

The Newsletter of the Association for Palliative Medicine of Great Britain and Ireland

## IN THIS ISSUE

**A report from the President** 2  
- Professor Rob George.

**The Marie Curie Job** 2  
- Professor Bill Noble. Executive Medical Director, Marie Curie.

**New Committee Members** 2  
- New Executive, Science Committee Members.

**OBITUARY** 3



Debbie Watkinson sadly passed away on 22 January 2015 from metastatic breast cancer.

**APM Future Events** 4

**Famcare Audit 2015** 4

**Contact Details** 4

## APM Workforce Survey 2015

We would appreciate your help by completing the APM electronic workforce questionnaire for 2015. The Survey is due to start in June 2015. An email will be sent to you with a link to take part in the survey. Your data makes stronger our case to influence National workforce planning decisions, we need to beat our response rate of 67% last year so if you do not receive the email, please contact Becki Munro.

## The 2015 APM AGM and conference 'Evolution vs Revolution'

The 2015 APM AGM and conference was held in the City of London and was generally well attended by delegates from all over the country, and beyond. Baroness Neuberger kicked off the proceedings with a lively lecture about the direction of travel of the specialty post LCP, and urged us to engage in the wider public debate and discussion around end of life and ethical issues. Homework before the next meeting was to try and attend one of the many 'death café' events that are springing up nationwide. The deserved recipient of the Twycross research prize broke with tradition and presented some applied science (using bioelectrical impedance as a way of measuring hydration status), and the newly established APM Juniors Committee impressed with their session on the future of Palliative Medicine – a shame in some ways it had been timetabled opposite the very practically useful Workforce session on Appraisal and Revalidation, where ideas were shared in collecting various forms of feedback, including the value-for-money Famcare2 evaluations, available via the APM.

The Science Committee gave a useful overview of the current state of research within Palliative Medicine, and overall there was a sense of opportunity and optimism, although single-handed researchers doing small projects will struggle in the research landscape of the future.

A 'for' and 'against' debate structure worked well for a number of topics:

- the future role of hospices and threats that they posed to the specialty (complemented by a fascinating talk on the (largely hospice-less) Midhurst Model)
- the pros and cons of Generalism vs Specialism
- the necessity of Palliative Medicine doctors to be undertaking more Acute Medicine training. Both sides spoke convincingly about the need for more acute experience and also more Primary Care experience – with the final intriguing possibility that one day specialty training could subspecialise along these lines.

Amongst all the soul-searching it was good to get back to some clinical medicine with an excellently delivered and thought-provoking talk on Challenges of Breathlessness in Critical Care – which raised many questions and highlighted interesting possible research opportunities. My only criticism about the programme would be possibly a missed opportunity to discuss the Shape of Training review in more detail, and feedback our collective thoughts, as this may have profound implications for the future of the specialty.



The actual AGM passed without event, although the APM finances are clearly in need of some resuscitation. A modest fee rise should start to rectify this, and the Exec Committee clearly have matters in hand trying to balance the books. Dr David Brooks hands over his successful APM presidency to Prof Rob George at a time when end of life care remains high on the agenda, both publically and politically. His tenure will doubtless be challenging, but hopefully the APM is in a strong position to engage in, and influence the debate. We all wish him luck for the next 2 years.

**Suzie Gillon**

*Acting-Consultant, Leeds Teaching Hospitals Trust*

## President's Report



As I have been writing this, my first report, it is difficult to know what to emphasise, as the media has been so dominant in the last week – the question is whether it is a distraction or the shape of things to come?

However, before I reflect on this, I must first and foremost thank and pay tribute to David for his inspiration and leadership these last two years. He has navigated us through, not just choppy waters, but at times channels littered with rocks of unavoidable jeopardy without holding the boat! His judgment and commitment to the specialty, and those whom we serve, has always gone well beyond the call of duty. It has been my privilege to support him in this. So it's with humility and quite a lot of foreboding that I take over, for he is a very hard act to follow.

