop the role of the consultant nurse, as it is relatively new, and provide an opportunity for community nursing to build on evidence-based practice. To ensure that future senior nurses have the opportunity to influence clinical practice and nursing services as they progress through their career.

- For me: to keep a work/life balance and continue to challenge my own learning and professional development. Make sure I keep my head above water with the competing demands of the role.