THE UNIVERSITY of EDINBURGH

Preparation for Treating Life Limiting Illness

Beyond Specialist Palliative Medicine

Shaun Qureshi

Centre for Medical Education

University of Edinburgh School of Medicine

Shaun.Qureshi@ed.ac.uk

@shaun_qureshi

THE UNIVERSITY of EDINBURGH

Contents

- Background
- The Question
- Method
- Results so Far
- References
- Discussion

The Voyage of Life, Thomas Cole, 1842

THE UNIVERSITY of EDINBURGH

Background

- Most patients do not die at home[1]
- Junior doctors spend more time with dying patients than seniors[2]

- Junior doctors find this stressful and are poorly prepared[3]
- Moves to improve teaching on palliative medicine and bereavement[4]

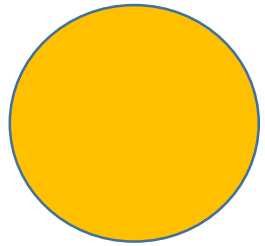
THE UNIVERSITY of EDINBURGH

The Problem…?

Most Patients
Will Be Cured

Medical student view

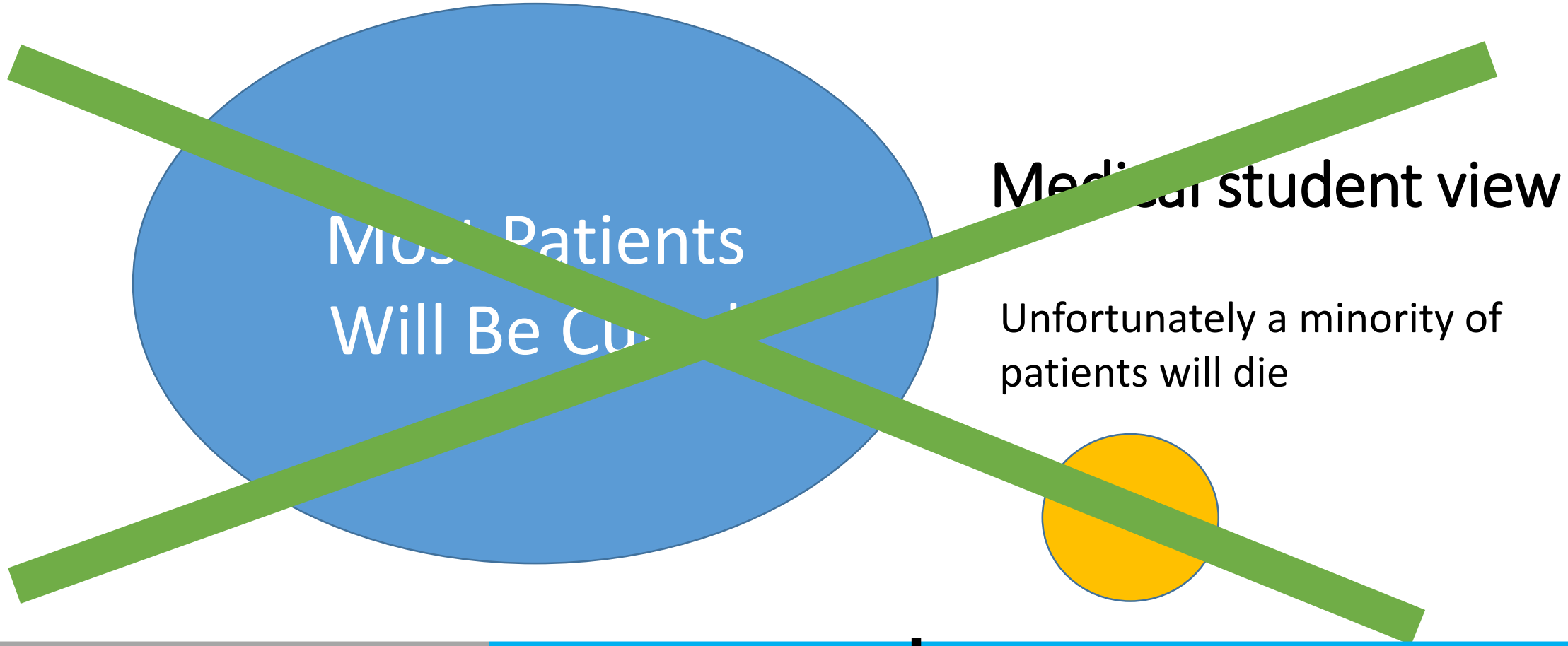
Unfortunately a minority of patients will die



