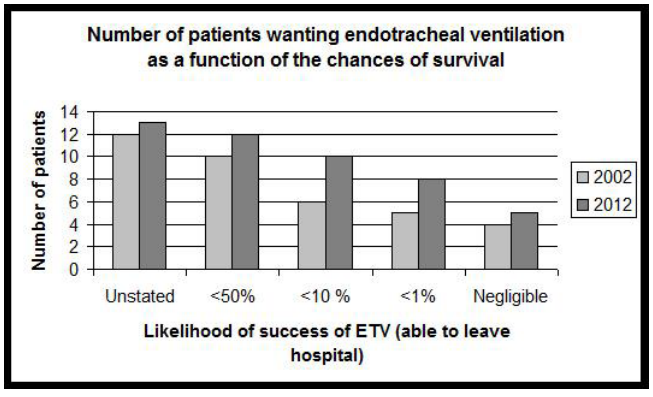
**Aim** Re-audit, ten year interval using the same survey to assess whether there had been improvement in practise and also re-evaluate patients' preferences.
**Method** Eight question survey in our home ventilation clinic selecting 20 patients with severe COPD on domiciliary non-invasive ventilation. Results were compared to those of 19 similar patients from 2002. Statistical differences were explored with the fishers-exact test.
**Results** The proportion of patients who had been asked about CPR/ETV preferences had not improved between 2002 and 2012; 4/19 (21.1%) in 2002 and 7/20 (35%) in 2012 (p=0.54) and remained unacceptably high. The majority of patients wanted more opportunity to discuss their preferences; 17/19 (89.5%) in 2002 and 11/20 (55.0%) in 2012 (p=0.038). In both 2002 and 2012, patients' preferences for CPR/ETV were influenced by the likelihood of survival but a significant minority wished to receive these therapies even with a quoted chance of survival <1% or negligible (figure 1).
**Discussion** Despite ten years awareness of the issue, our institution had failed to significantly improve CPR/ETV discussions in COPD patients attending the home ventilation clinic. We found that people frequently had their own views regarding CPR/ETV and most people would like the opportunity of further discussion. The trust wide use of DNAR forms has not sufficiently improved practise. We believe that the use of a trust wide resuscitation status form might improve this outcome.

1. Divo M et al. Comorbidities and Mortality Risk in Patients with COPD. Am J Respir Crit Care Med. April 2012.




Abstract P231 Figure 1

## P232 COMMUNICATION AND END OF LIFE CARE (EOLC) IN PEOPLE WITH RESPIRATORY DISEASE

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**Background** Leeds Teaching Hospitals Trust (LTHT) is a flagship trust for the National End of Life Care (EoLC) strategy. Key areas of improvement in EoLC have been identified, including identification of people approaching end of life and communication of this to the individual, family and primary care colleagues.

The Gold Standards Framework is a national systematic evidence based approach to optimising EoLC. This retrospective study reviewed all deaths during in-patient stay and within 28 days of discharge from respiratory medicine.
**Methods** All in-patient deaths or deaths within 28 days of discharge from hospital under the care of a respiratory physician at LTHT between April and September 2011 were reviewed. All communication with primary care in the preceding 12 months was reviewed.
**Results** 144 individuals died on respiratory wards, median (range) age of 76 (18–96) years with the majority having a length of stay over 8 days. 42 individuals died within 28 days of discharge from a respiratory ward, median (range) age of 71 (42–87) years. The commonest cause of death was pneumonia and lung malignancy for in-patient and post-discharge deaths respectively. 23.8% and 83% of in-patient and post-discharge deaths respectively had documented communication with primary care about a palliative intent to care, the majority of these had a diagnosis of thoracic malignancy. Within the 12 months pre-death all patients had evidence that EoLC may have been appropriate to consider.
**Conclusions** Palliative communication with primary care was made for some individuals, mostly with lung malignancy. This probably reflects more predictable disease trajectory and MDT decisions of "best supportive care". Lack of confidence around predicting terminal disease in other respiratory conditions, particularly those such as COPD which are prone to exacerbations, may account for the differences in rates of communication of palliative care approaches in these disease groups.

A key driver for the implementation of high quality EoLC for patients with respiratory disease is recognition of patients approaching the end of life and communication with the individual, family and primary care to ensure that the patient's wishes for EoLC are identified and supported.

## P233 DEATH AND THE RESPIRATORY PHYSICIAN: CHALLENGES TO PROVIDING OPTIMAL END-OF-LIFE CARE BY GENERALISTS

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**Background** Surveys show most patients want to die at home. However 53% of all UK deaths occur in hospital. Patients with chronic respiratory disease are more likely to die in hospital (66% of COPD deaths) yet hospital end of life care is often poor. Clinicians are advised to use the 'surprise question' to identify patients that need advance care planning (ACP). Do not attempt resuscitation (DNAR) orders (evidence of ACP) are often not completed. Barriers previously identified include: lack of training, time, appropriate opportunity and experience; personal discomfort; and perceived lack of patients'/carers' understanding.
**Objective** We investigated experiences, beliefs and attitudes of doctors in a district general hospital towards end of life care, focusing on issues relevant to Respiratory patients.
**Methods** Clinicians of varying grades were invited to complete a multiple-choice questionnaire during 'Dying Matters Awareness Week 2012'.
**Results** Amongst the 73 doctors (49% male) there was a high degree of confidence (eg 76% agreed or strongly agreed that they were comfortable talking to patients/relatives about death and dying).However this did not correlate with familiarity with the 'surprise question' (23% said they were familiar but only 3% gave a correct response), or knowledge of the most distressing end of life symptom (only 18% identified shortness of breath correctly), or knowledge of the patient group with the highest unmet palliative care needs (only 23% identified patients with Respiratory diseases). 40% believed "palliative care is a specialist skill that should be delivered by specialists".
**Discussion** There is a pressing need for greater expertise in general palliative care amongst hospital doctors. Patients with COPD and other progressive respiratory conditions have extensive palliative care needs. Accurate prognostication is challenging; the surprise question is useful in prompting ACP. DNAR decisions and ACP should not be left to the last days of life. We identified a mismatch