There is a need for more research into the barriers and enablers of transition from cure-focused to comfort-focused care.

It is important to introduce and integrate the concept of palliative care at an early stage in the transition process. However, this is fraught with distress and conflict, and professionals negotiate this transformation. Unfortunately, situating the study in the emotive language of suffering and describing the journey to the end of life as ‘fraught with distress and conflict’ detracts from a clear, evidence-based description of the gap in evidence that this study begins to address.

The study confirms that patients need to receive clear and consistent information to achieve an understanding of change in aims of care. It endorses the endeavours of nurses to meaningfully contextualise medical information and to help family members understand events and identify the likely impact on this particular patient’s life. It highlights how detrimental it can be when members of the interdisciplinary team lack understanding of the aims of palliative care.

The needs for individuals to change their identities and sources for hope is emphasised. Intriguingly, this contrasts with the findings of a related metasynthesis that considered the transitions of people with cancer experienced by persons in palliative care, which emphasised the need to develop strategies to achieve and maintain normality in everyday life with their disease. Both studies emphasise the importance of hope and meaning making, preparing, strengthening and enjoying relationships and living well one day at a time. The strength of this study is that it does highlight the complex negotiations that are ongoing for patients, their families and healthcare professionals as death approaches.

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ORCID iD
Amanda Cheesley http://orcid.org/0000-0001-5567-2187

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Commentary: Nursing issues

Metasynthesis: dying adults’ transition process from cure-focused to comfort-focused care

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Alison Kate Lillie,1 Amanda Cheesley 2
1Faculty of Health, Keele University, Keele, UK, 2Nursing Policy and Practice Department, Royal College of Nursing, London, UK

Correspondence to: Amanda Cheesley, Royal College of Nursing, London, UK; amanda.cheesley@rcn.org.uk


Implications for practice and research
► It is important to introduce and integrate the concept of palliative and end-of-life care well in advance of anticipated death to allow patients and those important to them to reframe their expectations and understanding of their condition that enables patients and families to find meaning and value in the last phase of life.
► There is a need for more research into the barriers and enablers of transition to end-of-life care.

Context
This paper addresses an important topic as communication and shared decision making are integral to good end-of-life care. It interrogates the transition from cure-focused medical care to care that prioritises comfort and quality of life and quality of dying. It highlights the need to better understand how patients, their families and healthcare professionals negotiate this transformation. Unfortunately, situating the study in the emotive language of suffering and describing the journey to the end of life as ‘fraught with distress and conflict’ detracts from a clear, evidenced-based description of the gap in evidence that this study begins to address.

Methods
This is a qualitative meta-synthesis of research in PubMed, CINAHL and PsycInfo from inception of each database to 2015. The description of the search strategy lacked a robust approach, hence it lacked reproducibility and was potentially biased. In particular, different search terms were used in each database, tailored to the databases indexing language, and there was no discussion of the inclusion or exclusion used to reduce 614 papers initially retrieved to the final sample selected. The Joanna Briggs Institute QARI Critical Appraisal Checklist for Interpretive and Critical Research was used for quality appraisal. Data extraction was split between the different investigators, each focused on extracting and synthesising papers with a specific type of participant (patient, family member and healthcare provider); however, no ongoing processes for ensuring internal validity are reported.