Association for Palliative Medicine
Of Great Britain and Ireland

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Hello all,

Welcome to the January edition of our trainee newsletter.

We hope you've all had some time to recharge over the festive period and have had some time to reflect on the year that has gone and the one ahead.
In that reflective mood, this newsletter focusses on one trainee's experience of the Public Health Palliative Medicine Course and how this tied into her pre-existing concerns about the medicalisation of death and dying in this country. I would urge you to take time to read this really personal account and to look into some of the further reading she has suggested.

As we enter this new year, a number of our committee members are reaching the end of their training and have vacated their positions. We would like to take this opportunity to draw your attention to these vacant positions and encourage you to apply to get involved with the APM trainees committee. We're a very friendly bunch and it's a great opportunity to get involved with the APM at both a trainee and national level.
The links to apply are at the very end of this newsletter.

Featured journal articles this month focus on conversations around 'hope' in advanced cancer and end of life care for homeless and vulnerably housed people which is especially relevant in the context of public health and Palliative Medicine.

Finally, we'd like to draw your attention to a free virtual teaching day for Oncology and Palliative Medicine trainees run by London/KSS, the details of which are provided below.

Best wishes,

Erin and Sarah
APM Trainee Committee Co-Chairs

Trainees' Committee Update

APMT Facebook Group and Twitter

If you are a new palliative medicine trainee or not yet in our Facebook group, please join to share educational events, discuss topics and for latest APMT news.
Follow us on Twitter **@APM_trainees**

OOP Trainees Facebook Group

The Facebook group that was formerly set up to help support APM shielding trainees has evolved into a support group for trainees going OOP (parental leave, OOPE/T, sick leave) – https://www.facebook.com/groups/apmto
If you would like to join, please request to join via Facebook and drop us a message with your name and region.

Website update – Wellbeing Resource List

Our website has been updated throughout this year. You'll find links to the curriculum including the Covid-amended curriculum.
The most recent addition is our Wellbeing Resource List compiled by our SAC team. Find it here – https://apmonline.org/trainees-committee/

Upcoming Events

Oncology for Palliative medicine

London/KSS palliative medicine and oncology trainees are hosting their 2nd virtual "Oncology for Palliative Medicine" study day for palliative medicine trainees and SAS doctors
Tuesday 30th January 2024 (full day, MS teams, free to attend).
All Palliative Medicine trainees and SAS doctors across the U.K are welcome to attend.
Sign up at: www.tinyurl.com/ONCPALL "

Palliative Care Congress

World Wide Working
Your invitation to an innovative, international MDT
Date: 21st – 22nd March 2024
Venue: Virtual

https://pccongress.org.uk

European Association for Palliative Care World Research Congress

The 13th World Research Congress of the EAPC, giving opportunities for in-depth discussions on innovations in palliative care and palliative care research.
Date: 16th-18th May 2024
Venue: Barcelona, Spain

https://eapccongress.eu/2024/

Post of the Month: Integrating Public Health Palliative care into Specialist training

In 2022 I participated in the first Public Health Palliative Care training course developed by Compassionate Communities UK and was challenged to consider the social natures of health and dying. This course really resonated with me, giving words and concepts to the thoughts I had been having about the over medicalisation of death and the sense of failure that can be felt by patients, families and healthcare professionals when medications are unable to control symptoms.

Death, dying, loss and caregiving will affect everyone in society, but we know that for many people they are not comfortable topics of conversation, and death remains a sad and frightening mystery for many. As discussed in the recently published Lancet report 'The value of death; bringing death back to life' (which I would really recommend reading) the development of modern medicine over the last century has resulted in a progressive shift from death, dying, loss and caregiving being predominantly in the community domain, to a culture where we these events are increasingly medicalised and managed by professionals, resulting in disempowerment of communities and an unfamiliarity with how to care for each other at these times.

I have been fortunate enough to live in a society that has paid me for two periods of maternity leave during specialist training. It has struck me that the ways we are supported to care for people at the beginning of life does not match the supports available for those who want to care for someone at the end of their life. Many experience financial hardship as they try to balance work and care-giving roles.

This unfamiliarity with death, dying, loss and caregiving, coupled with the financial and logistical challenges faced by people at these times, mean that some aspects of care are out-sourced to professional carers. As we know, these services are already struggling to cope with demands. This problem is only going to get worse as increasing numbers of elderly people are dying with diminishing family and community support. Significant numbers live with extreme loneliness and no one to call upon for help except professionals. The increasing numbers of those aging with comorbidities are very likely to overwhelm the professional capacity for direct service provision.

