Association for Palliative Medicine
Of Great Britain and Ireland

September 2023

APM Juniors Newsletter

HELLO AND WELCOME

We are on our third APMJ newsletter! This month, we have got a feature from Dr Kathryn Mannix who relays the importance of communicating to patients and their families that they are 'sick enough to die' in those exact words where appropriate. She has also gave some examples where we could convey similar messages in a more compassionate manner. We also got Dr Diana Ferro sharing her experiences being on the palliative care dual training programme over the last year. Both interesting reads.

Follow us

https://twitter.com/APMJuniors

https://www.facebook.com/APMJuniors/

submissions.apmj@gmail.com

A WORD FROM FRANCIS JASIEWICZ

APMJ conference coordinator

Hi everyone, my name is Francis and I'm the conference coordinator for the APM Juniors Committee. My team and I are busy organising this year's Juniors Conference, taking place online on Saturday 18th November. This year's theme is "New Frontiers in Palliative Care", and we're looking forward to hearing from some fantastic speakers. Keep your eyes peeled in the next few weeks for details on tickets as well as our abstract and essay competitions, and we hope to see you there!

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TIPS FROM DR KATHRYN MANNIX

Dr Mannix is a retired palliative care consultant and also author of bestsellers 'With The End In Mind,' and 'Listen.'

Below is extracted from one of Dr Mannix's twitter post with her permission.

Some patients are sick enough to die. They might pull through. They might not. Say 'sick enough to due' to patient and family. Not 'serious.' Not 'critical.' Not 'unstable.' Name death as a possibility and plan good end-of-life care in parallel with current treament plan

If your patient is sick enough to die, get support from your seniors and/ or palliative care team. Patients who see the palliative care team are not obliged to die. Palliative care team can help you with parallel planning, support patient/ family/ staff (you!), in the emergency department, wards or intensive care unit.

A common complaint from families when patient dies is 'we didn't realise he/ she might die!' They are told about sepsis/ low oxygen saturations/ hypotension/ poor blood supply to vital organ(s) but this doesn't communicate 'sick enough to die.' Use your D-words.

When someone who was 'sick enough to die' gets better, everyone is delighted. That's a win. When they don't, the mental preparation time for families can make a big difference in their bereavement. That's also important..

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Death isn't medical failure, it's a biological certainty. But poorly-managed death IS a medical failure. Get advice. Call for any question. That's how you will learn. Let's make enabling the best death possible a medical outcome to be proud of.

A word of caution/ reminder from Dr Mannix
Although I think it's very important that we are clear about the possibility (or certainty) that death is approaching, we need to do gently, and there are different forms of words that are appropriate.

'She's very close to the end of life'
'I think he is too unwell to survive this'
'She may not live for more than a few days. Perhaps even shorter than that.'

These are all ways that convey 'sick enough to die' without the baldness of that phrase, and if a clinician needs to have those tender conversations repeatedly then perhaps having a repertoire of phrases might reduce the trauma we endure ourselves when we are repeatedly the bearers of unwelcome news

Professor Ruth Parry has written compelling about this here.

DIANA FERRO

My name is Diana and I'm a Palliative Medicine and GIM ST4 at South London. I was born in Portugal, pursued my medical qualification in Spain and have been living and working in the UK for the last 7 years. I speak 4 languages, enjoy travelling, jazz and classical music and above all discovering new foods from around the world. I moved to the United Kingdom in 2016 and started my medical career in the NHS at Newham hospital and St Bartholomew's hospital. I was among the first cohort of trainees to undergo the new IMT programme and speciality training system. As is often the case, this brought both challenges and opportunities.

It has been nearly a year since the new dual training programme started. I am an ST4 and part of this first cohort of trainees to go through the new system in Palliative Medicine. In spite of the expected challenges and having had a busy year, I not only 'survived' but also learned a lot and enjoyed the experience.

It is not just the increased numbers of patients that require specialist follow-up, but they are also becoming more and more complex. I feel that a good foundation in acute medicine and keeping our knowledge up to date does help when it comes to better understand the complexity of the diseases, prognosis, and management.

As an IMT3 trainee, I had the opportunity to work as a medical registrar at a busy DGH. Approaching my first 4 months in the new dual curriculum as a med reg did not feel a dauting prospect, but rather some continuity. It was, of course, a new hospital and IT system – every NHS hospital I have worked at uses a different IT system - but I found a very supportive group of colleagues and seniors. I was so eager to finally start my speciality training that these "challenges" felt more like opportunities.

The 'keep-in-touch days' with the local Palliative Medicine team were an opportunity to learn from very senior and knowledgeable professionals and made me feel as a Palliative Medicine trainee, even though the day-to-day focus of these 3 months was that of a typical GIM role. I immediately felt 'at home' on the first of these days which also reassured me of my choice.

The reality is the first 4 months flew by and I soon found myself at St Christophers's working both in the inpatient unit and more recently gaining exposure to the practice in the community.

It was a steep learning curve but the range of health professionals that I have had the opportunity to work with ranging from the CNSs to colleagues from other areas such as SALT, dieticians, Pain team consultants, chaplains, social workers, complementary therapy colleagues, volunteers and many more, helped me develop a better formed idea of holistic care but no doubt also grow as professional of the area.

Overall, the experience has been positive and rewarding both from a professional and personal point of view. I learned a lot and feel quite happy with my choice of Palliative Medicine. I would like to see greater numbers of young and enthusiastic colleagues joining us in shaping the new dual training programme in these early years where the opportunity to contribute and help steer it is higher. Like Henry Ford once said, "If everyone is moving forward together, then success takes care of itself".

UPCOMING EVENTS

September 2023

An APM Ethics & Research Committee Virtual Course

https://apmeducationhub.org/events/virtual-ethics-september-2023/#mec-events-meta-group-booking-6750

7th & 21st September 2023

Hospice Doctors Medical Updates Study Series

https://apmeducationhub.org/events/pt1hdmu/

28th September & 12th October 2023

Understanding and applying research methods in practice

https://pcrs.org.uk/events/apm-pcrs-research-course-2023/

18th October 2023

APM Undergraduate Medical Education Special Interest Forum

https://payments.liv.ac.uk/conferences-and-events/events-at-liverpool/faculty-of-health-and-life-sciences/institute-of-life-course-medical-sciences/apm-undergraduate-medical-education-special-interest-forum-2023

18th November 2023

APMJ Conference

Stay tuned for more details!

21st & 22nd March 2024

Palliative Care Congress

https://pccongress.org.uk/

OTHER OPPORTUNITIES

Medical Student Rep

The APM juniors committee to recruit medical school representatives from each of the UKs medical schools. This is a role that would involve spreading awareness amongst medical students of the APM juniors and its opportunities. The role would include:

- Promotion of the APM including membership, events, and educational opportunities
- Stimulating interest and awareness of palliative medicine as a specialty
- The opportunity to take part in a national network of medical students interested in palliative medicine
- Gathering feedback from medical students regarding educational needs
- Helping recruit a new member for the role following your graduation

If you are a medical student and this is something you would be interested in, please contact Dr Angus Grant, APM Juniors Chair, at angus.grant1@nhs.net

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/1FAIpQLSdne2yTuwoZsrMIjpn3u1C39qkRgEzLz5orrbiWi2UH1HfWmw/viewform?pli=1

USEFUL RESOURCES

APM/ PCRS Research directory

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

e-ELCA

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

Palliative Medicine Curriculum

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