



Association for
Palliative Medicine
Of Great Britain and Ireland

APM Trainees' NEWSLETTER

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Welcome to the March Trainees Newsletter! I hope that those who attended **PCC** last week, had an informative and enjoyable time. Thank you to all involved in organising and running the conference and to all those who shared their excellent research, projects and service development initiatives. In this newsletter we look at the **winning poster** in more detail.

Our research articles in focus look at **death anxiety and distress** in attempt to ask if there is an optimal time for spiritual and psychosocial interventions to take place. Our second article looks at **thromboprophylaxis** in palliative care patients.

In this newsletter we also have some links to guidance from the BMA regarding **the recent strike action**. I know many of you will have been involved in this industrial action in the last month, however we have realised there has been some questions from trainees regarding the nuances of being a palliative care trainee and striking, particularly in regards to working in a hospice setting. In the **Knowledge Hub check out the Frequently Asked Questions from the BMA**.

Finally we also have **a survey** for you to take part in on Nasal High Flow oxygen use in breathlessness.

We'd love to hear from you and welcome your contributions to the APMT and upcoming newsletters:
apmtraineescommittee@gmail.com

Best wishes

Lucy
Chair APM trainees committee

Trainees' Committee Update

APMT Facebook Group and Twitter

If you are a new palliative medicine trainee or not yet in our Facebook group, please join to share educational events, discuss topics and for latest APMT news.

Follow us on Twitter **@APM_trainees**

OOP Trainees Facebook Group

The Facebook group that was formerly set up to help support APM shielding trainees has evolved into a support group for trainees going OOP (parental leave, OOPE/T, sick leave) – <https://www.facebook.com/groups/apmto>

If you would like to join, please request to join via Facebook and drop us a message with your name and region.

Website update – Wellbeing Resource List

Our website has been updated throughout this year. You'll find links to the curriculum including the Covid-amended curriculum.

The most recent addition is our Wellbeing Resource List compiled by our SAC team. Find it here – <https://apmonline.org/trainees-committee/>

Upcoming Events

APM & PCRS Research Course

Understanding and Applying Research Methods in Practice

A three week course facilitated by national leaders in Palliative and End of Life Care Research – comprising pre-work in week 1, a virtual day in week 2, and an in-person day in week 3 at the University of Leeds.

Thursday 27th April – Thursday 11th May 2023

Venue: University of Leeds

APM Member: £150

<https://apmeducationhub.org/events/apm-pcrs-2023/>

Post of the Month: Winning Poster at PCC

PCC 2023 went ahead in Edinburgh on 16-17th March, I hope lots of you were able to attend the event and benefit from the wide range of sessions on offer. There were 177 posters accepted for display at the conference and as a trainees committee we had the pleasure of reviewing them all and deciding on a winning one. It was really interesting and inspiring to read about lots of new initiatives and different ways of working.

All of the abstracts for posters displayed at PCC can now be accessed via the PCC website, or from this link <https://pccongress.org.uk/abstracts/>.

I would like to share a copy of the winning poster which summarises a review of a national database to characterise CSCI incidents to identify themes around errors and identify learning points.

[Winning poster.pdf](#)

Dr Elizabeth Woods

Journal Articles: In Focus

Death Anxiety and Correlates in Cancer Patients Receiving Palliative Care

Linda L. Emanuel, Sheldon Solomon, Harvey Max Chochinov, Marvin Omar Delgado Guay, George Handzo, Joshua Hauser, Sheri Kittelson, Sean O'Mahony, Tammie E. Quest, Michael W. Rabow, Tasha M. Schoppee, Diana J. Wilkie, Yingwei Yao, and George Fitchett, *Journal of Palliative Medicine* 2023 26:2, 235-243

Background:

Ernest Becker, the author of the Pulitzer-Prize winning book *The Denial of Death*, explained people's entire life course as a personal project to achieve some kind of immortality, in an effort to mitigate existential terror, by embracing cultural worldviews that confer a sense that one is a person of value, in a world of meaning. Death anxiety is powerful, potentially contributes to suffering, and yet has to date not been extensively studied in the context of palliative care.

