

The Approach to End-Of-Life Care: A Pharmacy Perspective

Access to medicines in the last days of life can be difficult, hampering efforts to support patients to remain in their own home for as long as possible. Avoidable crises, such as an emergency admission to hospital, and suffering for patients and their carers, can be prevented by ensuring timely access to medicines.

In 2012, all South Australian community pharmacies were surveyed to identify:

- > pharmacy characteristics; and
- > availability of specific medicines useful in terminal care

The survey was repeated again earlier this year. Below is a summary of results from the 2015 survey.

Background

One of the recommendations from the 2012 survey was for “palliative organisations to develop an agreed list of medicines that could support symptom management in non-complex community palliative patients”.

Cooperation from all three South Australian adult tertiary metropolitan palliative services saw the development of a core medicines list.

This list was subsequently endorsed by the SA Palliative Care Clinical Network, and includes:

- > Clonazepam 1mg Inj
- > Haloperidol 5mg/mL Inj
- > Hyoscine Butylbromide 20mg/mL Inj
- > Metoclopramide 10mg/2mL Inj
- > Morphine 10mg/mL Inj

Having an agreed list opens a number of opportunities including the development of:

- > Just-in-case boxes where medicines are prescribed for the patient ‘just in case’, and are stored in a readily identifiable box at the patient’s home in preparation for deterioration;
- > A community pharmacy network that volunteer to hold a standard range of medicines ensuring the particular medicines prescribed are also the ones that are stocked by community pharmacies.

Pharmacy Characteristics

There were 141 responses in 2015, which equates to nearly a third of pharmacies across South Australia. Thirty-four percent of pharmacies were from a rural postcode.

There was no difference between the characteristics of the pharmacies that responded to the survey in 2015 compared with 2012.

Awareness of Palliative Care Patients

Across South Australia there was no overall shift in awareness of palliative care patients (It remained above 80% for both 2012 and 2015).

Access to Stock

The median number of specific medicines useful in terminal care stocked by community pharmacies remained at 3 (out of a possible 13).

There are three interesting observations to note:

- > The proportion of SA community pharmacies holding all 5 core medicines more than doubled from 7% in 2012 to 18% in 2015
- > The proportion of SA community pharmacies holding Clonazepam 1mg ampoules doubled between 2012 and 2015
- > The median number of months of expiry remaining on selected medicines **increased** for selected medicines, including:
 - Clonazepam 1mg ampoules
 - Haloperidol 5mg/mL ampoules; and
 - Hyoscine butylbromide 20mg/mL ampoules

This last point implies it is sustainable for pharmacies to carry this small list of core medicines. This is reinforced by the observation of a drop in the proportion of pharmacies carrying each of these medicines with stock due to expire within 6 months (see table).

	2012	2015
Clonazepam 1mg ampoules	Stock in 40% of pharmacies due to expire within 6 months	Stock in none of the pharmacies due to expire within 6 months
Haloperidol 5mg/mL ampoules	Stock in 8% of pharmacies due to expire within 6 months	Stock in none of the pharmacies due to expire within 6 months
Hyoscine Butylbromide 20mg/mL ampoules	Stock in 12% of pharmacies due to expire within 6 months	Stock in 2% of pharmacies due to expire within 6 months

Pharmacies continued to respond to issues around the supply of these medicines in a similar way to 2012. The most likely responses were to:

- > contact another pharmacy on the patient's/carer's behalf to see if they had stock; and
- > contact the distributor and add the item to the regular daily order.

Conclusion

With nearly 1 in 5 pharmacies carrying the core medicines, it is expected that in contacting another pharmacy, the chances of accessing the medicine in a timely fashion will increase, supporting patients to remain in their own home for as long as possible.

These results suggest there is value in promoting a core list of medicines to ensure the particular medicines prescribed are also the ones that are stocked by community pharmacies. This strategy appears to reduce the risk of medicines expiring on pharmacy shelves.