End of Life Care in English Care Homes: Governance, Care Work and The Good Death

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Governance

- Custody
- Keeping alive
- Reducing costs (to the NHS and care providers)
- Senior staff’s *prediction work*
- *Anticipatory prescribing* of EOL medication by the GP
  - workload increase & understaffing
- Death in the care home vs in hospital
- (1) prioritization of bodily care, (2) extension of residents’ dying, (3) construction of death as natural (intervention & non-intervention vs accidents & neglect)

- The good death is the regulations-complying death > Coroner’s + CQC
The three typical end-of-life trajectories (Teggi, 2018)
Care Work

• Carers wanted to improve residents’ lives, but the care home system (governance) was not geared towards this.

• Bed and body work

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• Emotional work
  instrumental vs non-instrumental

• ‘Being with’ residents at the end of life (EOL) countered social death.

• The predicament of care work in care homes was compounded at the EOL.
The Good Death

**DOMINANT GOVERNANCE-MANDATED**

Death is **predicted** and managed by senior staff, GPs and DNs: death occurs **in the care home** and is pain-free.

**AUXILIARY STAFF-IMPLEMENTED**

Death from illness or deterioration (causes internal to residents’ bodies) as opposed to **accidents** (falls, injuries, choking on food/drink) or a resident’s decision to **self-dehydrate/starve** (causes external to residents’ bodies).

Natural death is both the product of **intervention** and **non-intervention**. Sudden natural deaths are problematic because unpredicted.

**SACRED**

Death is **expected** by the relatives/close companions of the dying resident.

Death is **accompanied** by the carers (and/or relatives) of the dying resident.

**MEDICAL**

- Death is **predicted** and managed by senior staff, GPs and DNs: death occurs **in the care home** and is pain-free.

**NATURAL**

- (a misnomer)

  Death from illness or deterioration (causes internal to residents’ bodies) as opposed to **accidents** (falls, injuries, choking on food/drink) or a resident’s decision to **self-dehydrate/starve** (causes external to residents’ bodies).

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REFERENCES

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