



RCSLT POSITION STATEMENT

The unique and significant
contribution of speech and
language therapists to
end-of-life care

RCSLT position statement: the unique and significant contribution of speech and language therapists to end-of-life care

Context

It is imperative that high-quality end-of-life care is delivered to those who need it and that family/carers are involved, as “**how people die remains in the memory of those who live on**”.^[1] The importance of this has also been highlighted in reviews aiming to improve the care of people who are dying and their families.^[2]

Personalised care requires good communication, ongoing assessment and coordination between services, with family-focused support that is tailored to any set of circumstances – cultural, social, psychological, and spiritual.^[3]

The current **context for legislation and guidance** in good end-of life-care is an ageing population, children with life-limiting conditions and a transition into adulthood, and public expectations in making choices in their care.

Speech and language therapists (SLTs) have specialist knowledge and skills in assessing and supporting communication needs and with dysphagia/feeding, across the lifespan; they enable the participation of people with limited communication in difficult end-of-life conversations, including advance care planning. As part of a multi-disciplinary end-of-life care team (MDT), they will plan for rehabilitation and support and be involved in decision-making. They have a role in holistic care at the end of life that reduces anxiety and distress, supporting psychological as well as physical needs.

Key recommendations

The Royal College of Speech and Language Therapists therefore makes the following recommendations:

1. People with communication and/or dysphagia/feeding difficulties across the lifespan need access to SLTs for assessment, intervention and management, as they approach the end of life.
2. Commissioners, decision makers and provider organisations should ensure speech and language therapy services are available to meet this need.
3. Speech and language therapy services should educate people, and their families/carers and professionals, about the types of support that those with communication and/or dysphagia/feeding difficulties will require.

Benefits of involving SLTs

There are many benefits from involving SLTs in end-of-life care services, including:

- Holistic, person-centred care: considering the physical, emotional, social and spiritual needs of a person
- Enabling the person to express their wants/needs/preferences
- Facilitating decision-making, and supporting those with communication impairments to demonstrate capacity
- The MDT is better able to work in the best interests of the person, when they lack capacity, as SLTs provide an evidence-base to consider the person's wishes
- Optimising swallowing function and nutritional intake that will maximise energy levels to participate in activities, contributing to the quality of life for the person and family in the last year/days of life
- Increasing enjoyment of eating and drinking, and oral comfort
- Reducing risk of chest infections/aspiration pneumonia
- Reduction in embarrassment or distress when eating or drinking, or due to secretion issues
- Increasing understanding of communication and/or swallowing impairments for the person, family and others involved, including the multi-disciplinary team.

Risks of not involving SLTs

There are many risks from not involving SLTs in end-of-life care services, including:

- Reduction in activity and participation due to communication and/or swallowing impairments which will affect well-being and quality of life
- Reduced quality of life
- Communication breakdown between the dying person and others, and relationship breakdown
- Person considered not to have capacity (owing to lack of communication support) and therefore wishes/preferences not met
- Family, caregivers, staff and the person receiving end-of-life care experiencing negative emotions: distress, depression, anxiety
- Unmanaged dysphagia risk leading to increased prevalence of chest infections/aspiration pneumonia, and possible unnecessary hospital admission
- Unmanaged nutrition, dehydration and an untimely death.

[1] Saunders, C. and Baines, M. *Living with Dying: the Management of Terminal Disease*. Oxford: Oxford University Press, 1989.

[2] *One Chance to Get It Right: improving people's experience of care in the last few days and hours of life* [online] 2014. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

[3] Nice.org.uk. *Overview: End of Life Care for Adults, Quality Standards*. NICE. [online] 2011) Available at: <http://www.nice.org.uk/guidance/QS13>