Availability of a validated Death Anxiety and Distress Scale (DADDS) opens the opportunity to better assess and redress death anxiety in serious illness.

The DADDS focuses “on concerns raised by impending mortality that affect the ability to live meaningfully in the time until death, including psychosocial concerns about lost opportunities and time and impact on others, and anticipatory fears about the process of dying”, where higher scores indicate higher levels of distress.

Aim:

To explore any associations between death anxiety/distress with clinical, psychosocial and personal characteristics.

Design:

Convenience sample of 167 adults (≥ 55 years old, English-literate) with cancer and receiving outpatient palliative care, taking part in an RCT on Dignity Therapy (DT), in the United States (DT is a life review intervention for palliative care patients and others focused on dignity conservation tasks such as settling relationships, sharing words of love and wisdom, and preparing a legacy document).

Mean age 65.9 years, 62% female, 84% White, 62% stage 4 cancer.

Assessment included validated Death Anxiety and Distress Scale (DADDS), demographic factors, religious/spiritual struggle, dignity-related distress, existential quality of life and terminal illness awareness.

Results:

The majority of patients had a good performance status and minimal physical symptoms. Two thirds had Christian faith.

DADDS scores were generally unrelated to demographic factors, except a higher level of education, which was linked to higher DADDS scores.

DADDS scores were also positively correlated to higher physical symptom burden. DADDS scores were positively correlated with religious /spiritual struggle (i.e. higher levels of distress relating to morals, meaning and other domains) and dignity-related distress.

DADDS scores had a non-linear relationship with terminal illness awareness, where those that identified as being “seriously but not terminally ill”, had higher levels of distress compared to those that identified as “relatively healthy” or “seriously and terminally ill”.

Higher DADDS scores were correlated with lower existential QOL scores.

47% of participants had post-DT DADDS scores, and these suggested a decrease in distress levels post-intervention.

Conclusions:

These findings might reflect normal and perhaps necessary oscillations between stages of illness and death acceptance/anxiety. This in turn raises questions about the optimal nature and timing of spiritual and psychosocial interventions (including DT), something that might entail evaluation or screening for death anxiety and prognostic awareness to maximise the effectiveness of care.

Right needle, right patient, right time? A national flash-mob audit of thromboprophylaxis in palliative care

Crabtree A, Kavanagh E, Chamberlain C, Wakefield D, Daniel R, Schofield G, Star A, Yardley S, Whyte I, Chu C, Billett H, Noble S; UK Palliative trainees Research Collaborative (UKPRC). Right needle, right patient, right time? A national flash-mob audit of thromboprophylaxis in palliative care. *Thromb Res.* 2023 Jan 26;223:95-101. doi: 10.1016/j.thromres.2023.01.021. Epub ahead of print. PMID: 36738665.

Background:

The prevention of hospital associated thrombosis in palliative care remains controversial yet many countries recommend the documented risk assessment and where appropriate pharmacological prophylaxis of inpatients with advanced cancer.

Aim:

To audit adherence to national guidelines which require hospitalised patients to be risk assessed and receive appropriate thromboprophylaxis.

Design:

A one day “flash-mob” audit of inpatients receiving palliative care within hospitals, hospices and specialist palliative care units across the United Kingdom.

Results:

Data were collected from 1125 patients (514 hospital and 611 hospice/specialist palliative care units).

Appropriate thromboprophylaxis was observed in 90% of hospital and 90% hospice/specialist palliative care units. Documented risk assessment was only found in 79% and 71% of patient notes respectively.

Pharmacological thromboprophylaxis was contraindicated in 88% of hospice/specialist palliative care unit patients due to bleeding risk or receiving end-of-life care. 24% of patients in hospital had contraindications due to receiving end of life care, bleeding risk and thrombocytopenia.

Patients in hospice/specialist palliative care units were of poorer performance status prior to admission with a history of gradual deterioration. Hospitalised patients were more likely to have been admitted following an acute deterioration of previous good performance status.

Conclusion:

Thromboprophylaxis guidelines were followed correctly for the majority of patients. There were considerable differences in the demographics of patients according to place of admission. Patients admitted to hospice/specialist palliative care units were sicker and had more contraindications to prophylaxis than those admitted to hospital. Thromboprophylaxis focused research data conducted in hospices is unlikely to be applicable to the care of palliative care patients admitted acutely to hospital.

