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

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

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Barcelona (Online)  
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(CDAS)



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# Governance

- Custody  $\neq$  • Keeping alive

- Reducing costs  
(to the NHS and care providers)

- *Senior staff's prediction work*
- *Anticipatory prescribing of EOL medication by the GP*

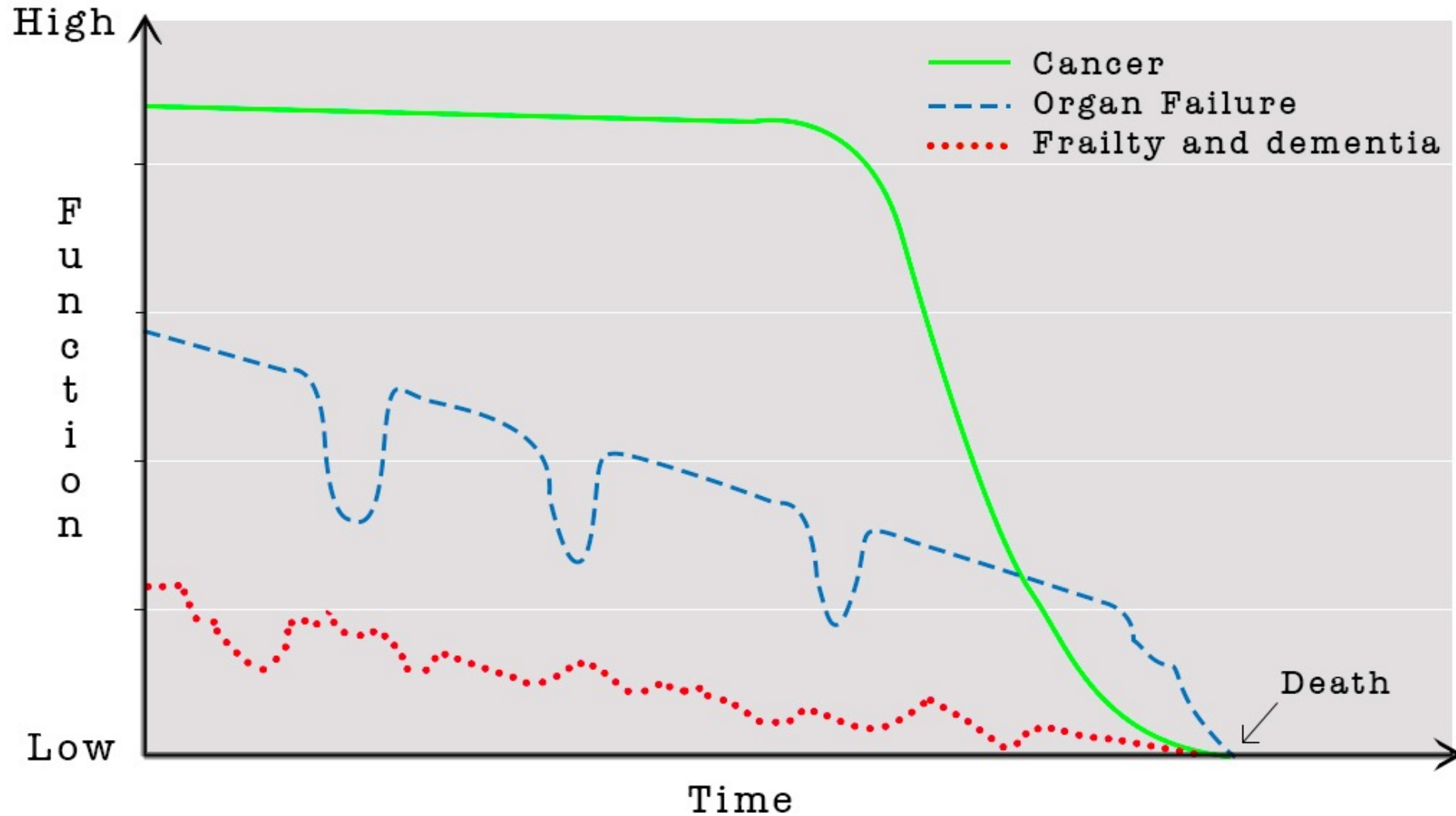
- workload increase & understaffing

- 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
  - 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	AUXILIARY STAFF-IMPLEMENTED
MEDICAL	Death is <b>predicted</b> and managed by senior staff, GPs and DNs: death occurs <b>in the care home</b> and is pain-free.	
NATURAL (a misnomer)	Death from illness or deterioration (causes internal to <b>residents' bodies</b> ) as opposed to <b>accidents</b> (falls, injuries, choking on food/drink) or a resident's decision to <b>self-dehydrate/starve</b> (causes external to residents' bodies). Natural death is both the product of <b>intervention</b> and <b>non-intervention</b> . Sudden natural deaths are problematic because unpredictable.	
SACRED	Death is <b>expected</b> by the relatives/close companions of the dying resident.	Death is <b>accompanied</b> by the carers (and/or relatives) of the dying resident.

# REFERENCES

To reference this source:

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