The key message in public health palliative care is that death, dying, loss and caregiving occur in communities, therefore I have used some of my study leave to find out what already exists in the communities that I work in. I have met with staff and volunteers in organisations supporting those experiencing homelessness, and drug and alcohol addictions. I heard about the frequency with which they see death, which is often traumatic, and the effect that this has. I found that there is a local 'death positive library', several end-of-life Doula's and a few community grief cafes, which the local palliative care team did not know existed. As a result of all of these meetings, which are a very basic type of asset mapping, I have started to see how linking these individual groups and associations together could be a way to start to increase societies' capacity to support all those affected by death, dying, loss and caregiving in the many forms that these events take place.

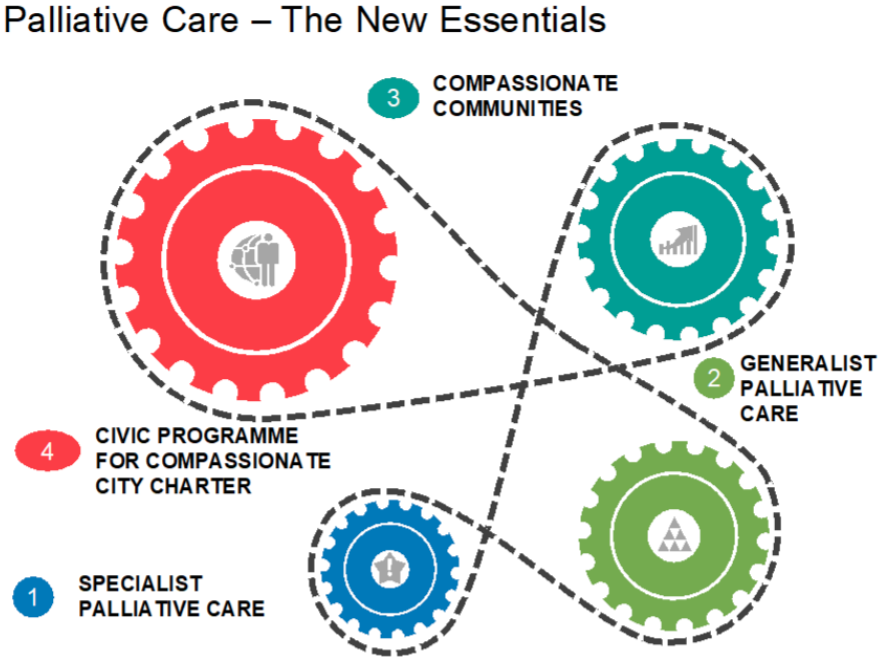
There are numerous national and international initiatives adopting a public health palliative care model and supporting the development of compassionate communities. Compassionate communities are defined as 'communities that develop social

networks, social spaces, social policies and social conduct that support people through the many hours, days, weeks, months and sometimes years of living with a life-threating or life-limiting illness, aging, grief and bereavement and long-term care-giving' *(Wegleitner et al., 2016)*. The ways that communities achieve these are as diverse as the communities themselves.

Two examples in the UK are Compassionate Sheffield and Compassionate Inverclyde, some of the initiatives they have developed are community run death and grief cafes, volunteer run services that sit with dying people in hospital and another that provides 'welcome home' boxes with essential items e.g. milk and bread, for people being discharged who live alone. These boxes contain a 'welcome home' card made by children from local primary schools which is a way of involving schools and opening up channels of communication. In Sheffield they have worked with communities to make culturally appropriate videos about advance care planning.

In many ways I have found that the course in Public Health Palliative Care has been a bit like opening Pandora's box. I have a better understanding of the current and upcoming challenges but am still trying to process how to translate this into my role as a Palliative Medicine doctor. I sometimes struggle to see how as citizens and professionals we will adapt to support all of those affected by death, dying, loss and caregiving.

The four cogs model of Public Health Palliative Care shows how this could be achievable, with specialist palliative care teams supporting generalists to deliver high quality palliative care whilst also seeing institutions and organisations in the civic sector and communities as equal partners.



(Abel, J., Kellehear, A & Karapliahgou, A. 2018 Palliative care – the new essentials, Annals of palliative medicine, 7, S3-S14.)

