

*Our views and vision of palliative  
care in the future*

APM Juniors Committee



# APM Juniors

- Medical students and pre-specialty junior doctors
- Believe good palliative care is essential for all doctors



Why did you decide to  
come today?



“Interested in palliative care; frequent contact with patients with limited life span”

“Just out of interest - have thought about end of life care from angles other than the medical. Wanted a better appreciation of palliative medicine”

“I was interested in the specialty of palliative care as I have had no previous experience”



“Interesting talks in a specialty I am strongly considering; high profile speakers; very good venue”

“Meet people with similar interests; update on current palliative care issues”



“Interested in palliative care from teaching at uni - wanted to learn more”

“I wanted to know more about palliative care - having just finished a ten week placement in psychiatry, old age psych and geriatrics I felt like we touched on it but not quite enough”

“I have a keen interest in palliative care and wanted to find out more than is covered on my medicine course”



“I have been interested in palliative medicine for several years and it is a specialty I would like to go into”

“Gain further understanding of palliative care as a career”



“Present poster; enjoyed last year; interested in EOL care”

“I had done an audit on DNA-CPR and wanted to present a poster”

“We have been carrying out palliative care research over the last few months”





“Want to be a GP ?with special interest in palliative care”

“I want to do oncology - very relevant”

“I'd like to specialise in geriatrics - very relevant. I think that ensuring patients have a good death is very important and wanted to improve my knowledge”



“Because the conference was so good last year!  
Very passionate about palliative care”

“Brilliant programme and speakers; was involved  
in first conference which was also excellent”





# Medical school



# Palliative Care Teaching in Clinical Schools

- HUGELY variable
- HUGELY important
- Methods
  - Regular lectures and small group seminars
  - Liaison and Hospital Palliative Care Team shadowing
  - GP dedicated sessions – meeting patients
  - Reflective essays
  - SSC and Elective opportunities
  - Communication skills teaching
  - Integration into other specialty areas
  - .....Death and Doughnuts!



# What makes a difference?

- Enthusiastic teaching
  - Doctors that care about the subject and want to make others see how important it is
- Approachable Consultants
  - Ask questions when unsure about what ‘should’ be done – now AND in the future
- INTEGRATION at EVERY level
  - Commitment to introducing the concept of palliative care into the syllabus – working together with General Practice, Psychiatry, Geriatrics, Cardiology, Respiratory, Oncology etc. to deliver Palliative Care teaching



# Experiences that make a difference...

- Opportunities to talk to Specialist Palliative Nurses/Health Care Assistants/MacMillian Nurses
- Opportunities to talk to patients and families
- Having access to the HUGE number of resources available for Doctors helping palliative patients
- Gaining knowledge of the services available



# Taking this forward.....

- **APMJ Annual Conference**
  - Meet other students/Junior doctors who are interested in Palliative Care
  - Hear about others experiences
  - Meet Doctors who have a HUGE amount of experience and done a lot of research in the area
  - Learn about the latest methods and research
- **Encouraging formal AND informal integration of Palliative Care teaching into student curriculums**
- **Student groups and forums in individual clinical schools**
- **APMJ Committee – integration with the APM**



# Summary

- Teaching very variable across different Clinical Schools – more integration?
  - Multiple techniques used – variability beneficial
  - Pros
    - Enthusiasm
    - Approachability
    - Hands on experiences
    - Integration – services and teaching and staff
- JOIN THE APMJ!!!! -