So, where are things just now and what might be the future? I'll confine myself to two things about which I speak personally: This week as I write, we have had the Ombudsman's Report;

[www.ombudsman.org.uk/about-us/news-centre/press-releases/2015/too-many-people-dying-without-dignity-ombudsman-service-report-finds](http://www.ombudsman.org.uk/about-us/news-centre/press-releases/2015/too-many-people-dying-without-dignity-ombudsman-service-report-finds) joining the litany of documents on failings in EoLC. The stories are upsetting because I can imagine as a bereaved relative myself, having experienced the disempowerment by a system of which I am part, how the memories of these bad deaths will live on for who knows how many of our citizens; shaming because 40 years-on the message 'out there' is that we 'in here' have had no impact across the board on the way people die in this country and enraging, because I know how simple and obvious are the solutions, and how many millions have benefitted from the diverse and effective services that we offer, but is denied to so many because dying people are still treated as second class citizens whose care remains a lottery. Fortunately, we had media exposure to get our message over, albeit not to the extent that we had tried.

Then, almost the following day, a convenient Dignitas death trailing another iteration of Lord Falconer's Bill to make assisting suicide part of medicine's duty of care. And finally as I write this paragraph, an email has arrived with a link to the Daily Mail's pastiche of these

stories, one part of which quotes me on behalf of the Association (a good thing), but another digs up the chestnut that morphine is being used by clinicians to kill all the time and makes it some justification for a change in the law.

So, today it feels like the media is the shape of things to come and we are just one of its pawns. But I will not accept that, because we have a message that will outlive tomorrow's chip paper. The task is to make it audible, intelligible and accessible. Two things I have said repeatedly 'out there' this week is that one key expertise of palliative care is to help people to complete a life and not die a death and that we must stop treating the dying as second class citizens. The interesting thing is that the words are being said back to me now from unexpected places. There is also another encouragement: a Palliative Care Bill is to be introduced to the Lords this Parliament ahead of Lord Falconer's. We will keep you up to date via the website.

This is the other good news – we now have a site fit for purpose and at the right time, because if we are to have any chance of crafting our future specialty: first we must be seen to take back the initiative in care of the dying, something about which I will write in due course, and second that we engage this in the public space – what Julia Neuberger called at the conference: "being thought leaders" and Alan Kellehear calls a social movement. Both will mean that we as an organisation must develop a smart media strategy, and a group to service that. We will be looking to you as members to help in clarifying our message and getting it out.

To return to reality, our future does not turn on wise, warm words or a whizzy website, but upon a competent band of specialists who are fit for purpose and getting their hands dirty at the coalface. I end this first report then by reminding us all that the RCP's "Shape of Training" in a practical sense is the challenge that is real and present just now. Thanks so much to Alison Coackley for leading this work and please ensure that your voice has been heard via the survey. We will of course be feeding in the outputs from our Conference last month and when all is synthesised to send a specific summary of our collective position.

Finally, David's last report pointed to the active contributions that we make to policy and politicians at the highest level and work in these areas will continue on your behalf. However, we must have the same sort of leverage in the College and most important with the public and their experience of care. Hence my call to arms.

**Rob George**  
President

## The Marie Curie Job

In case you weren't aware, because I wasn't until I applied for this job, the charity known as Marie Curie runs 9 hospices and supplies about 2,500 nurses to homes throughout most of the UK. We recently dropped the "Cancer Care" from our name so as not to discourage anybody with any terminal illness accessing our services. We are the biggest palliative care research funding body in the UK, but still only spending £3.5M per annum.

After 13 years as a GP and 16 years as a Macmillan Senior Lecturer, employed by the University of Sheffield; life as the Executive Medical Director of Marie Curie is different. I still get to do a clinic, home visits and academic work two days a week in the tribal homeland of Sheffield, but the main job is as a migrant worker, either at number 89 Albert Embankment or at one of the Marie Curie outposts.

They have given me three responsibilities, clinical governance of our services, research strategy and service design. It might sound impossible, but it is fine, simply because of my team. Academics, all with at least one PhD on the research and design side; with seriously bright and compassionate clinicians and health service managers on the governance side. Also we have a lively bunch of consultants, including hospice medical directors and academics at our three Marie Curie research centres. It is good to work amongst so many colleagues in palliative care and there are lots of opportunities for support and collaboration that smaller organisations cannot provide.