There is currently a lot of interest around the concept of compassionate communities, although this is perhaps not surprising as recent research suggests that such initiatives can decrease unplanned hospital admissions. I have been able to attend local meetings to talk about public health palliative care and there are ongoing discussions locally between NHS trusts, the ICB, ICS and Local Authority about how to work with communities and the civic sector to strengthen social supports for death, dying, loss and caregiving.

As healthcare professionals we have a privileged role in society that enables us to initiate conversations with civic institutions and organisations. The backing of a

healthcare professional can also give legitimacy to ground up initiatives, helping them be heard by those in positions of power.

Compassionate communities provide a way of delivering the community engagement and strengthening community resilience that form part of most NHS forward plans. There is a risk that the principles of compassionate communities' could be mis-interpreted, with healthcare organisations designing and implementing changes on communities that are unwelcome and won't be sustained, however well intentioned. I think prior to any community development initiative, teams need to review the principles of Asset Based Community Development, where communities are empowered to create their own vision, building on the interests and skills that already exist in communities'. I think partnership with community bridgebuilders and further training in community development are essential for any palliative care team wanting to start to work in this way.

The opportunities that have come from vocalising an interest in this area have been far more than time allows me to pursue, but have been incredibly helpful in achieving curriculum outcomes relating to research, public health, service development, leadership and management. These experiences have also helped broaden the scope of my understanding and enable me to start thinking in a different way. For example, does someone always need the assistance of a professional service to meet a need, or is there someone in their community who would be willing to do this, e.g. in the simplest form, could a neighbour collect medications or walk a dog? If you extrapolate this out to the volunteers in Inverclyde, who willingly use their time to sit with people in their community who are dying, you can see how great the potential of social capital is.

There are loads of ways to find out more about public health palliative care and compassionate communities, the more you look the more you will find! Some of the resources I have found really helpful are;

- https://www.phpci.org/
- Lancet report – Bringing death back to life
- Compassionate Sheffield https://www.compassionate-sheffield.co.uk/
- Compassionate Cymru https://compassionate.cymru/
- Compassionate Inverclyde https://ardgowanhospice.org.uk/how-we-can-help/compassionate-inverclyde/
- Specialist registrar training in Public Health Palliative Care https://compassionate-communitiesuk.com/specialist-registrar-training-2/
- Public Health Palliative Care textbook; Julian Abel and Allan Kellehear
- Survival of the kindest podcast
- Compassionate communities conference 2024

Lizzie Woods
ST6 Palliative Medicine
North East England

Journal Articles: In Focus

The following recent publications might be interesting/ of relevance to trainees. See links and summaries below:

1.Loučka M, Althouse AD, Arnold RM, et al. Hope and illness expectations: A cross-sectional study in patients with advanced cancer. *Palliative Medicine*. 2023;0(0). doi:10.1177/02692163231214422

https://journals.sagepub.com/doi/10.1177/02692163231214422

Brief summary: The fear of taking away hope hinders clinicians' willingness to share serious news with patients with advanced disease. Unrealistic illness expectations, on the other hand, can complicate decision making and end-of-life care outcomes. The aim of this study was to explore whether realistic illness expectations are associated with reduced hope in people with advanced cancer. The results of this study suggest that hope can be sustained while holding both realistic and unrealistic illness expectations. Communication about serious news should focus on clarifying the expectations as well as supporting people's hopes

2.James R, Flemming K, Hodson M*, et al.* Palliative care for homeless and vulnerably housed people: scoping review and thematic synthesis. *BMJ Supportive & Palliative Care* 2023;**13:**401-413.

https://spcare.bmj.com/content/13/4/401

Brief summary: People who are homeless or vulnerably housed are subject to disproportionately high risks of physical and mental illness and are further disadvantaged by difficulties in access to services. The reviews objective was to understand the provision of palliative care for people who are homeless or vulnerably housed from the perspective of, and for the benefit of, all those who should be involved in its provision. Discussion highlighted gaps in the evidence base, especially around people experiencing different types of homelessness. Existing evidence advocates for service providers to offer needs-based and non-judgemental care, for organisations to use existing assets in co-producing services, and for researchers to address gaps in the evidence base, and to work with providers in transforming existing knowledge into evaluable action.

