



## A WORD FROM DR LIZZIE DENNIS

*APMJ Communications Coordinator*

Welcome to this month's juniors' newsletter. I'm Lizzie and I am an IMT1 doctor in Leeds. I have been a member of the APMJ since medical school and appreciate its role in furthering Medical Students and Juniors knowledge and interest in Palliative Medicine. I undertook a placement in Palliative Medicine as a Student Selected Component during my degree and had an FY2 rotation in a hospice, these have inspired me to work towards a career in Palliative Medicine. I am looking forward to taking on the role of Communications Coordinator.

In this month's newsletter we are highlighting some surveys, as we'd appreciate some feedback and suggestions on what our members want from the APM junior organisation. We're also hoping to get some insight from medical students to help us guide further teaching sessions and resources.

Last month we held our junior conference 'Universal Palliative Care, Compassion for Everyone, Everywhere' and we're featuring the winner of our medical student essay prize, Krish Gupta. We'd love to hear your thoughts on the conference if you attended!



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## APM Juniors Survey

Please fill in our survey to help us better understand what our members want from an APM junior membership. The survey will take no more than five minutes to complete and can be found [here](#). Thank you!

## APM Medical Students Survey

Please fill in this survey to help guide our future events and resources for medical students. The survey will take no more than five minutes to complete and can be found [here](#). Thank you!

## Palliative Care Research Society (PCRS) + European Association of Palliative Care (EAPC) Undergraduate Award

Undergraduates are encouraged to apply now for the PCRS EAPC Undergraduate Award.

All abstracts are welcomed and further guidance on submission can be found [here](#).

The winner of the PCRS EAPC undergraduate prize will receive:

EAPC Conference registration & travel expenses (up to £500) - The conference will take place in Helsinki, Finland in May 2025.

One year's free membership to the PCRS

More information can be found [here](#).



### **The Terminally Ill Adults (End of Life) Bill - Message from Dr Sarah Cox, APM President**

On Friday November 29th, MPs in Westminster voted to support Kim Leadbeater's Assisted Dying Bill at its second reading.

#### **What happens next?**

The Bill will now undergo scrutiny at committee stage, thereafter passing through multiple further stages of review in the House of Commons and the House of Lords. If passed at 3rd reading, it could take up to two years for the law to be implemented.

#### **How can we all respond?**

We can engage with MPs to discuss the specifics of the Bill

We can share our concerns

We can educate about the role and scope of palliative care

We can continue to press for sufficient resources for excellent palliative care services to be provided in all care settings Calls to fix palliative care before allowing assisted dying - [BBC News](#)

Your APM Officers will be actively involved in all of these and we will also be thinking about different ways of engaging with you and keeping you informed.

### **Submissions for Palliative Care Congress - Late Breaking Abstracts**

Entries for this year are invited around the theme 'Looking back, moving forwards.' for the Palliative Care Congress taking place in Belfast from 20-21 March 2025.

If results were still emerging during the initial deadline for submission, late breaking abstracts with new data with a major impact on the respective topic can now be submitted. Further guidance can be found [here](#).

Late breaking abstracts will be accepted between Monday 2nd December and Friday 27th December 2024.

Early bird registration for Congress is available until 24th January 2025.



## APM JUNIORS CONFERENCE - ESSAY COMPETITION WINNER

Krish Gupta is a fourth year medical student at Leeds University School of Medicine

### Universal Palliative Care: Compassion for everyone, everywhere

#### Introduction

Palliative care is a compassionate lifeline for those facing serious, life-limiting illnesses. It goes beyond symptom management to nurture the physical, emotional, and spiritual needs of patients and their families. [1] At its core, palliative care alleviates suffering, offering comfort and dignity amidst life's storms. Access to this essential care is a fundamental human right, breaking down financial, geographical, and societal barriers. [2] Yet, stark disparities persist globally, shaped by a nation's wealth, healthcare infrastructure, and individual factors like age and socioeconomic status. Marginalized individuals, especially those with non-cancer diagnoses, face systemic barriers that demand urgent reform. [3]

