



Association for Palliative Medicine

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

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The APM and Finance

The APM has undergone a comprehensive and rigorous review of its finances. The review looked at the past 5 years of accounts, a more detailed analysis of the last year's (2014) accounts and has forecasted into the current year (2015).

In 2010 the APM benefitted from a significant influx of money from the profits of an EAPC conference. However, this money has been offset by the considerable rise in the expenditure of the APM. The main cost increases have been subscription to the Palliative Medicine and BMJ S&PC journals. The cost of these journals has not been passed onto the membership and has been paid for out of existing income and the EAPC reserve money. The other additional cost increase has been payment for the Vice President. On the contrary, there has been no inflationary increase in membership until this year. The EAPC reserve money has been fully spent. The resultant outcome is that the cost base is now higher than the income and that the cash reserve is lower than the agreed level of 6 months' running costs.

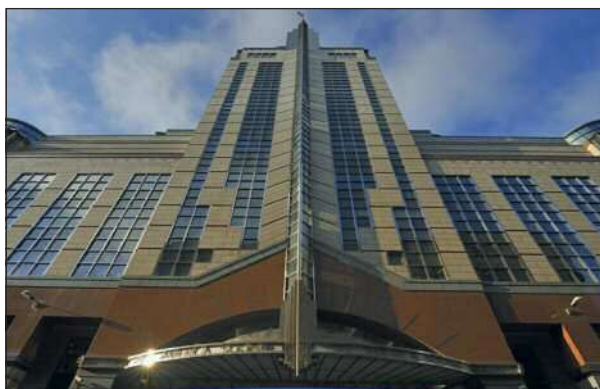
At the end of the 2014 year the APM made a loss of around £85,000. This leaves the cash balance at £101,000. Of this cash balance, £53,000 is in the restricted reserve. This money is restricted for specific uses and cannot be used for general running costs. Therefore we have £48,000 remaining for general operating costs. This covers less than three months running costs of the APM.

This year we need to make significant savings and significant changes if we are to get through this financial challenge. The estimated savings required this year are c£55,000. The executive committee has discussed this in detail and agreed a comprehensive financial plan. Some decisions have been taken already such as stopping payment for the vice president role and streamlining committee meetings to reduce expenses and reviewing the restricted reserve. The executive would like to consult the membership on other proposals such as reviewing which journals you feel are worth the cost and how much you would be willing for membership fees to increase in order to maintain subscription. Following the consultation exercise, the executive committee will present the agreed financial plan at the AGM to be held in London, April 22-23rd 2015.

There will be some difficult decisions to make in the next few months. We hope that the APM members understand the financial challenge and will support the executive committee in making the necessary changes. We are doing all that we can to reduce costs, improve income, build the cash reserve to an acceptable level and secure the future of the APM. There are still 90 members who have yet to pay their subscriptions for this year. It is essential we receive all membership fees. The members who have not paid will not be sent another reminder about this. Please pay as soon as possible.

Because of the big decisions we need to make it is important that as many of you as possible attend our AGM. We hope you will also join us for the Biennial conference where the AGM is held. This will not only give you access to some great debates, updates and CPD but will also help the APM finances by ensuring the conference does not make a loss we cannot afford. Please book now. For more detail, please visit the events page of the APM website.

Mike Stockton, Treasurer to the APM



Last Chance to Register for your Association Conference & AGM

Thursday 23 - Friday 24 April 2015

America Square Conference Centre, London

Visit the website for full Conference Programme and to Register.

www.apmonline.org

President's Report



Choice is the word of the month. Firstly because the Minister for Care and Support Norman Lamb published the independent review of choice at the end of life. He commissioned the review in July 2014 to look into how quality and experience for people approaching the end of life can be improved by expanding choice. I was a member of the Board appointed to report to the minister. This is an example of one of the ways in which the APM represents you. While, as with all these consensus documents, we did not get all we wanted in the review what did come through loud and clear is choice is not possible without good quality care underpinning it. And good quality care needs prioritisation and investment. The review calls for £130m in the next spending review. There will soon be choices to be made about who calls the shots in the next spending review so it is all the more important that we work hard to ensure prioritising and investing in palliative and end of life care remains high on the agenda of politicians of all parties. If you get a chance during the campaign to speak to candidates please use it to make the case. They are probably at their most receptive right now.

