Association for Palliative Medicine
Of Great Britain and Ireland

APM Trainees' NEWSLETTER

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In this issue:

Hello all,

Welcome to the July issue of our trainee newsletter – a really exciting one this month with lots to think about. Our post in focus is from Dr Julian Abel, retired palliative medicine physician and director of Compassionate Communities UK. He talks us through some future developments in the specialty including a new public health based approach to palliative care. I have listened to him speak and he is engaging and passionate about this approach and how it could shape the landscape of palliative care. If you are interested in this there is a new Public Health in Palliative care course for registrars – excitingly this can now be accessed via our study budget. The link is https://www.eventbrite.co.uk/e/public-health-palliative-care-training-for-specialist-registrars-tickets-617014566177 for those interested.

Our journal article in focus this month takes us on a journey through best interests decision making, focussing on case law that illustrates the evolving landscape of best-interests decision making. A really worthwhile read, on something that is so central to our day to day practise.

We currently have a vacancy in our committee for a Research and Ethics rep. Please do contact me at l.ison@nhs.net if you are interested and details on how to apply are below.

We'd love to hear from you and welcome your contributions to the APMT and upcoming newsletters: apmtraineescommittee@gmail.com

Best wishes,

Lucy

Chair APM trainees committee

Trainees' Committee Update

APMT Facebook Group and Twitter

If you are a new palliative medicine trainee or not yet in our Facebook group, please join to share educational events, discuss topics and for latest APMT news.
Follow us on Twitter **@APM_trainees**

OOP Trainees Facebook Group

The Facebook group that was formerly set up to help support APM shielding trainees has evolved into a support group for trainees going OOP (parental leave, OOPE/T, sick leave) – https://www.facebook.com/groups/apmto
If you would like to join, please request to join via Facebook and drop us a message with your name and region.

Website update – Wellbeing Resource List

Our website has been updated throughout this year. You'll find links to the curriculum including the Covid-amended curriculum.
The most recent addition is our Wellbeing Resource List compiled by our SAC team. Find it here – https://apmonline.org/trainees-committee/

Committee Vacancy – Research and Ethics Representative

We are looking for a Research and Ethics Representative to join the APM trainees committee. This role is an opportunity to represent trainees nationally and develop management and leadership experience.
If you would like to apply, please download the nomination form and return to the APM Secretariat "Office" with a short statement of no more than 300 words. Your statement should describe what skills, experience and interest you would bring to the role.
Please send any queries to l.ison@nhs.net
https://apmonline.org/vacancies/

Upcoming Events

Virtual Ethics

An APM Ethics and Research Committee virtual course over 4 weeks. Each week will consist of:

Monday: Introductory Video – A short video, introducing the week's session and posing some scenarios for consideration ahead of the lecture.

Wednesday: Lecture – Each lecture will take place from 17:30-19:30.

By Friday – Submit Questions to the Lecturer/s – Delegates will be able to submit follow-up questions to the lecturer/s, via email, up to 17:00 on the Friday of each week.

Date: 6th September – 27th September 2023
Venue: Virtual
APM Member: £120

https://apmeducationhub.org/events/virtual-ethics-september-2023/

APM & PCRS Research Course (Autumn 2023)

Understanding and Applying Research Methods in Practice

A three week course facilitated by national leaders in Palliative and End of Life Care Research – comprising pre-work in week 1, a virtual day in week 2, and an in-person day in week 3 at the University of Leeds.

Week 1: Pre-work issued – 21st September
Week 2: Research Methodology and Appraising the Literature – 28th September – Virtual, MS Teams
Week 3: Getting Started – 12th October – In-person, Leeds

Date: 28th September 2023
Venue: Virtual/ University of Leeds
APM Member: £150

https://apmeducationhub.org/events/apm-pcrs-2023-223/

Palliative Care Congress

World Wide Working
Your invitation to an innovative, international MDT

Date: 28th September 2023 21st – 22nd March 2024
Venue: Virtual

https://pccongress.org.uk

Post of the Month: Compassionate Communities

The development of palliative care over the last 60 years has done an enormous amount to bringing dying into the mainstream of acceptability in all fields of medicine. Death is not a failure. Historically, from a medical perspective, death has been seen as a failure and this attitude resulted in the isolation of people who died with poor communication with those who love them. Palliative care has helped enormously. Communication skills are now much improved. Symptom control, whether these by physical, social, psychological or spiritual, is taken seriously. Needs assessments of both patient and caring environment is taken seriously. Palliative care has helped millions of people over the last six decades.

However, problems remain. Further improvements for people experiencing death, dying, loss and care giving will be found not by simply doing more of the same and doing better. The limitations of the ways in which existing palliative care provide their services will not be resolved by service delivery alone. Either directly or indirectly, palliative care practice excludes more people than it includes. This is particularly the case with respect to equity, structural vulnerability and bereavement support.