The combination of clinical, scientific and design work is just right for one of the last of the first generation of palliative medics in the Autumn of his career. I can recommend variety as a prophylactic for burnout, but I fear that the lack of research infrastructure is the reason why few of my junior colleagues will get the academic opportunities that I have enjoyed. So, we at Marie Curie intend to double our spending on research over the next 5 years. Bigger open calls, more research teams and our experience based co-design programme, all informed by our clinical experience. This is beginning to sound like a manifesto.

**Professor Bill Noble**  
Executive Medical Director, Marie Curie



Care and support  
through terminal illness

# OBITUARY

## Debbie Watkinson (nee Pratt)

Consultant Palliative Medicine,  
National Cancer Centre,  
Singapore General Hospital.

*Born* 21st December 1963  
*Qualified* UCH, London 1988  
*Died* 22nd January 2015 from  
metastatic breast cancer

Debbie's interest in medicine seems to have begun when, aged eleven, she underwent several operations, including a bone graft, at the Nuffield Orthopaedic Centre, Oxford. Her passion for palliative care came later when, as a junior House Officer at the Middlesex Hospital, London, a lady on the oncology ward asked her to sit with her all night as she was dying. Debbie's conviction after that experience was that there had to be more that could be done for such patients.

In 1987, shortly before Debbie married Neil, she spent three months in South India at a Leprosy Mission Hospital on a medical student elective, and she and Neil subsequently returned to India in 1994 to work in an area devastated by an earthquake.

After qualifying (UCH, London 1988) and House Jobs, Debbie trained as a GP (Watford VTS), before changing track to palliative care in 1995 and became a Consultant in Palliative Medicine whilst working at Florence Nightingale House, Stoke Mandeville Hospital, UK where she worked for nine years. While there she and Neil travelled widely in South East Asia, and began visits to a hospice in Bangalore, India (2001-2007) then expanding to palliative care training for the Emmanuel Hospital Association with the support of the National Cancer Centre Singapore where she worked as a Consultant from 2008 to 2014.

Despite her diagnosis with breast cancer when she was only 31 years old, Debbie continued working in palliative medicine for the next nineteen years – demonstrating phenomenal courage as she cared for

patients with metastatic disease, fully aware of what was likely to happen to her, yet having gained profound insight and compassion from the treatment she herself had endured.

Colleagues in the UK, India and Singapore will remember Debbie's calm, clear thinking, her passion to educate and mentor other health professionals, and her determination to "ask the right questions". Her deeply rooted Christian faith underpinned her strong sense of fairness and integrity and her compassionate care of patients and their families.

Debbie's musical interests were broad (she played piano, clarinet, saxophone, and guitar), as well as singing (including with the BBC Symphony Chorus during her time as a medical student at UCL in London 1982-1988). She enjoyed an eclectic range of music, from classical and modern choral, and church music through to jazz.

She was planning a further visit to train palliative healthcare workers in India with Emmanuel Hospital Association, when she was diagnosed with recurrence of cancer in April 2014 while still in Singapore. She braved nine months of chemotherapy, and had exceptional care from colleagues in Singapore, then Oxford and, finally, at Florence Nightingale House, Stoke Mandeville, where she had previously worked.

Debbie leaves her husband, Neil; her sister, Karen; and parents, Mike and Sheila.

by  
**Neil Watkinson**

### Joy Waldock writes....

In 2001, Richard Hillier invited interested career grade palliative medicine doctors to an exploratory meeting in London and as a result the Non Consultant Career Grade (NCCG) - now the SSAS - committee – was born. The title always felt a little unwieldy and in the early years we affectionately called ourselves the 'Hillier Club', although I doubt Richard knew this!