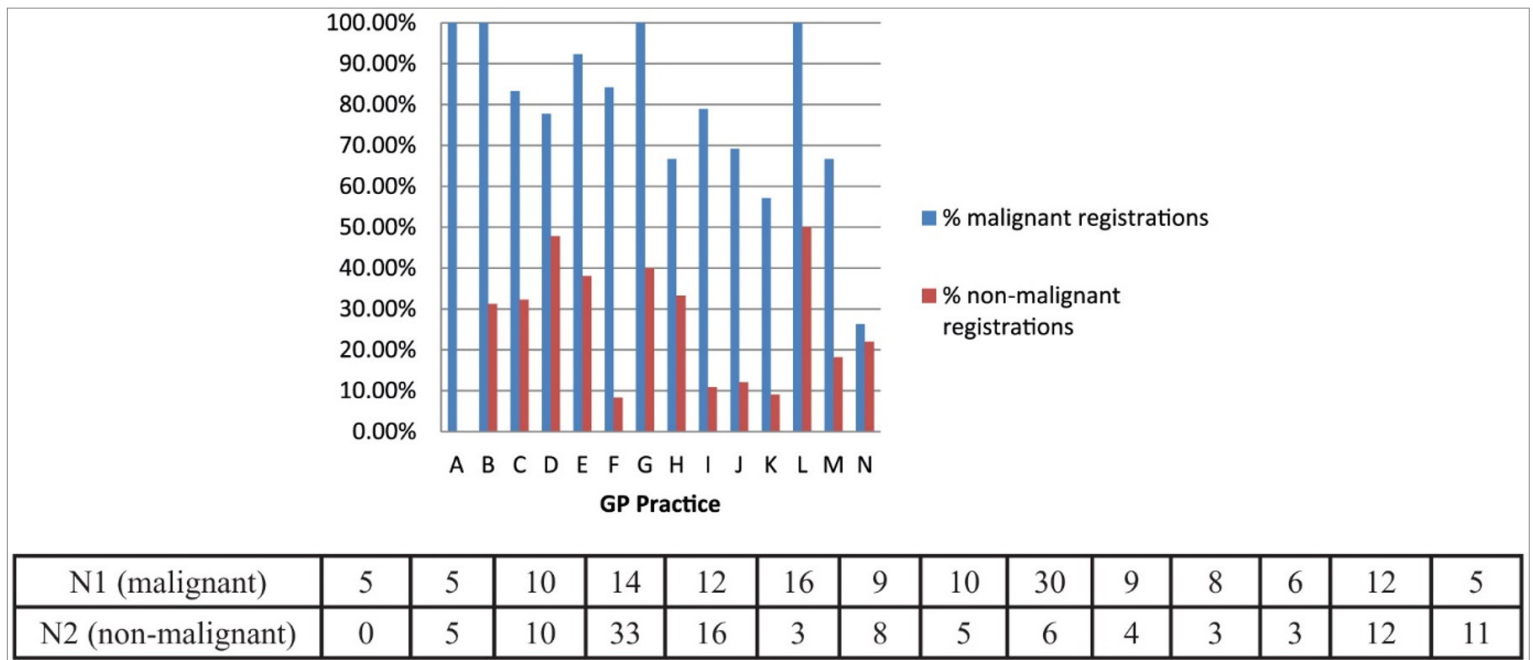


Figure 1 - Proportional Representation of Patients Registered for Palliative Care Based on Malignant and Non-Malignant Diseases Across GP Practices in 2011. This figure illustrates the pronounced disparities in palliative care registrations, indicating that patients diagnosed with malignant diseases were significantly more likely to be registered for palliative care compared to those with non-malignant diseases across multiple GP practices. Notably, practice A did not register any patients with non-malignant conditions, whereas practice D accounted for nearly half of such cases, highlighting the considerable variability in access to palliative care resources. [4]



## *APM JUNIORS CONFERENCE - ESSAY COMPETITION WINNER*

### **The Inverse Care Paradox: A Tale of Two Worlds**

The global landscape of palliative care reveals stark healthcare inequity, epitomized by the Inverse Care Law. [5] Those most in need of medical resources, such as low-income countries, often receive the least. This paradox is glaring in the field of palliative care, where access to essential pain-relief measures like opioids and trained professionals is grossly inadequate in many developing nations. [6] Countries such as Uganda have made significant strides in improving palliative care services, covering 90% of its districts by 2019, in attempt to address the ageing population and burden of chronic disease. Yet, these efforts often focus on conditions like HIV/AIDS and cancer, leaving other life-limiting illnesses underserved. [7]