UK Undergraduate
5 Year Medical Degree

THE UNIVERSITY of EDINBURGH

The Problem…?



The Problem…?

'I think as medical students you mentally think that you're actually going to make people better and they all go on to live and survive, when in reality it's not always the case.' (Nilesh)

'I think at medical school we learn a lot about trying to get people better, but not so much about what to do when they don't.' (Ellie)

ent view

nority of

(6)

Gibbins J, Mccoubrie R, Forbes K. **Why are newly qualified doctors unprepared to care for patients at the end of life?** Med Educ. 2011;45(4):389–99.

THE UNIVERSITY of EDINBURGH

The Problem…?

ents

Medical student view

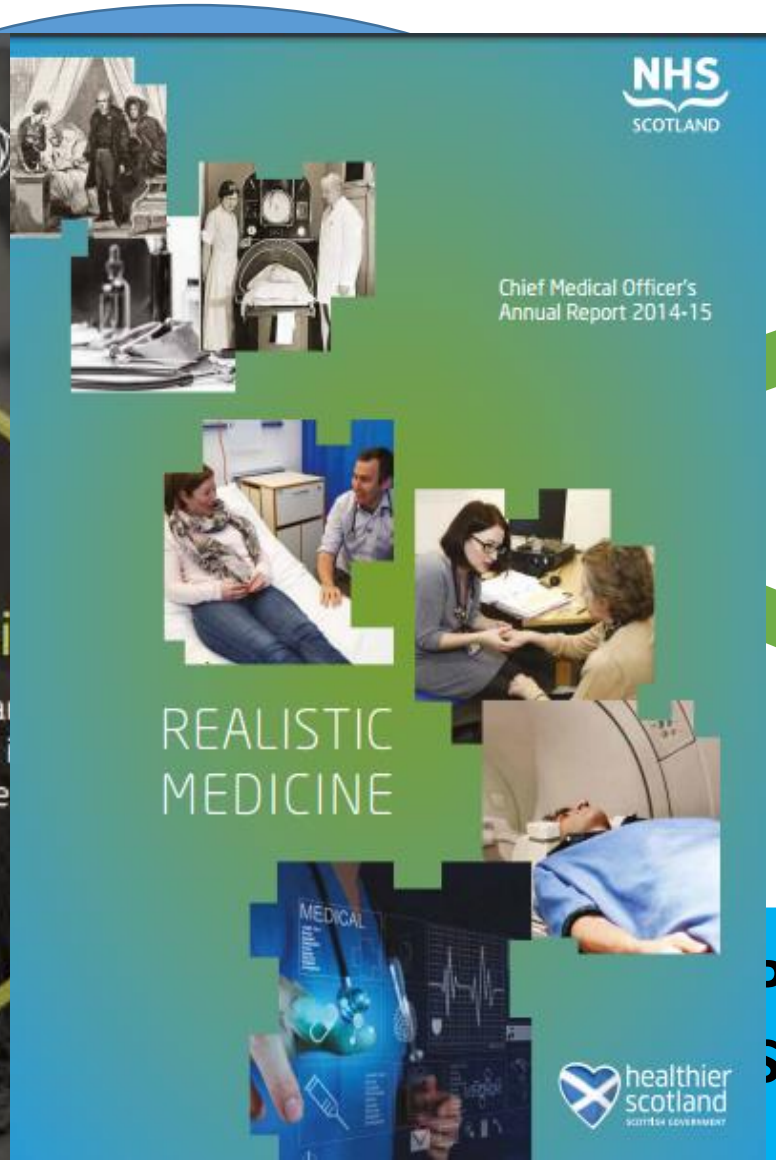
Unfortunately a minority of patients will die

raduate
Foundation
ng

Postgraduate Specialty Training

THE UNIVERSITY of EDINBURGH

The Problem…?