Politicians love to talk about offering choice - especially in health care. But as practitioners we all know that choices have to be constrained because of their impact on others. One of the choices many of us have to consider regularly in our working lives is the choice of people who do not need specialist care to stay in a hospice for the rest of their lives. It is often a difficult decision to make. Another that society is deciding on is whether to continue to deny people the choice to have someone else help them to end their own lives. We asked you and the vast majority of you said society should constrain that choice. Even more said that you personally would not help someone end their life. I am sure in no small part because of the impact it would have on others requiring your care. The results of our survey were reported in the debate in the House of Lords.

Continued in next column

Joint Conference for trainees in Clinical Oncology, Medical Oncology and Palliative Medicine

The first annual joint conference for trainees in Clinical Oncology, Medical Oncology and Palliative Medicine took place on Wednesday 15th October 2014 at Prospero House, London. This event was designed by trainees for trainees, with the aim of uniquely bringing together affiliated specialties to share in learning, collaboration and to promote peer support and networking. The conference aimed to include topics not covered in other forums or meetings relevant to the represented specialties and inspire trainees in their day-to-day practice. The event included seminars, workshops and a poster session. Overall the conference was attended by 144 trainees from Core Medical Training and higher specialty training programmes in Clinical Oncology, Medical Oncology and Palliative Medicine. Seminars included:

- Survivorship: Dr Adrian Tookman, Consultant in Palliative Medicine, Royal Free London NHS Foundation Trust and Medical Director Marie Curie Hospice Hampstead
- Human Voices: Dr Sam Guglani, Consultant Clinical Oncologist, Gloucestershire Hospitals NHS Foundation Trust and Curator of Medicine Unboxed
- Psychological survival of cancer treatment: Dr Sahil Suleman, Principal Clinical Psychologist, University College London Hospitals NHS Foundation Trust
- The Economics of cancer care - Surviving the sums: Dr Ajay Aggarwal, Specialist Registrar in Clinical Oncology and Research Fellow, King's Institute of Cancer Policy London

There were also 7 interactive workshops on offer, including "Effective referrals: What can the Pain service and Gastroenterology service do for you?", "Dealing with difficult colleagues" and "Essential Radiology in 50 minutes". The day ended with a thought provoking panel discussion entitled "Multiple lines of targeted treatment for metastatic cancer – Is it worth it?"

Feedback from trainees:

- A very interesting and thought provoking day
- Breadth of speakers, multidisciplinary approach was excellent
- This gave me real understanding of the wider issues in cancer care and went well beyond the clinical
- Today developed a real awareness of resource planning and provided great patient perspectives
- This showed the necessity of developing integrated and evidence based ways of meeting the diverse needs of patients as survivors
- Great to have an opportunity to network cross specialty and share good practice

Conference designed and organised by: Dr Katie Weatherstone (Palliative Medicine), Dr Sarah Payne (Medical Oncology), Dr Claire Baldry, Dr Christos Mikropoulos and Dr Hannah Bainbridge (Clinical Oncology) led by Dr Charlotte Ford (Educational Fellow School of Medicine).

President's Report

... continued

The voice of the APM is being heard at the highest level of government. We need to hear your voices to represent you accurately. Please join us at the AGM and conference where we will be debating the future of Palliative Medicine and the APM. It is your specialty, your association, your future.

David Brooks
President

FAMCARE II

...the validated bereaved relative survey for Specialist Palliative Care is run annually and this year data collection will start on the **1 August 2015**. This service evaluation is analysed by the APM and very simple to take part in, with the only expense to services being the cost of providing stamped addressed envelopes (£10 for 50). FAMCARE II can be used to support commissioning and consultant appraisal for revalidation. Units will be invited to register to take part in the Famcare audit in **May 2015**.

APM survey on Assisted Suicide

Physician Assisted Suicide has recently become much more than a theoretical exercise. Lord Falconer's Assisted Dying Bill is going through Parliament now. It might run out of time this Parliament but another one based on it may be introduced in the next Parliament. This matters to us as specialists in Palliative Care, and to our patients, hence the survey of APM members concentrating on the reality of this bill.

We wanted to see not just if you supported or opposed the idea of assisted suicide, but also how much you would be prepared to be involved with its implementation. There is also a growing move to separate this whole issue entirely from medicine. We need to know what your views are on these important questions if we are to represent you.

We had 387 responses from the 966 members we sent it to, a 39% response rate with a good spread across years in palliative care and across grades. Several points became clear.

First - the great majority of respondents, 82%, oppose changing the law to allow Assisted Suicide as proposed by this bill.

