



## A WORD FROM DR ANGUS GRANT

*APMJ Chair*

Welcome to the August APM Juniors newsletter! I hope you've all had a chance to enjoy some well-earned rest over the summer.

I hope for those of you moving onto new training posts it's been as smooth a transition as possible. For those of you working on the wards for the first time, welcome! Highlighted within this newsletter is our 'Palliative Care for FY1s' resource page, providing you with webinars and top tips to help you during these first days on the wards. In addition to this is our monthly blog which this month is focused on recognising dying, providing you with a helpful insight into one of the most vital skills for new doctors.

Our September webinar is now just around the corner, with this session focusing on multimorbidity in palliative care. We hope this will provide you with a really practical introduction to a topic that is increasingly common within clinical practice.

On the last Sunday of September is our annual APM Juniors conference. It's set to be a fantastic day with a programme of talks which covers a huge range of topics. There's still time to get involved in the conference's essay and abstract competitions, with the deadline for these being the 1st of September. You can find more information about the conference programme, and the competitions, within this newsletter.

Finally, if you're looking to get more involved with the APM, we're recruiting for a new Research Coordinator to join our committee. This is a great opportunity for anyone with an interest in palliative medicine and research to gain some early experience within the specialty. Details of how to apply can be found within the newsletter, and if you have any questions about the role feel free to get in touch!

Have a great month everyone!



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### Research of the Month

**Resistance training in cachectic pancreatic and lung cancer patients: randomised controlled trial.** Niels T, et al. BMJ Supportive & Palliative Care 2025;0:1-10.  
doi:10.1136/spcare-2025-005516

This article describes a RCT assessing the feasibility and effectiveness of a 24 week eccentrically overloaded resistance training (ERT) program in cachectic patients with pancreatic or lung cancer. Cancer cachectia affects up to half of all cancer patients and negatively affects quality of life, can be challenging to manage and reduces treatment options. After 24 weeks, nearly half of the participants had dropped out of the programme due to disease progression, symptoms or death but those that participated for 12 weeks had improved functional strength, aerobic capacity and participants reported improved fatigue, depression and anorexia symptoms. After 24 weeks ERT preserved body composition and phase angle (a nutritional and prognostic marker) and participants reported improved anxiety and functional wellbeing.

Though there were 71 adverse events, only 2 were potentially related to exercise and both participants were able to continue the programme afterwards. Overall this study shows that ERT is safe and feasible for patients with cancer cachexia and could be a valuable supportive treatment with physical and psychological benefits.

### 2nd September Webinar - Focus on Multimorbidity

The patients we care for are becoming increasingly complex with multiple health conditions, which has implications for how we treat them. This session focuses on multimorbidity, and is aimed at medical students and resident doctors. It will provide a practical guide for identifying and managing patients approaching the end of their life with advanced multimorbidity. The event is free for APM members, and £10 for non members. You can book [here](#).



### Palliative Care for FY1s

This [resource page](#) provides a helpful summary to new FY1s managing palliative patients on the wards. It covers management of pain, breathlessness, respiratory secretions, nausea and vomiting. It also addresses advanced care planning and caring for the dying patient. There is also some e-learning and some tips from experienced palliative care clinicians for new doctors.

We hope you find it helpful, please do get in touch if you have any thoughts on other topics you would like to be covered.

### APM Juniors Committee - Research Co-Ordinator

Do you have a passion for research and love working as part of a team? Then the Research Coordinator position on the APM Juniors Committee could be just the thing for you!

[View the job role and nomination form.](#)

The deadline for applications is 9am on Friday 5th September.

If you have any questions about the role, please contact the secretariat on [office@compleat-online.co.uk](mailto:office@compleat-online.co.uk)





Association for  
Palliative Medicine  
Of Great Britain and Ireland

## APM Juniors Newsletter



Association for  
Palliative Medicine

Organised by the APM Junior Committee



APM Juniors Conference 2025

# Imagining Tomorrow

Sunday 28 September 2025

Virtual, Microsoft Teams

Abstract & Essay  
Competition  
NOW OPEN!

### Abstract Competition

Abstract submissions are invited from Medical Students and Resident Doctors on original research in Palliative Medicine related to the conference theme. Selected abstracts will be asked to give an oral presentation at the conference. Please submit a 250 word abstract to [conference.apmj@gmail.com](mailto:conference.apmj@gmail.com) by noon, Monday 1st of September, to be considered.

