The Research of Dr. Margaret Campbell

Margaret L. Campbell joined Wayne State University College of Nursing as an assistant professor in 2006 and was named an associate professor in 2012. She was the associate director for research at the Wayne State University Center to Advance Palliative Care Excellence from 2009 to 2012 and previously served as a nurse practitioner, Palliative Care and Clinical Ethics, at DMC Detroit Receiving Hospital.

Dr. Campbell earned a doctorate in nursing from the University of Michigan School of Nursing. She has a master of science in nursing from Wayne State University and has received specialized training in bioethics.

Dr. Campbell received the Lifetime Palliative Care Achievement Award from M.D. Anderson Cancer Center in 2008 and was named a Fellow of the Hospice and Palliative Nurses Association in 2011. Her research has focused on care for patients who are approaching the end of life and she serves as an expert on palliative care for many national committees and editorial boards.

selected publications


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Margaret Campbell, PhD, RN, FPCN, associate professor at the Wayne State University College of Nursing, has been a palliative care nurse practitioner for 24 years with extensive experience treating patients at the end of life. She observed many patients approaching the end of life with dyspnea who were unable to express how they felt because of cognitive problems, diminished strength or lack of consciousness due to medication or the illness. Without the ability to evaluate the patient’s condition, the proper course of treatment may be unclear. Dr. Campbell has conducted a series of studies to generate knowledge to guide assessment and treatment of patients at the end of life.

“The risk of being short of breath at the end of life is high. Less is known about how to assess and treat breathlessness compared to other symptoms experienced by terminally ill patients. The best patient-centered treatments need to be investigated,” explained Dr. Campbell. Breathing difficulties are very common at the end of life, especially for patients with lung cancer, other lung diseases or advanced heart disease.

Dr. Campbell has developed, tested and refined the Respiratory Distress Observation Scale (RDOS), which can be administered by a clinician in less than five minutes to assess dyspnea when a patient cannot self-report it. The RDOS has eight variables to guide assessment: respiration rate, heart rate, increased use of chest muscles, paradoxical breathing, grunting after a breath, nasal flaring, restlessness, and a fearful facial expression. This observation scale has been validated in two studies and Dr. Campbell recently received a grant from the National Institute of Nursing Research to develop and test a special version of the RDOS for family caregivers. Inter-rater reliability between a trained research RN and family caregivers will be tested as part of this study. In addition, patient participants who are able to respond to questions will be asked whether they are short of breath, responding on a numeric rating scale and with verbal descriptors. Correlation of the patient descriptors of breathing difficulty with the researchers’ evaluations using the RDOS will help establish RDOS cut-points for mild, moderate and severe breathing distress.

Patients in palliative care are often given oxygen even if they are unable to respond to clinicians about possible discomfort. The standard of care is to provide oxygen, according to Dr. Campbell, although the patient may not be suffering. Sometimes family members advocate for oxygen or medication because they worry that the patient may be uncomfortable. In another study funded by the Blue Cross Blue Shield of Michigan Foundation, Dr. Campbell evaluated the usefulness of oxygen therapy for patients near death and found that most are not experiencing distress and do not need oxygen.

An additional grant from the Blue Cross Blue Shield Foundation allows Dr. Campbell to study breathing distress among dying patients. In this investigation, “Is death rattle a phenomenon that requires medical treatment?” the RDOS will be used to assess 160 dying patients in inpatient hospice or hospital to determine whether those with death rattle are experiencing any distress.

A related area of Dr. Campbell’s research is the process of weaning terminally ill patients from a ventilator. There is no standardized treatment for these patients and it is unclear which method of withdrawing life support provides the most comfort. A grant application for funding is in development.

Dr. Campbell’s work addresses an under-investigated and important area of clinical care, that is, the patient approaching the end of life. “When cure or prolongation are no longer possible, nurses are integral to the continuing care of patients at the end of life. My program of research is targeted at providing the evidence to guide nursing care at this transitional time.”