



Association for
Palliative Medicine
Of Great Britain and Ireland

February
2024

APM Juniors Newsletter

A WORD FROM DR ALICE ROGERS

APMJ Research Coordinator

Welcome to the February edition of the APMJ newsletter. As the Palliative Care Congress approaches in March, we look forward to another opportunity to hear new research and catch up with colleagues (albeit this time it will be virtual, so we hope to see you in some breakout rooms!). The theme of this year's PCC is 'World Wide Working', and we can't wait to hear perspectives from across the globe.

As a committee, we are focussed on highlighting important research articles that we think are interesting. Do check out our twitter page, where we publish an article each week. Most recently we have featured a recent systematic review on palliative care for patients with Parkinson's disease, uncertainty in cancer patients and conversations of goals of care in the COVID pandemic. Do take a look!

This month the APMJ are hosting a research-focussed webinar on 27th February: "Palliative Care Research: Why it matters, and why you should do it." We will be joined by two prominent members of the palliative care community, Professor Fliss Murtagh and Dr Donna Wakefield, to discuss how junior doctors can establish their own research careers, navigate obstacles and progress from an idea to implementing change. There are still spaces available, so do sign up on the link on the advert in this newsletter.



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Webinar

PALLIATIVE CARE RESEARCH: WHY IT MATTERS, AND WHY YOU SHOULD DO IT

TUESDAY 27 FEBRUARY 2024 | 18:00 - 19:30

www.apmededucationhub.org



Scan to Book

Webinar Series

COMMUNICATION IN PALLIATIVE CARE WEBINAR SERIES

This series will be in 3 parts and you can book for
1, 2 or all 3 sessions.
This event is **FREE** to attend.

WEDNESDAY 17 APRIL 2024
WEDNESDAY 1 MAY 2024
WEDNESDAY 15 MAY 2024 | 19:00 - 20:30

www.apmededucationhub.org



APMJ CAREERS WEBINAR

21 May 2024 | 18:30 - 20:30

www.apmededucationhub.org

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ARTICLE OF THE MONTH

A REFLECTION ON END OF LIFE CARE

By Rachel Spence

I am currently studying medicine at the University of Glasgow. I am in my 4th year following an intercalated degree of clinical medicine in Peri-Operative and Critical Care. My academic interests lie in clinical research, particularly in understanding patient experiences, cancer treatment, and surgery. I am passionate about actively participating in clinical practice, seizing every opportunity to engage in medical and surgical care. While aspiring for a career in a surgical speciality, I am also dedicated to exploring various medical specialties that I have yet to encounter during my medical school journey.

This reflection centres around an 85-year-old male patient that was admitted to a cardiology ward with heart failure. He deteriorated rapidly overnight developing delirium and undergoing periods of apnoea. The following morning the cardiology team decided to consult the palliative care specialist advice service.

Personal Reflection

When first meeting this patient, he seemed frail but was definitely alert and doing well. When I came back to the ward the next day, his state had deteriorated rapidly. His Glasgow Coma Scale (GCS) score had dropped from 15 to 5 and he seemed very agitated. He was barely responding to stimulation and only making incomprehensible sounds every so often.



"He hence was referred to the palliative team. They suggested giving the patient an opioid and benzodiazepine to calm his distress. PRN anticipatory medications were also prescribed for overnight use. The palliative specialist nurse encouraged the use of these medications to ensure that patient was comfortable.

By the following morning, his family had been notified to visit him urgently as the cardiology and palliative team felt that he was at the end of his life.

This was the first time I had ever encountered a patient nearing the end of their life, let alone witnessed their deterioration and was involved in their care. It is not something that had been covered in any textbook or lecture and hence, something I felt unprepared for.

I learned that at this point in someone's health journey, there is a change in the attitude of the healthcare team. The aim of this patient's treatment is not curative or modifying, but palliative - an attitude I had never experienced when approaching a patient.

Reflecting on it now, I realise the importance of this mindset. Recognising when a patient is deteriorating is important and being able to make the decision to stop curative interventions is important as well. It was challenging to accept that this patient was going to die soon but when I did, I could focus on what measures could be taken to improve the quality of the patients remaining time.



In hindsight, I wonder if the patient's state was recognised earlier, would his agitation and distress have been prevented almost completely. Not only would this have been a preferable option for the patient, but it would have saved the healthcare staff from the stress of perceiving the distress and deterioration as it happened. Although I recognise that this is often easier said than done.

However, having experienced that, this encounter will stay with me throughout the rest of my career. I hope that when I have to make this difficult decision in the future as a newly qualified doctor, I will remember this patient, and what he and the multi-disciplinary team taught me. It is important to recognise when someone is nearing the end of their life. It is also important to facilitate a comfortable state and prioritise their quality of life.

