



# Blog of the Month

When I first thought about pursuing a career in palliative care, I got a mixed reaction from colleagues and family/friends. Some were thrilled; mostly if they had personal experience of palliative care services. Others went gravely quiet, some muttered ‘Why would you want to do *that*?’ ‘Rather you than me.’ ‘That must be so sad. Are you sure?’

I am now 6 months into training as a palliative care registrar, and I can confidently say: Yes, I’m sure. There are times it is tough - exhausting, both physically and emotionally. But, for me, the rewards far outweigh the challenges. Everyone’s reasons will be different, but here is my top five as to why I think palliative care is the best medical specialty out there (not that I’m biased!)

## 1. It is so important.

Dying is an inevitable part of life, whether we like it or not. Much of modern medicine focuses on prolonging life (and this is wonderful) but we cannot stave off death forever and dying is part of living. Palliative care teams may be involved for days, weeks, months, years managing life-limiting conditions. Improving quality of life during this phase of our existence allows us, as Dame Cicely Saunders (founder of the hospice movement) says, ‘to live whilst we die.’

When death is approaching, much of life’s trivial concerns take a backseat, and that which is *really* important shifts, with renewed clarity, into focus. The world’s distractions slink away and often this gives life new perspective and meaning. I am constantly astounded, inspired by my patients and their loved ones: their kindness, their courage, their honesty. Individuals with difficult symptoms dying too young saying they are ‘lucky’ for the life they have lived. Others animatedly telling *me* to go and enjoy every minute of my own life. Family members making huge sacrifices to be with their loved ones. Patients hearing devastating news but determined to focus on enjoying the *now*.

This time in a person’s life is so important to them and those they care about – an opportunity to *finish well*.

## 2. Rewarding

Bringing some help, some hope, some care at arguably the most vulnerable time of someone’s life is undoubtedly a privilege. We work on a person’s goals and priorities during this crucial time. Often it is simple acts we take for granted that bring the most unrivalled joy. Feeling the fresh air, celebrating an important birthday, or wedding, sitting in their favourite chair, making it home and looking out into the garden. Things we have done countless times without thinking for one moment how fortunate we are to experience them. Recently, the hospice I work at sourced a snow machine to grant a dying patient’s wish to see snow one last time. Her bed was wheeled out into the Winter breeze and she waved her arms in absolute contentment as ‘snow’ settled around her. I think it brought as much joy to the staff as it did to her.



# Blog of the Month

Being part of the team in supporting someone achieving their preferred place of care, alleviating pain or breathlessness or emotional distress is so rewarding.

## 3. Challenge

Palliative care is an everchanging field. Increasingly, we are getting involved earlier in a person's illness. We live, alongside our patients, with uncertainty. Sometimes uncertainty around prognosis; disease and symptom progression. The fine art of using pharmacological and non-pharmacological methods, titrated to effect versus harm is interesting, stimulating. Research suggests new strategies and interventions that we can explore to combat a wide range of conditions and pathology.

The regular application of ethics to our management is a constant reminder of *why we do what we do*. Starting or stopping a medication is not 'because the protocol says so.' It is a patient-doctor discussion balancing benefits and harms, whilst promoting autonomy.

Discussions are often exceedingly difficult. Decisions are not always clear. There are many shades of grey. And we will not and cannot always get it right. But we do what we can.

## 4. Holistic, team approach

Tailoring your care to the individual with a wider team with a focus on physical, psychological, social, spiritual aspects. People die of a huge number of illnesses – medical and surgical, and as such there are often cross-specialty discussions to determine appropriate management. Thinking about the whole person and working out what makes them who they are is a real joy. A recent highlight was browsing through photos of my patient's days as lead singer in a band and dancing with great enthusiasm around the hospice bed to his album.

This approach achieves better results together. And it is educational – learning about the roles of physiotherapists, occupational therapists, social workers, complementary therapists, chaplains, psychologists and more.

## 5. There is so much more we can do!

As a relatively new specialty and in a changing world, there is so much more we can do. There is huge potential for research, education... changing societal view and fear on death and dying, break the cultural taboo. We can be part of the movement to 'talk about the D word', normalise palliative care, make life and death *better*.

Joining the ranks of this specialty is an honour and one I am incredibly grateful for.

*Jen Hancox (@JenHancox1) has just started working as a Palliative Care Registrar at a hospice in the West Midlands. Since passing on the baton last month, she acted as the APM Juniors*



# Blog of the Month

*Communications Co-ordinator and is passionate about raising the profile of palliative care and supporting junior doctor wellbeing.*

## **Event of the month:**

Internal Medical Training (IMT): Palliative care initiatives to support CiP 8 competency achievement

The postgraduate special interest forum and the Education Committee of the APM are delighted to launch with this webinar. The curriculum for IMT includes clinical competency CiP8, (capabilities in practice), that focuses on managing end of life and applying palliative care skills. This webinar will:

- Tell you about two approaches to supporting CiP8 competency
- Offer an opportunity to discuss CiP8 teaching with palliative care doctors
- Inform your local teaching practice

Date: Friday 18 June 2021

Time: 13:00 – 14:00

Venue: Microsoft Teams