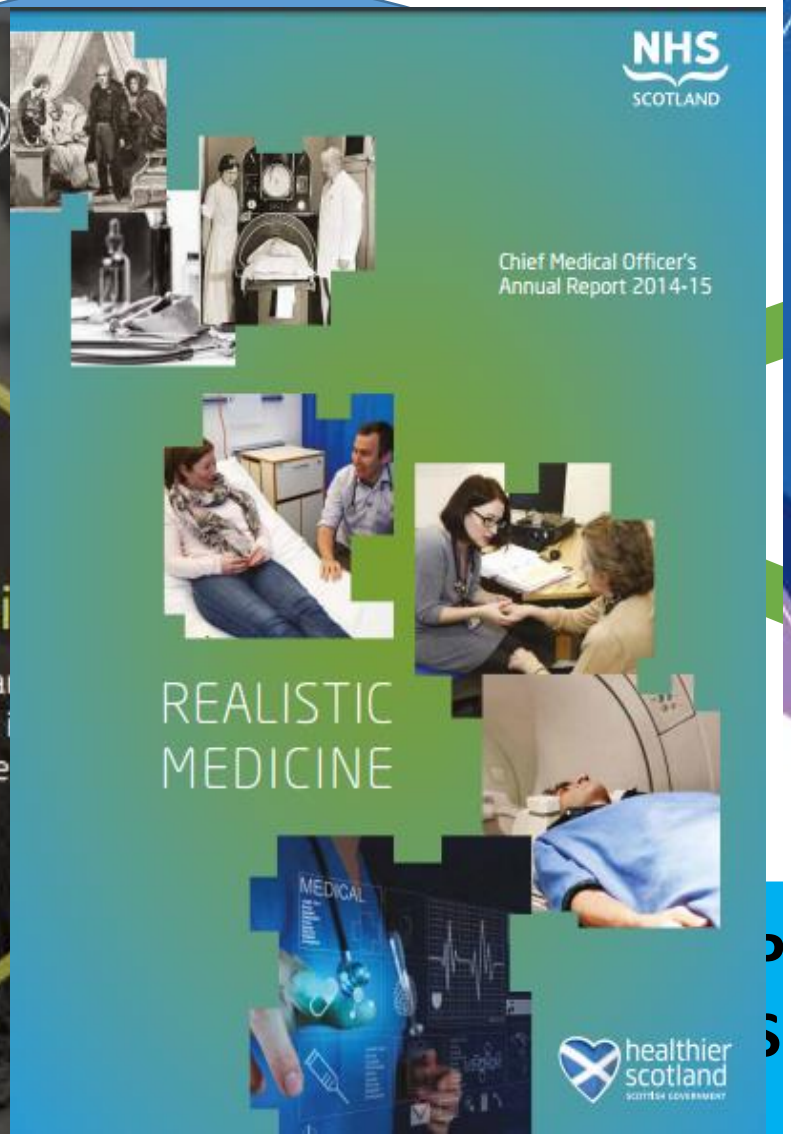


Medical student view

Unfortunately a minority of patients will die

Postgraduate
Specialty Training

The Problem…?



Outcomes for graduates

(Tomorrow's Doctors)

THE UNIVERSITY *of* EDINBURGH

The Question

How Can Preparation Be Improved for Medical Practice When There is Limited Capacity to Cure?

THE UNIVERSITY of EDINBURGH

The Question

How Can Preparation Be Improved for Medical Practice When There is Limited Capacity to Cure?

How do medical learners experience and learn about patient care when medicine's capacity to cure is limited?

What is the role of the doctor?