I first met Debbie at that time – along with Barbara Dymock and John McPhee we became the first committee members (we were only four strong initially but soon expanded to six). The committee was energetic and hardworking but we made sure we had a good social time too at any conferences – Sheila Richards was always invited along to our evenings out. Debbie and I became great friends from then on, emailing often (we lived nearly 200 miles apart) and taking very seriously our roles on the committee. Debbie took charge of much of the liaison with the RCP and did a lot of work on the newly-developing Article 14 Application process and on CPD for NCCG doctors. We were both pleased to eventually achieve our own CESRs and become consultants and we stayed in touch long after the committee days. We always tried to meet at least once a year at conferences and I went to visit her in Singapore a few years ago, on my way home from Australia.

Debbie became ill shortly after I last saw her - at the Palliative Care Congress in March 2014 and we continued our email correspondence. With characteristic, unassuming and unflinching conversations she was very matter of fact about her illness and treatment and always very grateful for the care and support she had from her colleagues in Singapore. Debbie and Neil returned to the UK at the end of last year and I spoke to her on the telephone just 3 days before she died, on the day she was admitted to the hospice she had worked in for many years. She apologised for 'the bad news' of her admission but felt she was in the right place.

There was so much I didn't know about Debbie, her early life and her family and friends. I do know, however, that she had high standards, worked hard for our Association, was a quiet but firm and forthright person who had so much to offer - a great friend and a lovely person. *Her early death is a huge loss to our specialty.*

## New Committee Members



### Paul Paes -

*Executive Committee*  
Paul is a Palliative Care Consultant and the service lead for Northumbria Health Care Foundation trust. He

is Clinical Senior Lecturer and Sub Dean at Newcastle University, with a particular focus on admission to medical school and widening access, teaching, and research around decision making. He is looking forward to joining the Executive Committee at a particularly exciting time for Palliative Care development.



### Neil Jackson -

*Northern Ireland Representative, Executive Committee*  
Neil is a Consultant working in both The Royal Group of Hospitals and the

Northern Ireland Hospice in Belfast. He is the Lead for Palliative Medicine in the Undergraduate curriculum in Queen's University Belfast. He formerly served on the APM Executive Committee both as Treasurer and NI Representative and launched the first iteration of the APM website in 2002. In his spare time he is a musician and keen hiker.



### Richard Kitchen -

*Trainee Representative, Science Committee*  
Richard is an ST5 in palliative medicine in the West Midlands, currently

working at New Cross Hospital in Wolverhampton. Richard has been actively involved in research through his training, and has completed a Master's in medical education. As the trainee representative to the APM science committee he hopes to make research more accessible to others too! In his spare time he enjoys parenting and cycling.



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## Future APM Events

### Challenges in Palliative Care: Building from a new foundation

Organised by the Trainees' Committee.

Date: 30 September 2015

Location: Royal College of Physicians and Surgeons, Glasgow

Registration: OPEN

### Palliative Care issues affected by changes in cognition and an update on oncology treatment

Organised by the SSAS Committee.

Date: 5 November 2015

Location: BMA House, London

Registration: OPEN

### The 11th Palliative Care Congress - Rediscovering Holism: the future for Palliative Care

Organised by the Association for Palliative Medicine and the Palliative Care Research Society.

Date: 9-11 March 2016

Location: Scottish Exhibition and Conference Centre, Glasgow

Registration: Will open in September – Expressions of Interest are now being taken.

**Visit the Events section on the APM website: [www.apmonline.org](http://www.apmonline.org) for further information and to register for these events**

## Famcare Audit 2015

It is that time of year again where we would like to ask members to register to take part in the Famcare audit for 2015. Duration of service evaluation: 1 August 2015 to 20 September 2015 (covers deaths during the period 1 June 2015 to 30 August 2015). Each unit will need to obtain local clinical governance approval. The closing date to register your unit to take part is 31 July 2015.

*Please contact Becki Munro for further details and to register.*



The 11th Palliative  
Care Congress  
Glasgow 2016

## Call for Papers - Now Open

The organising committee is currently preparing an exciting and innovative programme – visit the website for further information.

If you are not already on the PCC mailing list and would like to receive regular programme updates and announcements, please complete the on-line Expression of Interest form.

You can also follow the Palliative Care Congress on:



@PCCongress and tweet with: #PCC2016

[www.pccongress.org.uk](http://www.pccongress.org.uk)