Evidence-Based Reflection

When making decisions about the patients' end of life care, the palliative specialist was referring to the Scottish Palliative Care Guidelines. These were used to guide treatment and management of symptoms for this patient. The recommended pain relief drugs from these guidelines were administered. The prescription of multiple PRN drugs was suggested, the use of which was encouraged.

I was surprised that this was the first time the patient had received significant pain relief even though he had been distressed and agitated for some time. However, I now understand that the staff were concerned by the side effects of these and so were trying to keep the levels of opioids in the patient's system to a minimum. There was a clear reluctance to accept that end of life planning was needed. Perhaps it is due to the perception that our treatment has failed when in fact, there is so much to gain when patient is able to die as comfortable as possible. At this point I was able to properly comprehend the importance of palliative care specialists and the palliative care guidelines.



The guidelines suggest that when a patient is nearing the end of life, their care plan should be specifically catered to provide them a comfortable death with dignity (1). Demonstrated in this case when the patient was prescribed multiple PRN medications. It was explicitly explained to the staff that these medications were to make the patient feel as comfortable as possible and not to be afraid of using them.

It was interesting to see these guidelines put into practice because the teaching medical students receive on palliative care is limited - so far this was all the experience I had gained. I found the entire mindset change very thought-provoking and since this encounter, I have spent some time reading these guidelines and other papers. This is now a speciality that has given me a new outlook on patient care and may be a career I consider in the future.

To continue developing my understanding of this topic I am going to approach patients with a very open mind and take their holistic care into consideration. I want to ensure that I won't shy away from a position that has to deal with end-of-life care, and that I will be confident and comfortable when calling it such.

References

1. Scottish Palliative Care Guidelines: Care in the Last Days of Life. Available from: <https://www.palliativecareguidelines.scot.nhs.uk/media/71392/40-2020-last-days-of-life.pdf> [Accessed 12th May 2022]



UPCOMING EVENTS

27th February 2024

Palliative Care Research: Why it matters, and why you should do it

<https://apmeducationhub.org/events/palliative-care-research-why-it-matters-and-why-you-should-do-it/>

17th April 2024

Communication in Palliative Care Webinar Series - Session 1 - Introducing Dying

<https://apmeducationhub.org/events/communication-session-1/>

21st & 22nd March 2024

Palliative Care Congress

<https://pccongress.org.uk/>

1st May 2024

Communication in Palliative Care Webinar Series - Session 2 - Skills Workshop in Advance Care Planning Communication

<https://apmeducationhub.org/events/communication-session-2/>

15th May 2024

Communication in Palliative Care Webinar Series - Session 3 - Specific Palliative Care Scenarios

<https://apmeducationhub.org/events/communication-session-3/>

21st May 2024

APMJ Careers Webinar

<https://apmeducationhub.org/events/apmj-careers-webinar/>



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USEFUL RESOURCES

APM/ PCRS Research directory

<https://apmeducationhub.org/wp-content/uploads/2023/06/Palliative-Care-Network-April-2023.pdf>

Palliative Medicine Curriculum

<https://www.jrcptb.org.uk/sites/default/files/Palliative%20Medicine%202022%20curriculum%20FINAL.pdf>

e-ELCA

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_29&programmId=29

PREVIOUS WEBINARS TO WATCH

Palliative Care in Dementia and Frailty

Web link <https://apmeducationhub.org/resources-juniors/>

Password [Np6HegZrI74h5V4J](#)

Vimeo Link <https://vimeo.com/722454114>



OTHER OPPORTUNITIES

APM Juniors Survey

We want to better understand what you want from an APM Juniors membership and would appreciate your feedback via this survey. It should take no longer than 10 minutes.

<https://docs.google.com/forms/d/e/1FAIpQLSdne2yTuwoZsrMljpn3u1C39qkRgEzLz5orrbiWi2UH1HfWmw/viewform?pli=1>

A proposal for an NIHR incubator in palliative care

Dear Colleague

An invitation to share your views

We are planning to make an application in late spring for funding for a palliative care incubator. This would provide a network of very early and mid-career researchers from the range of disciplines and professional groups involved in palliative care. If successful we think that this might be of interest to you. We would really value hearing your thoughts on what you would ideally want from an incubator to support you in your research development.

Thank you for your time and input. Please do share this survey with colleagues.

Professor Christina Faull, NIHR clinical lead for Palliative care

Professor Candy Cooley, Head of Education and Research at Dorothy House Hospice

https://forms.office.com/Pages/ResponsePage.aspx?id=KyRkwL02EU-iYYFV2SmN_uQHIN4zeiNChOjjqzhYeo9UQzREVzQ4NEJIN1BVNzdJUUZVSzFQRk5NUi4u