



APM Juniors Newsletter

June 2026

A word from Dr Ellen Bodger Careers and Mentorship Coordinator

Hi everyone, welcome to the June newsletter! This month we'll be sharing some of the Q&As from our recent Pain and Breathlessness webinar. If you have an experience or project you'd like to share in the newsletter then as usual please get in touch via submissions.apmj@gmail.com.

As Careers and Mentorship Coordinator my main role has been putting together this newsletter for you. However, I'm keen to try and expand the support we provide to those of you wanting to pursue a career in Palliative Medicine. To start with I'd like to hear what you would find useful, so I've made a very short careers support questionnaire, which you can find [here](#).

I can't wait to hear your thoughts!

Ellen :)



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Pain and Breathlessness Webinar Q&A

In April we hosted our Pain and Breathlessness online webinar. We had lots of questions and so our wonderful speakers, Dr Jess Walding and Rachel Howells have very kindly put together some helpful answers and resources. The full Q&A can be found on our [Padlet](#).

Managing pain in End Stage Renal Disease

Pain management in End-stage renal disease requires careful consideration of eGFR and creatinine clearance (CrCl), as reduced renal function alters drug clearance and increases the risk of accumulation and toxicity.

Drug dosing should be adjusted according to the degree of renal impairment, particularly once eGFR falls below 30 mL/min, and especially in patients with eGFR <15 mL/min or those receiving dialysis.

A multimodal analgesic approach is preferred:

- Regular Paracetamol as first-line simple analgesia
- Careful opioid selection only when necessary
- Nonsteroidal anti-inflammatory drugs are generally avoided in ESRD as they can worsen renal perfusion.
- Opioids such as morphine that produce active renally-excreted metabolites should be avoided or used with significant caution – using morphine in ESRD can result in opioid toxicity.
- Oxycodone is partially renally cleared and may require dose reduction and extended dosing intervals
- In severe renal impairment (eGFR <15 mL/min) we preferentially use:
 - Alfentanil – short acting, minimal active metabolites, limited renal clearance.
 - Fentanyl – relatively safer pharmacokinetic profile in renal failure due to lack of active renally-cleared metabolites
 - N.B Methadone can also be considered in patients with ESRD under specialist supervision due to complex pharmacology and QT prolongation risk.



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Pain and Breathlessness Webinar Q&A

Key points:

- “Start low and go slow”
- Use lower initial doses and Increase dosing intervals where appropriate
- Monitor closely for: sedation/ respiratory depression /delirium / myoclonus / opioid-induced neurotoxicity

The Renal Drug Handbook is a really helpful resource for patients with impaired renal function.

You can access it for free here:

https://www.medicinainterna.net.pe/sites/default/files/The_Renal_Drug_Handbook_The_Ultimate.pdf

Finding the characteristics of breathlessness more difficult as patients get closer to the end of their life. Aside from typical increased work of breathing, are there any other expected symptoms? Should noisy or laboured breathing be treated?

Secretions are to be anticipated as part of the natural dying process. Unless very distressing for the patient, it is not as easily minimised with a drug, and the drugs tend to prevent further secretion production rather than drying up secretions that are already there. We use hyoscine in STATs or CSCI, although there is some evidence that suggests this symptom in dying phase can be more distressing for family members/relatives than for the patients. Patients can become agitated with their breathlessness (although this can be hard to tell) and therefore management with midazolam/levomepromazine concurrently is utilised.



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APMJ Conference



Programme coming soon!

Registration via: <https://apmonline.org/events/apmj-conf-2026/>

Call for abstracts

We invite abstract submissions from medical students and resident doctors for presentation at this year's APMJ 'Kaleidoscope of Care – Innovation for Everyone' conference. Abstracts should present original work, such as research projects, audits, quality improvement initiatives, or case series, related to Palliative Medicine. Successful applicants will be invited to present a poster, and top-scoring abstracts will be selected for oral presentation. Please submit your abstract (250 words maximum) to conference.apmj@gmail.com by 12 noon, Monday 31st August.



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Medical Student Essay Competition

We invite submissions for this year's Medical Student Essay Competition, centred on the conference theme 'Kaleidoscope of Care – Innovation for Everyone.' Essays may explore emerging or evolving challenges in palliative care, consider how innovation can broaden access and equity, or reflect on creative approaches that shape the future of care for all. Submissions may be analytical, reflective, or imaginative, provided they engage meaningfully with the theme. The winning essay will be announced at the conference. Please submit a 750-word essay to conference.apmj@gmail.com by 12 noon, Monday 31st August.



Research Round-Up

This month we're back with our research highlights from our research coordinator, Dr Elisha De-Alker. As ever if you have any research to share with us then you can find the details below. For this edition of the newsletter we'll be looking at a relatively new concept in palliative care around trauma.

Trauma-Informed Palliative Care: an Emerging Field of Practice

Salama R, Simpson J, Eccles FJR, French M.

Trauma-informed palliative care: A systematic scoping review of evidence sources describing concepts relevant to an emerging field of practice. Palliat Med. 2026 Jun;40(6):722-743.

doi: 10.1177/02692163261425837. Epub 2026 Mar 23. PMID: 41872750; PMCID: PMC13221574.

In this systematic scoping review, Salama et al. explore evidence in current literature relating to concepts of trauma-informed palliative care. This emerging field of practice, which was first proposed as a philosophical framework relevant to palliative care services in 2018, aims to 'improve end of life experiences by recognising and responding to the presence of psychological trauma'.

The authors identified 99 evidence sources from 13 countries for inclusion. Included papers focussed on veterans, lived experiences of homelessness, care and prison systems, childhood abuse, intergenerational trauma, and poverty.