Second - almost exactly the same number, 82%, believe that Assisted Suicide should be managed entirely outside Medicine, maybe in the Family Court.

Third - even more of you, 89%, would not be prepared to participate fully in assisting suicide with just 4% being prepared to do so.

Fourth - you worried about the impact of this bill on Palliative Care and Hospices, with 68% of you thinking it would have an adverse or very adverse effect and only 5% considering the effect would be positive or very positive. You recognised the responsibility of doctors to provide practical information about patients applying for Assisted Suicide to a court with 71% being prepared to provide this. The free text sections showed that you had thought about this matter very carefully and had strong feelings even when you could not be sure exactly how you would behave if such legislation did pass. There were thoughtful and obviously compassionate views across the whole spectrum of opinion.

The survey showed some other important things. There was no evidence of a substantial minority whose views were being silenced for fear of speaking out against the majority. Looking in detail at the responses the views were broadly the same right across grades (registrars, consultants, speciality doctors) and years spent in Palliative Care. Although the numbers were small (5 out of 15, 33%) and so hard to assess, more doctors who were not licenced to practice by the GMC were in favour of the bill or would be prepared to participate fully in its implementation.

Those who had been in the speciality for 5 years or less were of about the same view (72 or 75%) as those who had been in 21 years or more (50 or 77%) that Assisted Suicide should be with the courts and entirely outside medicine. We have already made this clear and well informed view strongly on your behalf to Parliament and we must all continue to make the same point whenever we can.

We plan to publish the full results of the survey on the APM website.

Tim Harlow

Chair APM Ethics Committee

SSAS Committee Study Day - November 6th 2014

Integrating clinical and ethical aspects of decision making in palliative medicine: venue - The Hospitium York.

This year, following suggestions from delegates who attended last year's conference, we planned a day which examined how an ethical framework guides us all during our day to day practice in palliative medicine. Our venue in central York was convenient, provided excellent technical/IT support, in addition to wonderful catering. Morning sessions included clinical management of patients with haematological malignancies, liver disease and MND. The speakers also considered ways in which we can facilitate informed decision-making by these patient groups as their diseases progress. The enthusiastic discussions that took place during question times were a testament to how well our morning speakers had engaged our delegates.

In the afternoon group work considered ethical issues associated with three commonly encountered situations in "theoretical patients", namely resuscitation, withdrawal of NIV and decision making in an urgent situation. The format allowed delegates to discuss the practical issues and commit to management decisions. The session was fast paced, highly relevant and extremely well received by an enthusiastic audience.

There were over seventy delegates from across the UK and feedback was very positive. The Committee is grateful not only to our excellent speakers but also for the sponsorship provided by the three drug companies which helped to ensure the success of the day.

Alison Talbot

Associate Specialist Sue Ryder Duchess of Kent House Reading



New Committee Chair

Jason Boland - *Chair of the APM science committee and member of the APM executive committee.*

Jason is a Senior Clinical Lecturer and Honorary Consultant in Palliative Medicine at Hull York Medical School, where he is the academic lead for palliative medicine and lead for cancer education. His research interests include how opioids impact on immunity, cognition and survival. He provides the consultant clinical service

across NE Lincolnshire. He has been a member of the science committee for 4 years, and has now taken the challenge of being the Chair. He looks forward to continuing the progress of the committee and to help develop a greater scientific profile for the specialty. In his spare time he enjoys seeing the world and he has explored over 100 countries.

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Future APM Events

APM Juniors Conference 2015

Saturday 28 March 2015

Cicely Saunders Institute, London

APM 3rd Biennial Conference and AGM

Evolution vs Revolution

Thursday 23 and Friday 24 April 2015

America Square Conference Centre, London

Fifteen Ninety Nine

APM Study Day – Organised by the Trainees' Committee

30 September 2015

Royal College of Physicians and Surgeons, Glasgow

Heads Up – palliative care issues affected by changes in cognition and an update on oncology treatments

APM Study Day – Organised by the SSAS Committee

5 November 2015

BMA House, London

Visit the Events section on the APM website: www.apmonline.org

for further information and to register for these events



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Care Congress
Glasgow 2016

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Bursary applications for the 11th Palliative Care Congress
will be considered alongside submitted abstracts

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The main Call for Papers will open on 22 May 2015

The organising committee is currently preparing an exciting
and innovative programme and full details will be available soon.

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please complete the on-line Expression of Interest form.

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