3.Keohane S, Potts J, Taubert M. BMJ Supportive & Palliative Care Epub ahead of print: [January 2024]. doi:10.1136/ spcare-2023-004743. Sunglasses for painful read eye.

https://spcare.bmj.com/content/early/2024/01/04/spcare-2023-004743

Brief summary: Case of a 62-year-old man who developed an acutely painful red eye with severe photophobia while in an oncology ward after spinal radiotherapy. In a joint effort between palliative care, oncology and ophthalmology clinicians, he was diagnosed with herpes simplex viral keratitis. This was treated with topical and systemic antiviral medication, as well as corticosteroids. Alongside analgesics, he also benefited from a pair of sunglasses for severe, painful photophobia.

As an APM member you have free access to the following journals:

· Palliative Medicine Journal

· BMJ Journals including BMJ Palliative and Supportive Care

Plus membership benefits of the European Association of Palliative Care (EAPC) if you register on their website as an Associate Member via the APM, including Journal access.

Knowledge Hub

BMA England Junior Doctors Strikes
We wanted to remind trainees in hospices that they can strike if employed by an NHS trust on the day of the strike. The BMA has got really helpful guidance on their website, with a specific section for palliative trainees:
www.bma.org.uk/our-campaigns/junior-doctor-campaigns

Pay Protection for trainees on 2002 contract
Pay protection was due to come to an end in March 2023, however it has now been extended to
August 2025. It is expected this will make sure all trainees pay protection will then last until they CCT.
If you think you won't CCT by August 2025, and you are currently pay protected under the old contract, please get in touch with our BMA Rep, Dr Sarah Foot:
foot.sarah@gmail.com

SCE Revision Flashcards – http://www.pallmedpro.co.uk/flashcards
The APM offers a full discount on purchases of the Pallmedpro SCE revision flashcards. Full details including how to claim reimbursement can be found on the APM website. (https://apmonline.org/trainees-committeee/).

Instructions for Accessing PCF CSCI Compatibility Database (via APM membership) as of February 2023
Compatibility charts have now moved to the PCF subscription which is available via APM membership.
There are several options available for use:

- The **PCF** (both hard copy and online versions) contains some basic compatibility charts https://www.medicinescomplete.com/
- **Palliative Care Adult Network Guidelines Plus** is the suggested reference in the PCF –http://book.pallcare.info/ This does not require a login or password.
- The **PallCare Matters mobile app** – which is available for use on a desktop or phone —
  does require registration but is free and easy to use. This interactive resource explains the
  CSCI compatibilities in more detail and allows for submission of reports – http://m.pallcare.info
- A **compatibility book** on the ward, if available. However, this is only as current as the day of publication.

Please see the attached document below for a step-by-step guide –

PCF CSCI Compatability Database Guide - Feb 2023.docx

Journal Access

The following journals can be accessed by members via the APM website:

- Palliative Medicine Journal
- BMJ Supportive & Palliative Care Journal
- EAPC Journal (at a reduced subscription rate)

Publications may also be available through the BMA website, for those with membership.
A list of these can be found at: https://www.bma.org.uk/library/e-resources/e-journals

Palliative Care Formulary Online

As of 2020, full APM members (including reduced subscription) have access to the PCF Online through MedicinesComplete.
Access is via the APM website – https://apmonline.org/
Log in and click PCF via the Learning and Information tab.

COVID-19 Guidance

The APM has issued guidance regarding COVID-19 and Palliative, End of Life and Bereavement Care.
The latest guidance can be found on the website at the bottom of the homepage https://apmonline.org/

Contact the Committee

We're here to support trainees and our development.
Contact us:

- Via your regional APM Trainees' Rep
- On Twitter @apm_trainees
- On our Facebook page 'APM Trainees'
- Email us directly via apmtraineescommittee@gmail.com

The APM is the world's largest representative body for doctors practicing or interested in palliative medicine. If you are not already a member join today! https://apmonline.org/join-pages/join/

Please remember to upgrade your membership to 'full membership' on commencement of your first consultant post. This can be done by emailing the APM at office@compleat-online.co.uk

This newsletter is for trainees by trainees. We want to hear from you, allow trainees to connect nationally and have a platform to feature your contributions in the upcoming newsletters.
Please contact us at apmtraineescommittee@gmail.com to contribute with a feature article, a journal summary or trainee reflection.

If you are interested in applying for any of the vacant committee roles, please visit https://apmonline.org/vancancies or contact us if you'd like any further information.