Research: Nasal High Flow in Chronic Respiratory Disease

Dr Anita Saigal (Respiratory Registrar) is conducting research on the use of nasal high flow in chronic respiratory disease.

She has asked trainees to complete the following questionnaire which asks your perspectives on breathlessness treatments that you either recommend or prescribe for patients with chronic lung disease. It also asks your opinion on the use of airflow and nasal high flow air as a possible new treatment to aid breathlessness management in patients at home.

The link to the questionnaire is below:

<https://forms.office.com/Pages/ResponsePage>

The chief investigator for the study is Dr Swapna Mandal (Consultant in Sleep and Ventilation Medicine at the Royal Free Hospital). Please contact Dr Mandal or Dr Saigal if you have any questions about the study.

Email: anita.saigal@nhs.net

Knowledge Hub

BMA England Junior Doctors Strike

Following the first round of strikes, if there are further strikes, we wanted to remind trainees in hospices that they can strike if employed by an NHS trust on the day of the strike. The BMA has got really helpful guidance on their website, with a specific section for palliative trainees: www.bma.org.uk/our-campaigns/junior-doctor-campaigns/

Pay Protection for trainees on 2002 contract

Pay protection was due to come to an end in March 2023, however it has now been extended to August 2025. It is expected this will make sure all trainees pay protection will then last until they CCT. If you think you won't CCT by August 2025, and you are currently pay protected under the old contract, please get in touch with our BMA Rep, Dr Sarah Foot: foot.sarah@gmail.com

Instructions for Accessing PCF CSCI Compatibility Database (via APM membership) as of February 2023

Compatibility charts have now moved to the PCF subscription which is available via APM membership.

There are several options available for use:

- The **PCF** (both hard copy and online versions) contains some basic compatibility charts <https://www.medicinescomplete.com/>
- **Palliative Care Adult Network Guidelines Plus** is the suggested reference in the PCF – <http://book.pallcare.info/> This does not require a login or password.
- The **PallCare Matters mobile app** – which is available for use on a desktop or phone — does require registration but is free and easy to use. This interactive resource explains the CSCI compatibilities in more detail and allows for submission of reports – <http://m.pallcare.info>
- A **compatibility book** on the ward, if available. However, this is only as current as the day of publication.

Please see the attached document below for a step-by-step guide –

[**PCF CSCI Compatibility Database Guide - Feb 2023.docx**](#)

Journal Access

The following journals can be accessed by members via the APM website:

- Palliative Medicine Journal
- BMJ Supportive & Palliative Care Journal
- EAPC Journal (at a reduced subscription rate)

Publications may also be available through the BMA website, for those with membership. A list of these can be found at: <https://www.bma.org.uk/library/e-resources/e-journals>

Palliative Care Formulary Online

As of 2020, full APM members (including reduced subscription) have access to the PCF Online through MedicinesComplete.

Access is via the APM website – <https://apmonline.org/>

Log in and click PCF via the Learning and Information tab.

COVID-19 Guidance

The APM has issued guidance regarding COVID-19 and Palliative, End of Life and Bereavement Care.

The latest guidance can be found on the website at the bottom of the homepage

<https://apmonline.org/>

Contact the Committee

We're here to support trainees and our development.

Contact us:

- Via your regional APM Trainees' Rep
- On Twitter @apm_trainees
- On our Facebook page 'APM Trainees'
- Email us directly via apmtraineescommittee@gmail.com



The APM is the world's largest representative body for doctors practicing or interested in palliative medicine. If you are not already a member join today! <https://apmonline.org/join-pages/join/>

Please remember to upgrade your membership to 'full membership' on commencement of your first consultant post. This can be done by emailing the APM at office@compleat-online.co.uk

This newsletter is for trainees by trainees. We want to hear from you, allow trainees to connect nationally and have a platform to feature your contributions in the upcoming newsletters.

Please contact us at apmtraineescommittee@gmail.com to contribute with a feature article, a journal summary or trainee reflection.