### Medical Student Essay Competition

This 750-word essay can be about any new or developing challenges affecting the field of palliative care, how new technologies might impact palliative care in the future, or anything that broadly fits into the theme. Though it's called an essay, you can also be creative in your approach. The winner of the essay competition will be announced at the conference. Please send all submissions to [conference.apmj@gmail.com](mailto:conference.apmj@gmail.com) by noon, Monday 1st of September to be considered.



# Imagining Tomorrow

## Confirmed Sessions and Speakers

- Talking with children about death and dying – supporting parents to have impossible conversations - **Dr Sadie Thomas-Unsworth**
- The future of the hospice sector – **Catherine Hodge**
- Future care planning - **Dr Aoife Gleeson**
- An introduction to chaplaincy in a changing and diverse modern society - **Gary Windon**
- Advance Care Planning for people with communication difficulties - **Sophie Whitehead**
- Improving care for people living with progressive neurological conditions - **Julia Russell**
- Palliative Care – a prison perspective - **Deanna Mezen**
- Imagining a sustainable tomorrow: greener palliative care - **Dr Kate Crossland**
- Practice in prolonged disorder of consciousness - **Dr Mary Miller**
- What is policy research anyway? - **Professor Fliss Murtagh**
- Understanding how people with multiple long-term health conditions use and experience healthcare in the last year of their life' - **Dr Sarah Bowers**
- **Keynote: Artificial Intelligence and design insights in palliative care: opportunities and challenges - Dr Amara Nwosu**
- Alternative Pathway to Palliative Medicine - **Dr Seb Van der Linden**
- Applying to Palliative Care - **Dr Sophia Ellis**



### Recognising the Dying Person

**Dr Marianne Cobham, APMJ Careers and Mentorship Coordinator**

Our recent surveys show that medical students and newly qualified doctors want more support on recognition of the dying patient. Our upcoming webinar on multimorbidity on 2nd September will cover the palliative care of patients with multiple health conditions, this article is aimed at helping you to recognise dying patients in general and the webinar will build further on those skills.

This article will focus on patients in the hospital setting. You may be asked to review a deteriorating patient that you know well from your normal ward, or you may be asked to review someone you don't know while on call which is more challenging.

Sometimes it is clear that someone is deteriorating and reaching the end of their life, but it is often more complex and nuanced than this. It is important to recognise these patients early as this enables a change of focus of care to ensure the patient's wishes are prioritised and they don't undergo interventions that increase or prolong distress (1).

Most people express a wish to die at home, but this is often challenging and less than half do so. This further highlights the importance of recognising dying to facilitate discharge home or to a hospice if possible(2).

### Causes of death in the UK

Cancer remains a common cause of death in the UK. In England and Wales in 2019 28.5% deaths were from cancer (150,865). 29,428 people died in hospices in 2019 with 84.7% (24,925) dying from cancer(3) suggesting people with cancer receive disproportionate access to palliative care in a hospice setting. Conversely, those who have a non-cancer diagnosis, are elderly (>85), from an ethnic minority or live in a rural or socioeconomically deprived area are referred for hospice care less frequently(3).

This is likely complex and due in part to the more predictable trajectory of someone with cancer compared to other chronic condition such as heart failure, dementia, COPD, but means access to hospice palliative care in the UK is not currently equitable and highlights how challenging it can be to recognise dying patients. It is important to remember when reviewing deteriorating patients in hospital that their illness trajectories can be unpredictable and if you're unsure, seek an opinion from someone more experienced.



Demand for end-of-life care is also expected to rise significantly over the next decades with estimates that between 25-47% more people may need palliative care by 2040(4).

### Signs and Symptoms

Signs that someone may be approaching the end of their life include agitation, reduced consciousness, increased respiratory secretions, Cheyne-stokes breathing, reduced urine output, cool peripheries, hypotension and skin changes like mottling.

Symptoms such as fatigue, loss of appetite, dry mouth, reduced ability to swallow fluids, food, and tablets, new incontinence,

People may have a decline in mobility, potentially becoming bedbound and have reduced ability to communicate(5).

The speed of deterioration is significant and those who are declining hour to hour or day to day are likely to be imminently dying(6).

### Prognostication

A question you will often be asked by patients, or their loved ones is about prognosis, and this can be very challenging to answer. There are some prognostic tools for making a more accurate prediction, but these are not used routinely in clinical practice. It is important to consider the overall trajectory of the person, i.e. has there been a consistent and quick deterioration?