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Psychological trauma impacted end-of-life care in various ways, most prevalently through ‘psychological distress’ and ‘resistance to care or treatment’. The reviewers also identified some positive impacts of trauma in end-of-life care, including post-traumatic growth, terminal illness acknowledgement, and an openness to discuss end of life wishes.

In both clinical practice and end-of-life care research, trauma-informed approaches are becoming increasingly prevalent – to read more about what concepts involved in this approach, you can find the paper [here](#).

Celebrating success

Has your palliative care research recently been published? Let us know! Email elisha.de-alker3@nhs.net and submissions.apmj@gmail.com so we can feature your article, celebrate your success and learn from each other.



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Research Round-Up

Palliative and end-of-life research resources

NIHR Palliative Research Incubator (PRI): a funded initiative aiming to encourage more people into research and to enable them to develop research skills and collaborations. It is a 3 year initiative holding online and in-person events suitable for anyone with a research interest, no matter their level of experience. Sign up to their mailing list and view all of the information here: [Palliative Care Research Incubator](#).

Upcoming events include:

- How the palliative care research society can help build your research skills
- The value of a sociological perspective on palliative care
- NIHR funded early career research opportunities

The Palliative Care Research Society: a national membership organisation for individuals interested in palliative care research to come together and network, collaborate and share resources. They offer workshops on research skills, conference grants and prizes and opportunities to share work for peer feedback. Find out more at [Palliative Care Research Society | Promoting palliative care research through information sharing, networking and training](#).

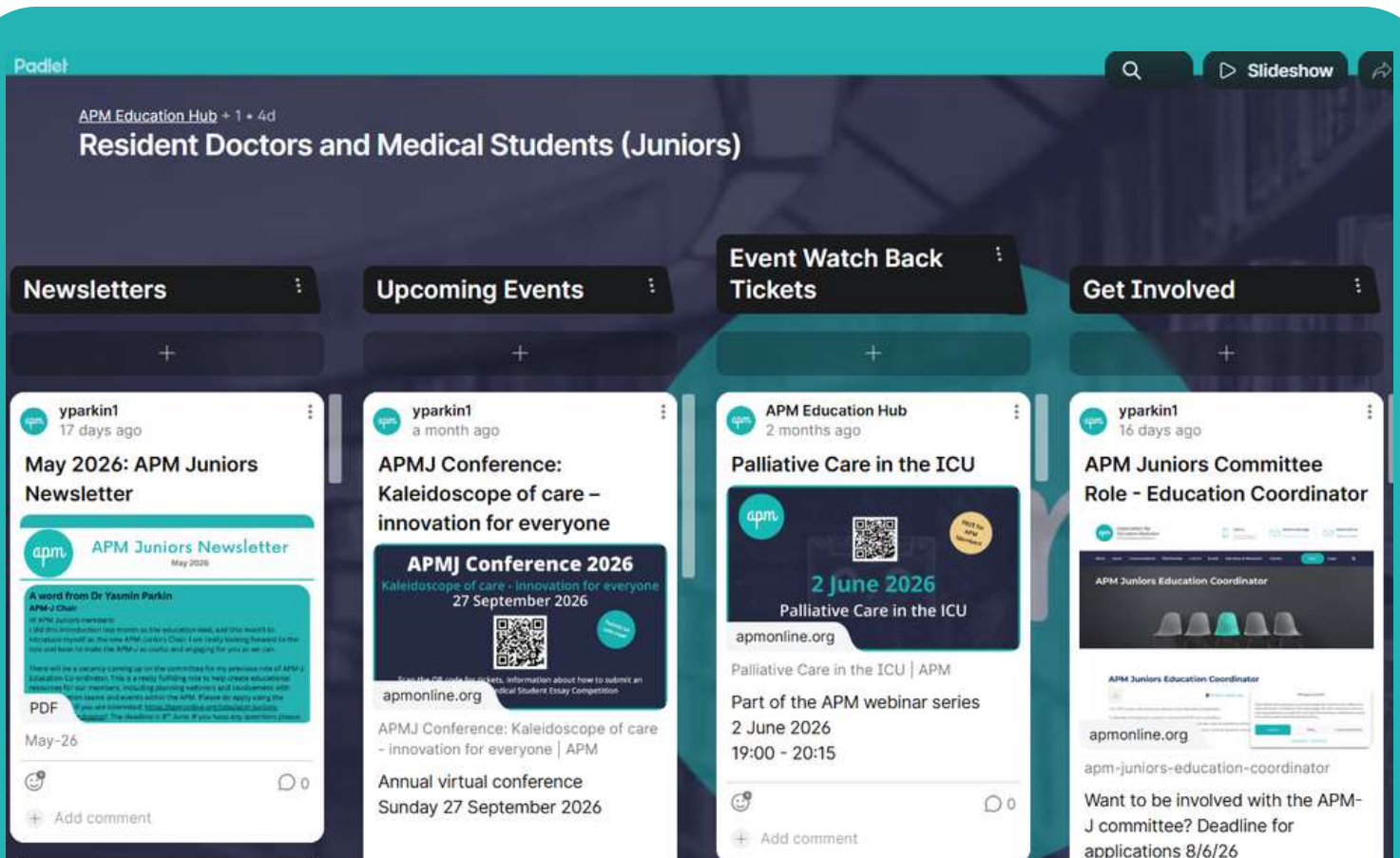
The UK Palliative Trainees Research Collaborative: a peer-led trainee research network who design and conduct original research studies utilising the UK trainee network. For more information or to join email chair.ukprc@gmail.com



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APMJ Resource Highlight



Resident Doctors and Medical Students Padlet

We've been collating our resources and have put them into once handy place for you. On the Padlet you will find all our newsletters, links to our events, and online resources

<https://padlet.com/APMEducationHub/resident-doctors-and-medical-students-juniors-e374znadlffj9la0>