Public health palliative care is now part of the training curriculum for specialist in palliative medicine (PHPC). Interest in the theory, practice, research and education in PHPC has been growing internationally over the last 25 years. It is not that what we, as palliative care professionals, are trained to do is wrong, it is that the historical development of palliative care has resulted in some significant blind spots that we now need to address. Doing so helps to address issues of inequity and a focus on what is wrong, rather than the qualities of making life good, paying attention to the people we know and love in the places we know and love. Death, dying, loss and care giving happens everywhere and involves everyone without exception. Paying attention to this enormously expands what we can do and increases effectiveness. We all have a part to play.

Given that PHPC is new to the curriculum, Compassionate Communities UK has developed an education programme that covers the new topics. This training is recognised by the Royal College of Physicians and is therefore suitable for study leave funding. The programme is hopefully of interest to all trainees as it increasingly becomes a significant part of palliative care practice. The next course starts in September.

To find out more: https://www.eventbrite.co.uk/e/public-health-palliative-care-training-for-specialist-registrars-tickets-617014566177

Dr Julian Abel
Director, Compassionate Communities UK

Journal Articles: Best Interests Decision Making

Best Interests Decision Making – Case Law

Palliative Medicine physicians are often involved in complex best interests decision-making.

The following is a selection of case law that illustrates the evolving landscape of best-interests decision making, noting the impact of the Mental Capacity Act (MCA) 2005.

Airedale NHS Trust vs Tony Bland 1993:

We will all be aware of the case of Tony Bland, who ended up in a permanent vegetative state as a result of the Hillsborough disaster, and whose medical team and family wanted to withdraw clinically-assisted nutrition and hydration as they felt there was no overall benefit to Tony to keep him alive.

This seminal case highlighted that best interests decision-making starts with a strong presumption that it is in a person's best interests to stay alive – but this is not absolute. The case illustrated that it may not always be in a person's best interests to receive / continue life-sustaining treatment, and withdrawal of such in this situation was not a crime.

Aintree University Hospitals NHS Foundation Trust v James 2013:

James was seriously unwell in intensive care for approximately seven months. The Trust applied to the Court of Protection for declarations as to the lawfulness of withholding further invasive treatment and CPR.

Ultimately the case reaffirmed that courts and patients cannot demand that doctors administer treatment which the doctor considers is not appropriate. It also underscored that lawfulness should be considered in terms of whether it is lawful to give a treatment, not whether it is lawful to withhold / withdraw it.

It also stressed that decision-makers should, insofar as it is possible, ascertain the patient's wishes, feelings, beliefs, values or the things important to them, to help make the choice that is right for them as an "individual human being".

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust v TG & Anor 2019:

TG had suffered a catastrophic subarachnoid haemorrhage leading to cardiac arrest. At eight weeks, they were in a vegetative state. TG was intubated but requiring minimal ventilatory support.

The medical team and independent expert advised there was no chance of a meaningful neurological recovery, with increased awareness resulting in an awareness of pain being the most that could be expected. They felt it was not in TG's best interests to continue with intubation and that nature should be allowed to take its course with the likely result of an early death.

Of note, the Trust and expert did not assert that continued intubation would either be (1) clinically inappropriate; or (2) physiologically futile in the sense of not continuing to keep her airways clear.

In contrast to Bland's case, the family/loved ones did not agree that the only benefit to ongoing treatment was TG remaining alive. The family described the importance of family to TG, the comfort her ongoing life would provide to them, and her belief in the sanctity of life and Catholic faith.

The Judge noted the MCA 2005, since Bland's case, in particular that the individual's wishes, feelings, beliefs and values are a central feature and that judges should avoid making decisions based on what they themselves would want, or what most people might want. The judge highlighted "that if

her presence was a comfort to others (as I find it to be) she would want to be there whatever the cost to her. Family was central to her and she would want to remain a part of the family no matter what form it would take for as long as possible." Secondly, "she had the utmost respect for life because of its intrinsic value and that it was for no-one other than the Lord to take away. It is for Him alone to end and she would never accept anyone else facilitating death. I also take into account the statement of her friend M who had a discussion with her about Dignitas in the context of a programme on television and she recalls TG saying, "Why do people want to go?" before adding something like "They're not God and they don't know what will happen in the future." It is absolutely clear from everything that I have read that her Catholic faith and her belief in God were and are a crucial part of her life."

The Judge deemed this "compelling evidence" that TG would not have consented to the withdrawal of intubation, and that her wishes and feelings and beliefs and values were plainly for the continuance of life.

The Judge also asked his counsel "if they were aware of any case in which the court has terminated life support against the wishes of the patient and they were unable to tell me that there ever was one".

Judge also noted the eight week time point, noting that the RCP Prolonged disorders of consciousness (PDOC) guidance advises six months are needed before a vegetative state is regarded as permanent in non-traumatic brain injury.

The Judge concluded:

A "clear decision that it is in the patient's best interests that intubation should continue. I recognise that this places a huge burden on the treating team. It is against their advice and their wishes… but I remind myself constantly, this is her life and her wishes as I have found them to be and nobody else's.

It may be that if the position were to remain the same in six months' time or no successful tracheostomy had been carried out that different considerations might apply but I am not looking at the future, I am looking at things as they are now and for those reasons I reach my decision and refuse the application."