A 2014 study of inpatients in hospitals in Scotland found that 10% inpatients would die during that admission, one third died within a year of that admission, and this figure rose to half of those aged over 85. Even with this in mind, it can be difficult to predict who is imminently dying (7). In those who present with acute and non-survivable events such as a large intracranial bleed death can be anticipated, but when the trajectory is not so clear, such as in COPD or dementia, it is harder.

### Causes of Deterioration

When reviewing a deteriorating patient, use an A-E approach to ensure you're being systematic and won't miss anything. It is important to exclude any reversible causes of deterioration, for example, hypoglycaemia, infection, deranged renal function resulting in opioid accumulation and reduced consciousness or agitation from delirium which itself has multiple causes.





### Appropriate vs Inappropriate Interventions

It can be challenging to know which interventions are appropriate and which are likely to be futile and this comes with experience. It would be reasonable to check a full blood count in someone who has a gastric malignancy and is losing blood but isn't well enough for an endoscopy, because giving a blood transfusion is simple and could make a person feel less fatigued and breathless and could help facilitate their discharge from an acute hospital ward to a hospice or home.

Performing colonoscopies or bronchoscopies on patients with suspected cancer to try and obtain a confirmed histological diagnosis is valuable if that person would be for treatment as this helps ensure the treatment is as targeted as possible, however if someone is too unwell for treatment, these tests could cause more harm than benefit.

### Conclusion

To conclude, there are several signs and symptoms that you may see when someone is approaching the end of their life, however it isn't always clear. If you've assessed someone who is deteriorating, look for anything that may be reversible and discuss with a more senior colleague. If there is nothing reversible, ensure they're as comfortable as possible, review medications to stop non-essential ones and update the person (if possible) and their next of kin.

If in doubt, ask for the opinion of a more experienced colleague and remember that it's a difficult skill that requires experience but is so important to get right.

### References

- 1 - <https://www.sciencedirect.com/science/article/pii/S0020748923002316>
- 2 - <https://spcare.bmj.com/content/14/e3/e2904>
- 3 [https://arc-ee.nihr.ac.uk/sites/default/files/uploads/files/Hospice%20care%20access%20inequalities%20a%20systematic%20review%20and%20narrative%20synthesis\\_2.pdf](https://arc-ee.nihr.ac.uk/sites/default/files/uploads/files/Hospice%20care%20access%20inequalities%20a%20systematic%20review%20and%20narrative%20synthesis_2.pdf)
- 4- <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-017-0860-2>
- 5 - <https://www.ncbi.nlm.nih.gov/books/NBK356012/>
- 6 - <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/signs-of-dying>
- 7 - Clark D, Armstrong M, Allan A, Graham F, Carnon A, Isles C. Imminence of death among hospital inpatients: Prevalent cohort study. *Palliat Med.* 2014 Jun; 28(6): 474-479.



# UPCOMING EVENTS

2nd September 2025

## Focus on Multimorbidity

<https://apmonline.org/events/focusonmultimorbidity/>

28th September 2025

## APMJ Conference: Imagining Tomorrow

<https://apmonline.org/events/imagining-tomorrow/>

8th - 9th October 2025

## Palliative Outcome Scale (POS + IPOS) Workshop 2025

<https://estore.kcl.ac.uk/conferences-and-events/academic-faculties/florence-nightingale-faculty-of-nursing-midwifery-and-palliative-care/cicely-saunders-institute/palliative-outcome-scale-pos-ipos-workshop-2025>

6th November 2025

## Undergraduate Medical Education in Palliative Care: Addressing New Challenges

<https://apmonline.org/events/addressing-new-challenges/>

January 2026

## An APM Ethics & Research Committee Virtual Course

[https://apmonline.org/events/ethics-course-january-2026/?dm\\_i=2GTP,21XLN,AD6RBD,7H1OK,I](https://apmonline.org/events/ethics-course-january-2026/?dm_i=2GTP,21XLN,AD6RBD,7H1OK,I)

26 - 27th March 2026

## PCC Congress 2026 - The Art of Possibility: Creativity and Science in Modern Palliative Care

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





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

### Junior Doctor and Medical Student Resources

<https://apmonline.org/junior-doctor-medical-student-resources/>

# PREVIOUS WEBINARS TO WATCH

### Palliative Care for FY1 Doctors

Vimeo Link <https://vimeo.com/apmeducationhub/pallcarefy1?share=copy>

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