Do end of life care pathways improve symptoms and quality of life for patients and families?

End of life care pathways standardise care of the dying. This Cochrane review explored whether following them ensures patients receive comfort and dignity.

**REVIEW QUESTION**
Do end of life care pathways, compared with usual care (no pathway), affect symptom severity and quality of life for those who are dying as well as their families?

**NURSING IMPLICATIONS**
Nurses are at the bedside delivering end of life interventions that affect the care provided to patients and their families. An end of life care pathway standardises care and guides nurses to ensure that all patients who are dying receive care that provides comfort and dignity. Therefore, data needs to be collected to ensure that the care given produces these outcomes.

**STUDY CHARACTERISTICS**
Randomised controlled trials, cluster RCTs, quasi RCTs and controlled before and after studies comparing end of life care pathways with a usual care group or to another end of life care pathway were considered. Studies could be conducted in any setting, such as hospitals, care homes and patients’ homes.

The primary outcomes measured were physical symptom severity, quality of life and any harm.

No age limit for participants was set and there was no exclusion based on the disease processes leading to the end of life. All participants must have been receiving end of life care interventions for their last days or hours of life.

The primary outcomes being measured were physical symptom severity (by any instrument), psychological symptom severity (by any instrument), quality of life (by any instrument) and any harm.

Secondary outcome measures included advanced care planning occurrence, communication (measured by occurrence of family meetings), caregiver wellbeing, grief and bereavement, patient/staff/caregiver satisfaction, staff confidence, cost of intervention, cost of care, medication/treatment use and spiritual needs.

The databases searched were Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, PsycINFO, CINAHL, Web of Science, ProQuest Dissertations and Theses Database (PQDT) and Google.

**SUMMARY OF MAIN EVIDENCE AND RECOMMENDATIONS**
Nine hundred and twenty titles and abstracts were assessed for eligibility. However, no study fulfilled the criteria. Since no studies met the inclusion criteria, no conclusions could be made regarding the effect of end of life care pathways on symptom severity and quality of life.

Well designed RCTs and other study designs are needed to evaluate the effectiveness of clinical pathway on outcome for end of life care.

The full report, including references, can be read at tinyurl.com/cochrane-endoflife

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**REFERENCE**

**BEST PRACTICE RECOMMENDATIONS**
- Well designed randomised controlled trial and other high quality studies are needed to evaluate end of life care pathways, to see if they affect symptoms and quality of life for patients and their families.
- Nurses should not assume that established processes and activities are supported by good research evidence.
- Practices and ways of working should be evaluated, using good quality research methods, to see if they deliver their intended benefits.

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