



## A WORD FROM ANGUS GRANT

*APMJ chair*



Welcome to the final newsletter of 2023! We've got lots of exciting opportunities in the works for 2024 such our newly launched webinar looking at how to get started in palliative care research, which you'll find details of in this newsletter. Keep an eye on our social media (including our new Instagram account!) for information about other soon to be launched events.

In this newsletter, I wanted to highlight an opportunity for medical students with an interest in palliative care to get more involved in the APM. We are looking to recruit medical school liaison from each of the UK medical schools to help promote the APM and its educational opportunities amongst their peers. If this is a role you'd be interested in working in, please get in touch, and email me at [angus.grant1@nhs.net](mailto:angus.grant1@nhs.net). It's a great way to get more involved in the APM and build your CV!

Have a lovely Christmas and New Year everyone!

Angus



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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.apmeducationhub.org](http://www.apmeducationhub.org)



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## *PAPER OF THE MONTH*

### **ANTICIPATORY PRESCRIBING IN COMMUNITY END-OF-LIFE CARE: SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS OF THE EVIDENCE SINCE 2017**

B Bowers, B Antunes, S Etkind, S Hopkins, I Winterburn, I Kuhn, K Pollock, S Barclay. Anticipatory prescribing in community end of life care: systematic review and narrative synthesis of the evidence since 2017. *BMJ Supportive & Palliative Care*; Published Online First: 26 May 2023

#### Big gaps remain in the evidence underpinning anticipatory prescribing

**By Dr Ben Bowers, Wellcome Post-Doctoral Research Fellow and Honorary Nurse Consultant in Palliative Care.**

**Palliative & End of Life Care Group in Cambridge (PELiCam), Primary Care Unit, University of Cambridge; Cambridgeshire and Peterborough NHS Foundation Trust**

Anticipatory prescribing is a widespread clinical intervention aiming to help with last-days-of-life symptom control in the community. Our new systematic review of the published research since 2017 (28 papers) found the clinical effectiveness, cost-effectiveness and safety of anticipatory prescribing remains unclear. Our review also revealed gaps in knowledge concerning how often medications are administered and what drugs are needed. Although administered anticipatory medications were reported to have generally helped symptom control, some family carers were concerned about using them or experienced significant difficulties in persuading nurses to administer them in a timely way.

Our systematic review found that the intervention is not the simple 'fix' in controlling distressing symptoms that we as healthcare professionals often hope it to be. Anticipatory prescribing is a complex and sensitive intervention requiring careful thought, person-centred discussion and regular reviews, often across multiple community providers of care.

We need a better understanding of whether standardised prescriptions of four medications and set doses are appropriate, and whether they are regularly reviewed and tailored to individual need once medications are commenced. Research and nuanced clinical guidance to improve tailored anticipatory prescribing clinical decision-making is urgently needed.



## *PAPER OF THE MONTH*

### **ANTICIPATORY PRESCRIBING IN COMMUNITY END-OF-LIFE CARE: SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS OF THE EVIDENCE SINCE 2017**

#### Abstract

**Background** The anticipatory prescribing of injectable medications is recommended practice in controlling distressing symptoms in the last days of life. A 2017 systematic review found practice and guidance was based on inadequate evidence. Since then, there has been considerable additional research, warranting a new review.

**Aim** To review the evidence published since 2017 concerning anticipatory prescribing of injectable medications for adults at the end-of-life in the community, to inform practice and guidance.

**Design** Systematic review and narrative synthesis.

**Methods** Nine literature databases were searched from May 2017 to March 2022, alongside reference, citation and journal hand-searches. Gough's Weight of Evidence framework was used to appraise included studies.

**Results** Twenty-eight papers were included in the synthesis. Evidence published since 2017 shows that standardised prescribing of four medications for anticipated symptoms is commonplace in the UK; evidence of practices in other countries is limited. There is limited data on how often medications are administered in the community. Prescriptions are 'accepted' by family caregivers despite inadequate explanations and they generally appreciate having access to medications. Robust evidence of the clinical and cost-effectiveness of anticipatory prescribing remains absent.

**Conclusion** The evidence underpinning anticipatory prescribing practice and policy remains based primarily on healthcare professionals' perceptions that the intervention is reassuring, provides effective, timely symptom relief in the community and prevents crisis hospital admissions. There is still inadequate evidence regarding optimal medications and dose ranges, and the effectiveness of these prescriptions. Patient and family caregiver experiences of anticipatory prescriptions warrant urgent investigation.

