



Practice sting From hospice back to home

In the last phase of life, the attending physician switches to a policy aimed at achieving the best possible quality of life. Part of this policy is to stop medication that does not have added value anymore. If in exceptional cases it turns out that a patient has a longer life expectancy, the medication must again be examined. The notification shows that this does not always go well.

Notifications

An 87-year-old man who goes to a hospice because of a diagnosis of end-stage heart failure undergoes a pre-medication assessment by the patient's general practitioner and pharmacist. The man continues only medication to control acute symptoms. The medicines for cardiovascular disease, clopidogrel and atorvastatin, among others, have been stopped.

After several months of good care in the hospice, the man's condition has improved. He can go home again. After discharge from the hospice, he registers at a pharmacy closer to home. The general practitioner visits the patient, but forgets to assess the man's medication. The general practitioner does not realize that medication has been stopped during the stay in the hospice.

The pharmacist who supplies the medicines to the hospice receives a request from the new pharmacist for an up-to-date medication overview. This overview only shows the medication to treat the acute symptoms that the man used in the hospice. After three months, the man has a heart attack. The cardiologist calls the pharmacist and asks why the patient does not take atorvastatin and clopidogrel. The patient recovers after a short hospitalization from the infarction.

Analysis

It is uncertain whether the heart attack would have been prevented if the patient had restarted his medication for cardiovascular disease. This case shows that when a patient is discharged from the hospice, attention must be paid to medication. When discharged from a hospice, the balance between the pros and cons of the medication changes. None of the physicians and pharmacists realized that the medication should be reviewed after discharge. Also, no agreements were made between the physicians about who will adjust the medication.

Recommendations

For physicians

- As a hospice physician, ensure a proper transfer of, among other things, the medication policy to the patient's general practitioner. Indicate that the general practitioner must re-establish medication policy after a stay in the hospice.
- As a general practitioner, discuss with the patient the treatment goals that the patient and the doctor have in mind with the medication. Pay attention to the medication that has been discontinued during the stay in the hospice.

For pharmacists and pharmacy assistants

- Always contact the general practitioner if someone uses less preventive medicines after a stay in a hospice than used before.