



## A WORD FROM DR YASMIN PARKIN

*APMJ Education Coordinator*

Hello APMJ members! We've had a lot of great events in the past month and some exciting things to look forward to! The multi-morbidity webinar as part of the education series for the wider APM led by Dr Sarah Bowers gave a fantastic insight into the current and future challenges and opportunities them from the complexities of multi-morbidity. And our annual APMJ conference was a great success with lots of insightful useful sessions 'Imagining Tomorrow'. If you are a member (which you almost certainly are if you are receiving this newsletter!) you can access both of these via the website, the multimorbidity webinar is free and the conference is £20 to watch back - very worth lots of fantastic content!

Hopefully by now you feel more settled if you have rotated and are even thinking about potential next rotations in December. If you are a new specialty trainee, approaching registrar level or a current IMT3 thinking about specialist training, together with the trainees committee, our session on a guide to palliative medicine training for IMT3 doctors and junior trainees held earlier this month can also be watched back and access can be obtained [here](#). The APM also have an event on 4th December focusing on the SAS role if this is something you'd like to learn more about.

This month we have the winning essay entry from our recent AMPJ conference and are highlighting some interesting palliative research.

As always, we would love to hear from you with questions, suggestions, and feedback, so please do get in touch if you have any of these, or if there is any other way you would like to be involved.

Take care,  
Yasmin



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## **Research Highlights November 2025:**

**Palliative care integration in psychiatric disorders: bibliometric analysis revealing five distinct research clusters. Yildiz E. *BMJ Supportive & Palliative Care* 2025;15:693-704. <https://doi.org/10.1136/spcare-2025-005441>**

This bibliometric analysis (a type of systematic review examining a research landscape) highlights current knowledge gaps in the integration of palliative care for individuals with psychiatric disorders.

In his paper, Dr Yildiz identifies five distinct research clusters, including 'palliative care in dementia and related cognitive disorders' and 'addressing psychological and spiritual needs at the end of life'. They note a significant increase in research into psychiatric palliative care since 2017, and emphasise the need for integrated care pathways for patients with palliative care and mental health needs. This analysis provides a foundation for future research into the intersection between palliative medicine and psychiatric care - Dr Yildiz points to consideration of the social determinants of health in this vulnerable patient population as an important future research focus.

**"One must know things, but above all, one must know how to be": an existential-phenomenological study of professional identity in palliative care. Romão ME, Setti I, Monaci M, Cavallari E, Barello S. *Palliative Medicine*. 2025;0(0). <https://doi.org/10.1177/02692163251385888>**

This paper is an 'existential-phenomenological' study - a type of qualitative research focusing on the lived experience of individuals.

The authors ask the question 'what does it mean to be a palliative care professional?', building on previous literature examining professional identity in palliative care. They identified several subthemes from semi-structured interviews with a range of healthcare professionals.

Aside from technical competence, participants framed their identity as palliative care professionals around emotional presence, relational depth and ethical commitment to dignity in dying. The authors propose these dimensions of identity should be embedded in training for healthcare professionals working with dying patients - for example, in the forms of reflective practice, emotional competence training, and peer-support structures.



## 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.



## Essay Competition Winner - Logging Off: Digital Legacies and the Future of Dying by Affan Halim

Palliative care is facing a new and frequently disregarded challenge as digital technology advances: helping patients and their families manage their digital legacy. Healthcare professionals must immediately consider this issue in a future where virtual identities may outlive physical ones. As a medical student exploring palliative care, I often wonder: will we soon be expected to manage not only pain and dignity, but also someone's digital footprint?

The future of palliative care demands more than better medication or robotic assistants. It demands that we reconsider how people wish to be remembered, not just biologically but digitally. This emerging challenge, though rarely addressed in medical education, holds profound implications for end-of-life conversations, autonomy, grief, and legacy.

Currently, discussions in palliative care often focus on advanced directives, resuscitation preferences, and organ donation. Yet there is minimal mention of what happens to a patient's social media, online banking accounts, AI-powered apps, or cloud-stored memories. For younger patients especially, their online identity may feel as real and meaningful as any physical possession. As clinicians, we risk overlooking something deeply personal simply because it exists beyond the clinical gaze.

Already, technology is shaping how we mourn. Memorialised Facebook pages allow friends to post tributes, while some services now let families create AI-generated avatars of deceased loved ones. While these developments may offer comfort, they also raise ethical questions. Should families be allowed to interact with digital representations of the deceased? Can someone truly give informed consent for how their likeness might be used in the future? Should palliative care teams be involved in preparing patients for this?

Recently, I used an app that animates photographs to bring an old image of my late grandparent to life. The result, a gentle blinking face and slight head tilt, was strangely lifelike. When I showed it to my mother, her reaction was deeply mixed. While she was moved, she also found it unsettling. In that moment, I saw how such technology could either provide comfort or cause distress depending on the context, consent, and emotional readiness. This experience highlighted just how personal digital afterlives are, and how careful we must be when integrating them into palliative care.



This tension between technology and memory is growing. Many patients, especially digital natives, have no clear plan for what happens to their data after death. Families are left trying to guess passwords, unsure whether to preserve or erase. Some cultures may value ongoing digital remembrance, while others may see it as an interruption to spiritual closure. Palliative care must learn to navigate these nuances with cultural humility and psychological insight.

One way of dealing with this issue is to integrate digital legacy planning into advance care discussions. Just as we ask about wills or DNACPR orders, we might ask, "Would you like to make decisions about your online accounts or digital memories?" Some patients may wish to delete everything. Others may want to create a digital memory box for their children to remember their legacy. These are not trivial preferences. They shape how people are remembered and how families heal.

From a medical education perspective, this future demands new training. We need to prepare clinicians not just to manage pain and terminal symptoms, but to engage with the existential aspects of modern identity. We must learn to ask better questions. Not only, "How would you like to be cared for in your final days?" but also, "How would you like to be remembered in the spaces where you've lived online?"

The future of palliative care will not be one-size-fits-all. It will require partnerships with ethicists, technologists, legal experts, and digital platforms. It may involve helping families close Instagram accounts, advising on AI memorial tools, or supporting someone to leave behind a goodbye video stored on the cloud. It will stretch our definition of what care really means.

As a future doctor, I do not believe it is morbid to think about these things. I believe it is compassionate. To support someone in dying well, we must also support how they are remembered. And in today's world, that remembrance is increasingly digital.

Creating the future of palliative care means looking beyond the physical body to the identities, memories, and technologies that endure after it. If we are to truly meet patients where they are, we must be willing to meet them online too.



## UPCOMING EVENTS

4th December 2025

**APM Monthly Webinar - SAS Focus: Introducing the Specialist Progression Framework**

<https://apmonline.org/events/sas-dec-2025-webinar-412/>

January 2026

**An APM Ethics & Research Committee Virtual Course**

[https://apmonline.org/events/ethics-course-january-2026/?dm\\_i=2GTP,21XLN,AD6RBD,7H1OK,1](https://apmonline.org/events/ethics-course-january-2026/?dm_i=2GTP,21XLN,AD6RBD,7H1OK,1)

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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