

Letter to the editor: our friend in need service

We wanted to share our anonymised data on our end-of-life volunteer service at the Royal Sussex County Hospital, Brighton, which is part of University Hospitals Sussex. We know that 50% of the population, on average, will die in hospital¹ and that there is good evidence that palliative care teams improve this care.^{2,3}

We do not have good data or feedback on the role of end-of-life volunteers provided in addition to routine clinical care. We wanted to add this to the available information to encourage others to adopt it and do the same in every hospital trust. We are sharing the first 6 months of our service and its impact.

We developed a 'Friend in Need', and our aim is to provide compassionate companionship and emotional support to patients and families during end-of-life care. Addressing social isolation and unmet emotional needs, our trained volunteers offer comfort, reduce anxiety and enhance patient well-being, complementing existing medical care and improving the overall end-of-life experience.

We implemented a 'Friend in Need' using a phased approach centred on patient-centred care and volunteer empowerment. Grounded in the principles of compassionate care, the initiative recognises the impact of companionship and emotional support in end-of-life care. Our approach prioritises building strong relationships with patients, understanding their needs and providing personalised support. Drawing on evidence-based practices from the Anne Robson Trust,⁴ we aimed to maximise patient well-being and volunteer satisfaction.⁵

INITIAL SURVEY

A survey of healthcare professionals in our hospital found:

- ▶ 86% believe a dedicated end-of-life voluntary service would be highly beneficial.
- ▶ Workload and inadequate staffing levels were major barriers to high-quality care.
- ▶ Staff feedback indicated the service would enhance holistic care, reduce strain on clinical staff and improve support for both patients and families.

Comments from healthcare professionals reinforced the need:

- ▶ 'It will free up time to provide higher-quality care'.
- ▶ 'This would allow for better holistic care, addressing emotional needs'.
- ▶ 'It would relieve pressure from competing clinical priorities'.
- ▶ 'A voluntary service will enhance care for end-of-life patients'.

We launched a targeted recruitment campaign that attracted compassionate individuals eager to support patients. Volunteers underwent comprehensive training covering:

- ▶ Active listening and communication.
- ▶ Emotional support and empathy.
- ▶ Cultural sensitivity and respect for diversity.
- ▶ Understanding end-of-life care.
- ▶ Boundaries and self-care.

We collaborated with the palliative care team to establish a clear referral pathway, ensuring healthcare professionals could identify patients who would benefit from the service. Volunteers were carefully matched based on interests, skills and availability. Ongoing supervision and support were provided to empower volunteers in their roles.

CURRENT DATA

Since training 18 volunteers from the beginning of 2025, a 'Friend in Need' has supported over 170 patients and over 400 family members, providing over 130 hours of compassionate care across the hospital. See online supplemental table 1 for details.

The type of support offered is broken down by whether family or friends are present, whether the patient is conscious, etc. Where we have advocated for a patient, it is usually to prompt a care intervention or direct the family to the clinical team. The other category

includes, but is not limited to, buying or providing hot drinks, parking and chaplaincy support.

The service has had a significant positive impact on patients, families and hospital staff. Key outcomes include:

- ▶ Improved patient well-being: Patients consistently report feeling comforted by volunteer presence.
- ▶ Enhanced family support: Families have expressed gratitude for the emotional support provided.
- ▶ Increased staff satisfaction: Healthcare professionals appreciate the service for complementing their work and improving patient care.

Anecdotal feedback includes:

- ▶ 'Nurses thanked us for our visit, saying the patient had no nearby family, and it was nice to have someone visit'.
- ▶ 'Feedback from a son who felt that the service was hugely beneficial and he was very grateful to have someone to speak to and could see the value of respite care'.
- ▶ 'The patient's partner and friend expressed appreciation for the voluntary service and asked us to visit again'.

By integrating volunteer companionship into end-of-life care, a 'Friend in Need' has demonstrated the power of emotional support in enhancing patient experience, alleviating staff burden and providing comfort to families during a critical time.

CONCLUSIONS

A 'Friend in Need' offers a highly replicable model designed by the Anne Robson Trust⁴ for enhancing end-of-life care. Its core components—needs assessment, targeted recruitment and training, structured service delivery and ongoing evaluation—can be adapted to various healthcare settings. The programme's low-cost, high-impact nature makes it particularly attractive. Wider adoption could significantly improve patient experience across the National Health Service, reducing social isolation and enhancing compassionate care. By providing a framework for volunteer engagement, a 'Friend in Need' empowers communities to support their most vulnerable members, fostering a culture of compassion and

improving the overall quality of end-of-life care nationwide. Its success can inspire other trusts to create similar programmes, addressing a crucial gap in current service provision.

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