



Blog of the Month

May 2018

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I spent 3 short weeks on elective at Hayward House Hospice, Nottingham, and here is a snapshot of what I learnt there:

Lesson no.1 – The hospice tree

To be completely honest, a few months ago I didn't understand what a hospice was.

There is a ward for inpatients, yes, and people do go there to die – but that's just one branch. As a whole, the tree looks after patients and families of patients with incurable diseases, and looks after them in every way it can.

There is day care – a lively social club of sorts with a clinic running alongside it, full of volunteers, newspapers and food. There's a complementary therapy block – similar to a spa with its pine wood walls and aromatherapy oils. The ward is where patients go either for a few days to get their symptoms under control, or for end of life care. There are hospital and community teams for helping out and advising on the care of patients elsewhere. And finally there is a host of teaching and research activities which the team is enthusiastically involved with, from co-writing the Palliative Care Formulary to teaching expert communication skills.

Lesson no.2 – Hospices are rule breakers

It's in the little things they do. Real flowers are allowed on the ward, and more than 2 visitors can come, and they could stay all night if they needed. Dogs come to visit, and patients can have a sneaky bit of chocolate or a drink here and there.

The ward is more like a home which happens to have doctors and nurses in it, rather than a hospital ward with rules. They focus on the individual and what would make them feel happier.

Lesson no. 3 – hospices tell the truth

“Just tell me Doctor, how long have I got left?”

For the first time I saw patients being given a straight answer, the doctor's best guess. This was invariably followed by a sincere discussion about what they wanted to do in this time, what they needed doing for them, and gratitude.

I was able to learn communication skills from people who have sad and difficult discussions every day, and learnt to properly explore the patient's anxieties first, and how to involve fully everyone in the room. It was invaluable to learn in this way.



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Lesson no.4 – hospices aren't depressing

That's not to say bad things don't happen there, because clearly they do. But the focus is always today – how are you feeling today? How can we help you today? – as well as making the experience of disease and end of life as positive as possible. As physicians, the doctors are experts at uncovering the source of patient's pain and prescribing the most targeted pain relief.

In working at the hospice I learnt to deal with my own emotions and reactions to patients' deaths, and found that talking it out with the team was helpful for everyone.

Will it make me a better doctor?

I am certain that this is true. In addition to the above, I learnt about symptom control at the end of life, including use of strong opioids and syringe drivers. I got to grips with some of the issues surrounding end of life such as symptoms of advanced disease, knowing when to start certain treatments and when to stop others. Also I am more confident in treating patients with incurable diseases and knowing how a referral to palliative care services may help them.

Practicalities of the elective

My elective was very easy to arrange by email. It would be good to check how many students are going to be there at the same time – more than 2 would be a little crowded.

I was warmly welcomed and felt part of the team from day one. Each day started with a ward meeting so I learnt people's names quickly and I found out what was happening that day. The main activities included ward rounds, clerking new admissions, hospital team visits, and day care clinics. It was easy to get involved and I was able to actively help with care, not just stand and watch.

My top tip would be to ask everyone lots of questions about what they do, and to hear lots of interesting stories in return!