### **Compassion: The Soul of Healing and Heartbeat of Palliative Medicine**

Compassion is the beating heart of palliative care. It transforms clinical treatment from a series of medical interventions into a deeply humanistic endeavour. By placing the patient's emotional and psychological well-being at the centre, compassionate care enhances the overall quality of life, even as the body falters. This approach is not limited to high-tech hospitals but can be adapted to low-resource settings, where empathy and attentiveness become vital in the absence of advanced medical technologies. [8]

### **A Tapestry of Vulnerability - Navigating Care for Society's Fragile Threads**

Providing palliative care for vulnerable populations including children, the elderly, migrants or refugees, who are often in transient conditions, presents unique challenges. These populations may face linguistic, legal, and logistical barriers that limit their access to consistent care. [9] However, innovative models, such as mobile palliative care teams and international collaborations, are beginning to address these gaps. [10] By bringing care directly to underserved communities, these initiatives offer a glimpse of how equitable, adaptable palliative care can be delivered to even the most marginalized individuals. This places emphasis on flexibility and cultural sensitivity in the global palliative care framework. [11]



## *APM JUNIORS CONFERENCE - ESSAY COMPETITION WINNER*

### **Weaving Palliative Care into the Fabric of Universal Health**

The incorporation of palliative care within Universal Health Coverage (UHC) is both a moral obligation and a financially prudent approach. The WHO promotes the integration of palliative care into primary healthcare systems to guarantee its accessibility from the initial stages of disease. This proactive strategy diminishes the probability of superfluous hospitalisations and medical procedures, which often fail to improve quality of life in patients with advanced illness. Mr. S's story in Kerala exemplifies this need; his relief from pain, enabled by morphine, was fleeting due to a stock-out. He pledged to bring a rope on his next visit, highlighting the dire consequences when essential palliative resources are absent. Such gaps, although improved in Kerala, persist worldwide, underscoring the need for palliative care to not be an afterthought, but a critical component of a sustainable, patient-centred healthcare system. [12]

### **Bridging the Gap: Education and Awareness**

A significant barrier to widespread palliative care lies in the lack of education and awareness - both among healthcare professionals and the general populace. In many parts of the world, palliative care is frequently misconstrued or stigmatised, with patients and families commonly linking it exclusively to end-of-life treatment. [13] This misconception needs to be addressed through targeted educational campaigns and training programs. [14] Prioritising the training of healthcare providers in the requisite abilities for delivering palliative care is essential in medical education. Similarly, public awareness campaigns can shift the narrative, aiding individuals in comprehending that palliative care is not synonymous with surrender but rather with enhancing quality of life, even amongst severe disease.

### **Conclusion - A Call for Dignity and Justice in Care**

Equity in palliative care is crucial as the global burden of serious disease rises. The disparities currently embedded in the system - whether reflected in the Inverse Care Law or the challenges faced by vulnerable populations - can no longer be ignored. By championing a compassionate approach and integrating palliative care into UHC frameworks, we can ensure that everyone, everywhere, has access to the dignity and relief they deserve. It is time for policymakers, healthcare professionals, and communities alike to recognize palliative care not as a luxury but as a fundamental right, integral to the future of global health.



## APM JUNIORS CONFERENCE - ESSAY COMPETITION WINNER

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Association for  
Palliative Medicine  
Of Great Britain and Ireland

December  
2024

## APM Juniors Newsletter

### UPCOMING EVENTS

22nd January 2025

#### **RCPE: Online Symposium: Palliative Medicine**

<https://events.rcpe.ac.uk/rcpe-online-symposium-palliative-medicine>

This event is not free

20th-21st March 2025

#### **Palliative Care Congress**

<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)

## PREVIOUS WEBINARS TO WATCH

### Palliative Care for FY1 Doctors

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

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