



A Day in the Life of a Palliative Medicine SHO

My day usually starts at 9am with a multidisciplinary handover – encompassing physiotherapists, chaplaincy, nursing and occupational therapists. In this we briefly discuss issues which have cropped up overnight, and updates on discharge planning. Following this – dependent on the day I either attend the Consultant-led ward round this involves – presenting cases to the consultant and discussing management plans, or seeing patients myself, we split the ward in 2 usually – so I care for about 8-10 patients, I enjoy doing these reviews as it gives me the opportunity to act autonomously and form a relationship with my patients – allowing access for more difficult and challenging discussions.

My afternoons are frequently spent chasing jobs from the morning, making phone calls to GP's to discuss discharge plans/gain further information, family discussions and updates – these can often take some time and be quite emotionally tiring – due to the nature of discussions, however they can also be extremely rewarding, bringing families together and paving ways for a “good death.”

We frequently can get community admissions from a GP or McMillan Nurse – for patients who require admission for symptomatic control or end of life care. These cases can be quite complex and can involve detective work- finding out nature of disease, prognosis and treatment plans, thorough clerking and consideration of investigations before deciding on the most appropriate management plan – liaising carefully with the patient and their families. My day ends at 5pm following a mini-handover with nursing staff of the changes made to plans and any updates made throughout the day.

Palliative care is an extremely rewarding job – offering the opportunity to deal with both chronic and acute conditions – allowing for that “buzz” of adrenaline in the acute situations such as a terminal bleed or seizure. Whilst allowing you to build relationships with patients and have the aspect of continuity of care. Given the nature of Palliative Care – there is so much variety in presentations, symptom management and types of families encountered – no two days or patients are alike!