

# LETTERS

## CARE OF THE DYING IN THE COMMUNITY

# New pharmacological models needed to care for dying patients at home

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Collis and Al-Qurainy's review of care of the dying patient in the community is useful, but other problems, such as those of drug prescription, need to be dealt with too.<sup>1</sup>

With the best will, especially in rural areas, delays in meeting the needs of dying patients are inevitable, given current resources. This causes much distress to patients and their loved ones. Perhaps an area for further development should be new therapeutic models. Most prescribing in terminal care has been determined by good practice in the hospice setting: the syringe driver seems to reign supreme. But in the hospice there is always a nurse to sort out any problems.

We need innovative ways of giving drugs in end of life care. This may be instead of, or as well as, drugs managed only by healthcare professionals.

Some options are already available, such as sublingual prochlorperazine and lorazepam, plus various rectal drugs.

Other possibilities include self administered analgesia (well recognised in postoperative care), perhaps with an autoinjector device that the patient or carer can use.

There is a whole new research and development agenda here—not about taking hospice practice into the community, but developing user friendly solutions that work better in the home environment.

Competing interests: None declared.

1 Collis E, Al-Qurainy R. Care of the dying patient in the community. *BMJ* 2013;347:f4085. (3 July.)

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