PROSPERO registration CRD42016052108



### *ARTICLE OF THE MONTH*

## REFLECTION ON MY EXPERIENCE AS A HEALTHCARE SUPPORT WORKER IN THE CHRONIC ILLNESS WARD

BY ISABELLE CHOONG

I am a second year medical student at the University of Glasgow and also working as a healthcare support worker. As a pre-clinical student, there are very few clinical exposures. This job has taught me to appreciate the multidisciplinary team and to value the importance of holistic care. My medical interest lies in paediatrics and neurology. In my spare time, I like to explore new cafes and travel around the world.

While working in the hospital as a healthcare support worker during an evening shift, I had an encounter with a patient who was in a hyperosmolar hyperglycemic state. What struck me was that she had bilateral nephrostomy and catheters, and both her upper and lower limbs had been amputated. The patient was experiencing severe pain and extreme thirst. She was desperately shouting for help when I entered the room.

I was faced with the harsh reality of illness and mortality. I overheard the doctors mentioning to the nurses that she probably had less than a month left to live. Hearing this news brought tears to my eyes as I felt helpless in alleviating her suffering. The nurses and other healthcare providers, on the other hand, appears to remain composed upon hearing the prognosis. I find myself reflecting whether their regular encounters with challenging and emotionally charged situations have developed their ability to prioritise their professional responsibility over their personal emotions. This situation reminded me of the passing of my grandmother during the COVID-19 pandemic, where the medical team could do little to prevent her death. They provided medication to ease her pain, but there were limitations to what they could achieve. The pandemic placed a heavy burden on medical staff and resources worldwide, including Malaysia. Given her classification as high risk with a low probability of recovery, it was an incredibly heart-wrenching moment when resource allocation did not prioritise her care.



This encounter led me to realise that death is an inevitable part of life, regardless of how advanced medical treatments and technology have become. I think what truly matters in palliative care is the provision of care and comfort in the final stages of life. During my experience on the ward, I have noticed that dental hygiene and pressure ulcer management are important but often neglected part of patient care.

I also realised the importance of spiritual and psychological care. We often become too preoccupied with treatments to improve a patient's condition and overlook the human side of healthcare. This has led to excessive investigations and even futile treatments that may cause patients more harm and discomfort. As a future doctor, this experience has gradually changed the way I perceive death and the care that should be provided at the end of life. It will be a challenge when our focus is constantly on improving treatments, but I believe in considering a holistic approach when providing patient care.

The combination of evidence-based medicine and holistic care is indeed a critical but often under-recognized approach in the UK and many other healthcare systems. It is about looking beyond the disease and treating the patient as a whole - sustaining their quality of life and respecting their values and choices until their last breath.

### **WANT TO KNOW MORE ABOUT PALLIATIVE CARE IN CHRONIC KIDNEY DISEASE?**

Check-out the recording of our webinar here

Website link: <https://apmeducationhub.org/resources-junior-medstudent/>

Recording Link: <https://vimeo.com/679081913>

Password: Mw5RLzaIBmsbettj



## UPCOMING EVENTS

January 2024

Virtual Ethics Course

<https://apmeducationhub.org/events/virtual-ethics-january-2024/>

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/>

21st & 22nd March 2024

Palliative Care Congress

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

## USEFUL RESOURCES

APM/ PCRS Research directory

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

e-ELCA

[https://portale-lfh.org.uk/myElearning/Index?HierarchyId=0\\_29&programmeld=29](https://portale-lfh.org.uk/myElearning/Index?HierarchyId=0_29&programmeld=29)

Palliative Medicine Curriculum

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



## OTHER OPPORTUNITIES

### APMJ Medical Student Representative

We are looking to recruit a medical student representative to join our committee!

Your role will mainly include

- To help recruit a medical student from each medical school to act as an APM liaison.
- To communicate with medical schools and medical school liaisons to raise awareness of the APM and its educational opportunities.
- To aid in the development of resources and educational content for medical students interested in palliative care.

Find out more the role here <https://apmonline.org/vacancies/>

Deadline: Friday 22 December 2023 at 09:00

### 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>

### Marie Curie Survey

In 2014, Marie Curie worked with the James Lind Alliance and a number of funding partners and stakeholders to identify and prioritise research questions relevant to palliative and end of life care in the Palliative and End of Life Care Priority Setting Partnership with the James Lind Alliance. In 2015, we published the report with a top 10 of research priorities for the field:

<https://healthopenresearch.org/documents/2-14>.

In the years since 2015, we have funded research addressing the top 10 and other priorities and the priorities have also informed research calls by the NIHR.

We are now repeating the project to refresh the priorities, and again ensure that priorities in palliative and end of life care research are informed and prioritised by patients, carers and health and social care professionals, the people the research will ultimately benefit.

The link to the survey is on the project website, which also contains more information about the project, a guide to support promotion and a list of supporting organisations: <https://palliativecarepsp.wordpress.com/>