What are the skills, attributes and emotional strengths needed to fulfil the role?

Methods

Semi-Structured Interviews with Junior Doctors

- One-on-one interviews with foundation doctors
- Anonymous, Confidential – Pseudonyms given
- Exploring experiences of looking after patients who did not get better despite treatment
  - What cases are they coming across?
  - What are the challenges?
  - Confidence in recognising or considering futility of treatment (and diagnosing dying)?
  - Perceptions of preparation for the role?

Postgraduate 2 Year Foundation Training

Postgraduate Specialty Training

Emerging Themes

- View of hierarchy, and self as junior
- Unsure of role and who to ask for advice

(Discussion of clinical decision whether to treat a patient with cancer with antibiotics or to give purely palliative treatment)

Marta: I just felt like I didn't know who to speak to at that point. I didn't know who should make that decision and clearly, I don't feel like it was my place to make such a decision about the patient

Emerging Themes

- Difference between day shift and out of hour work
- Disparity between medical student view and view as a doctor

Zach: You don't understand that, if the consultant on receiving sees a patient with multiple comorbidities, and has come in with decompensated heart failure, for example, and is known to have heart failure for the last three years, and the last echo showed left ventricular systolic dysfunction. **You don't appreciate the fact that it's gonna leave a lot to the night team, if someone has not discussed it with the family, and if somebody has said the word, resuscitation to the patient, or family members. In medical school, you don't appreciate what it means entirely, to say somebody is not for escalation, and why would it be they wouldn't be for escalation.**

THE UNIVERSITY of EDINBURGH

Emerging Themes

- The role of alerting senior staff to deteriorating or dying patients
- Difference between medical specialties

Helen: But, it took me two days to get the orthopaedic consultant, of me calling, and just annoying them, and they got really annoyed at me about saying, you need to speak to him, and they just weren't interested at all. It took me two days to get them to say, look, you need to speak to him and say that he's got cancer

(Discussion of working in General Surgery)

Charles: One of the consultants said that to me; they said they didn't want to have the discussion about DNAR [*Do Not Attempt Resuscitation*] form and didn't think the patient would die during that admission, therefore they didn't want to…

Summary

- Doctors (especially new graduates) care for patients who deteriorate despite treatment across a range of specialties
- Practicing medicine in these scenarios is complex and challenging
- This study aims to lead to better prepare for practice in these situations
  - Initially exploring the experiences and challenges
- Time for Discussion

  Future development?

  What happens at other institutions?

References

(1) Gomes B, Higginson IJ, Saunders C. Where people die (1974 – 2030): past trends , future projections and implications for care. Palliat Med. 2008;22:33–41.

(2) Gibbins J, McCoubrie R, Maher J, Wee B, Forbes K. Recognizing that it is part and parcel of what they do: teaching palliative care to medical students in the UK. Palliat Med. 2010;24(3):299–305.

(3) Firth-Cozens J, Morrison LA. Sources of Stress and Ways of Coping in Junior House Officers. Stress Med. 1989;5:121–6.

(4) Gibbins J, McCoubrie R, Maher J, Forbes K. Incorporating palliative care into undergraduate curricula: lessons for curriculum development. Med Educ. 2009;43(8):776–83.

(5) Linklater GT, Bowden J, Pope L, Mcfatter F, Hutchison SMW, Carragher PATJ, et al. Developing learning outcomes for medical students and foundation doctors in palliative care : A national consensus-seeking initiative in Scotland. Med Teach. 2014;1–6.

(6) Gibbins J, Mccoubrie R, Forbes K. Why are newly qualified doctors unprepared to care for patients at the end of life? Med Educ. 2011;45(4):389–99.

THE UNIVERSITY of EDINBURGH

Shaun Qureshi
Centre for Medical Education
University of Edinburgh School of Medicine
Shaun.Qureshi@ed.ac.uk
@shaun_qureshi

This work is supported by a grant from the University of Edinburgh Principal's Teaching Award Scheme (PTAS)