Of additional import is the narrowing of the concept of "futility" from the broader concept of not providing wider benefit, to the question of whether the intervention in question would actually achieve its function (in this case, to keep TG's airway patent).

Imperial College Healthcare NHS Trust v Mrs C and Others 2022:

Mrs C had a cardiac arrest resulting in catastrophic hypoxic ischaemic brain injury. After more than five months, the medical team felt Mrs C was likely in a PDOC with no chance of meaningful neurological recovery, so it would be in her best interests to have a palliative extubation with a DNACPR decision. Her family objected, hoping Mrs C would recover to an extent that would restore her “vitality and enthusiasm” for life, and stated she would be “up for the fight”.

The Judge found that ongoing intubation and ventilation was highly intrusive, profoundly burdensome and medically futile – as there was no chance that Mrs C could be restored to a level of function that the family were hoping for. As such, they considered it appropriate to pursue one-way extubation.

The present landscape:

There has been a shift in the weighting of judgements from the broad and poorly defined notion of futility, to what the patient’s self-determined/self-professed best interests are likely to have been.

The courts are taking very seriously their task to try to ascertain the person's known wishes and feelings, and are following the logical implication of those wishes and feelings to their end.

The RCP & BMA: CANH and adults who lack the capacity to consent guidance contains helpful principles and information that can be applied to other best interests decisions in addition to CANH.

Further cases of interest are:

Wye Valley NHS Trust v Mr B 2015

Barnsley Hospitals NHS Foundation Trust v MSP 2020

Knowledge Hub

BMA England Junior Doctors Strikes
We wanted to remind trainees in hospices that they can strike if employed by an NHS trust on the day of the strike. The BMA has got really helpful guidance on their website, with a specific section for palliative trainees:
www.bma.org.uk/our-campaigns/junior-doctor-campaigns/

Pay Protection for trainees on 2002 contract
Pay protection was due to come to an end in March 2023, however it has now been extended to
August 2025. It is expected this will make sure all trainees pay protection will then last until they CCT.
If you think you won't CCT by August 2025, and you are currently pay protected under the old contract, please get in touch with our BMA Rep, Dr Sarah Foot:
foot.sarah@gmail.com

SCE Revision Flashcards – http://www.pallmedpro.co.uk/flashcards
The APM offers a full discount on purchases of the Pallmedpro SCE revision flashcards. Full details including how to claim reimbursement can be found on the APM website. (https://apmonline.org/trainees-committeee/).

Instructions for Accessing PCF CSCI Compatibility Database (via APM membership) as of February 2023
Compatibility charts have now moved to the PCF subscription which is available via APM membership.
There are several options available for use:

- The **PCF** (both hard copy and online versions) contains some basic compatibility charts https://www.medicinescomplete.com/
- **Palliative Care Adult Network Guidelines Plus** is the suggested reference in the PCF –http://book.pallcare.info/ This does not require a login or password.
- The **PallCare Matters mobile app** – which is available for use on a desktop or phone —
  does require registration but is free and easy to use. This interactive resource explains the
  CSCI compatibilities in more detail and allows for submission of reports – http://m.pallcare.info
- A **compatibility book** on the ward, if available. However, this is only as current as the day of publication.

Please see the attached document below for a step-by-step guide –

PCF CSCI Compatability Database Guide - Feb 2023.docx

Journal Access
The following journals can be accessed by members via the APM website:

- Palliative Medicine Journal
- BMJ Supportive & Palliative Care Journal

- EAPC Journal (at a reduced subscription rate)

Publications may also be available through the BMA website, for those with membership. A list of these can be found at: https://www.bma.org.uk/library/e-resources/e-journals

APM Study Days (follow @APM_hub) – https://apmonline.org/apm-events-courses/

- The APM & PCRS Research Course – https://apmeducationhub.org/events/apm-pcrs-2023/
  28th September and 12th October 2023

Palliative Care Formulary Online

As of 2020, full APM members (including reduced subscription) have access to the PCF Online
through MedicinesComplete.
Access is via the APM website – https://apmonline.org/
Log in and click PCF via the Learning and Information tab.

COVID-19 Guidance

The APM has issued guidance regarding COVID-19 and Palliative, End of Life and Bereavement Care.
The latest guidance can be found on the website at the bottom of the homepage https://apmonline.org/

Contact the Committee

We're here to support trainees and our development.
Contact us:

- Via your regional APM Trainees' Rep
- On Twitter @apm_trainees
- On our Facebook page 'APM Trainees'
- Email us directly via apmtraineescommittee@gmail.com

The APM is the world's largest representative body for doctors practicing or interested in palliative medicine. If you are not already a member join today! https://apmonline.org/join-pages/join/

Please remember to upgrade your membership to 'full membership' on commencement of your first consultant post. This can be done by emailing the APM at office@compleat-online.co.uk

This newsletter is for trainees by trainees. We want to hear from you, allow trainees to connect nationally and have a platform to feature your contributions in the upcoming newsletters.
Please contact us at apmtraineescommittee@gmail.com to contribute with a feature article, a journal summary or trainee reflection.