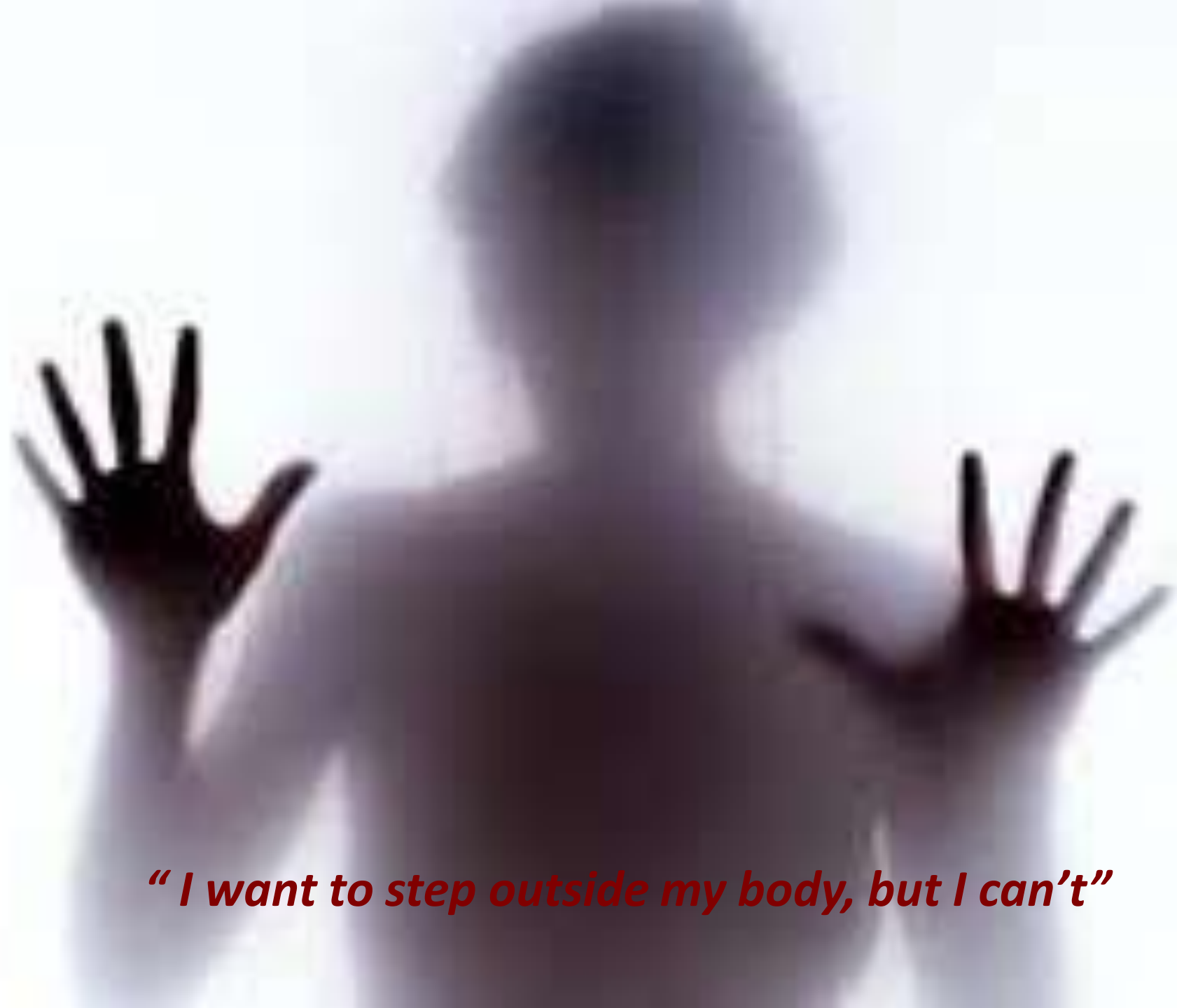


# Foundation years



# Why Palliative Medicine?





***“I want to step outside my body, but I can’t”***



*“A snowfield, somewhere pure”*



Person not disease

Empowerme

Choice

Taking time

Acceptance

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Communicatio

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Patient centered care

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Good death

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Challenge

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Teamwork

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# Palliative Care as a Junior doctor

## THE THICK OF IT:

- Death is a reality
- Recognising the dying
- Variable experience, education and interest
- “Dealing with” vs “working with”
- Time as a commodity
- Decision making
- Roles and responsibilities
- Specialist care



# The Future is Bright

1. Education
2. Training
3. Support and guidance
4. Recognising the dying programmes
5. Experience, experience, experience
6. Accessibility of services
7. Open discussion
8. Opportunities and platforms
9. Mentorship
10. APMJ





# In summary: Our vision of the future?

- Palliative medicine integrated into general foundation training programme
- Recognising dying initiatives
- Protect the values held within the speciality and work towards expanding these throughout healthcare practice
  1. Good communication
  2. Patient-centered care
  3. Individualised patient journey
  4. Empowerment
  5. Teamwork



# Pre-specialty training



# Reflections - A story in Uganda

Timing

Holistic  
Approach

Challenging  
Attitudes and  
Preconceptions



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# Reflections

Generalist Medicine

Diagnostic  
Challenges and  
Problem Solving

- Variety is the spice of life!
- Who doesn't enjoy a good puzzle?



- Offering choice and empowering patients

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# Values to Protect

- Person before Disease - holistic & patient centred
- Time Management - (not in the conventional sense!)
- Challenging Attitudes - Death and Dying is not a failure in medicine
- Generalist speciality
- Problem solving - offering choice
- Accepting Uncertainty

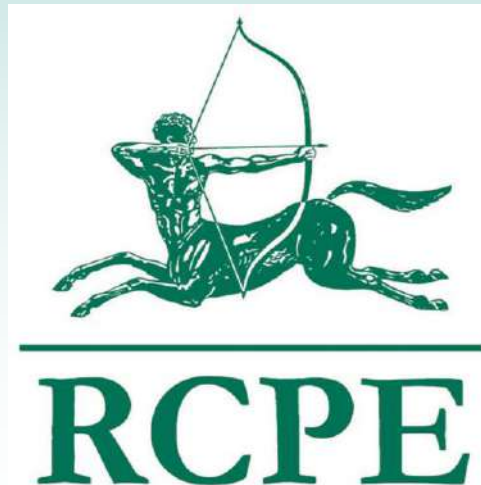


# Ways to protect and nurture ??

- Real-time experience, education, awareness
- Research, research, research!
- To consider more general medicine training?



SHAPE OF TRAINING



# In Summary.....

## Values we have considered

- Holistic approach
- Challenging attitudes and preconceptions
- Timing
- Diagnostic challenges and problem solving
- Generalist medicine







# Please protect

- Patient centred care
- Enthusiasm for training
- Good communication
- Challenge



# Why did you decide to come today?

“Palliative care is central to medicine and the issues that it touches are profound and vital to care”

“Interest in palliative medicine - I think it is an aspect of medicine that is essential, no matter what specialty you are in.”

“Think palliative care's something important and something important to do well!”



“Inspiring”



“The day has given me a great interest in palliative medicine that I will take forward in my career. Thank you!”

