

# 'Why Are We Doing This'?

## New Doctors' Perceptions of Investigations and Treatment for Dying Patients

A Qualitative Medical Education Study of Scottish Doctors



**cme** | centre for  
medical  
education

Shaun Peter Qureshi

University of Edinburgh

 @shaun\_qureshi

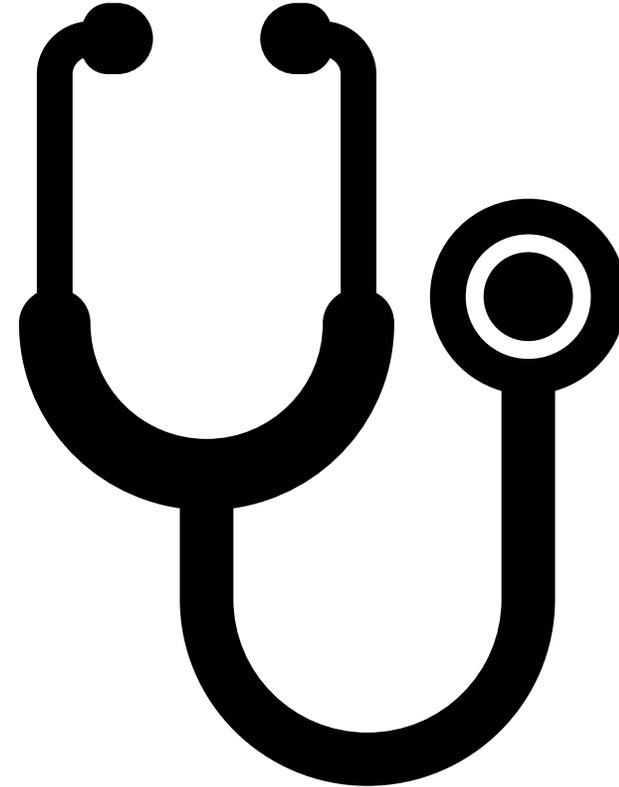


# Contents



THE UNIVERSITY *of* EDINBURGH

- Background
- Methodology
- Results
- Discussion
- Future Work



# Background



THE UNIVERSITY *of* EDINBURGH



## Outcomes for graduates

(Tomorrow's Doctors)

Working with doctors Working for patients

General  
Medical  
Council

- Doctors care for dying patients from the point of graduation<sup>(1)</sup>
- Junior doctors find this stressful and are poorly prepared<sup>(2)</sup>
- Improvements in teaching on palliative medicine and bereavement<sup>(3)</sup>

# Background



THE UNIVERSITY *of* EDINBURGH



Outcomes for  
graduates

(Tomorrow's Doctors)

Working with doctors Working for patients

General  
Medical  
Council

- Doctors care for dying patients from the point of graduation<sup>(1)</sup>
- Junior doctors find this stressful and are poorly prepared<sup>(2)</sup>
- Improvements in teaching on palliative medicine and bereavement<sup>(3)</sup>

**Aim:**

**To investigate experiences of medical trainees learning to care for patients at the transition towards the dying phase**



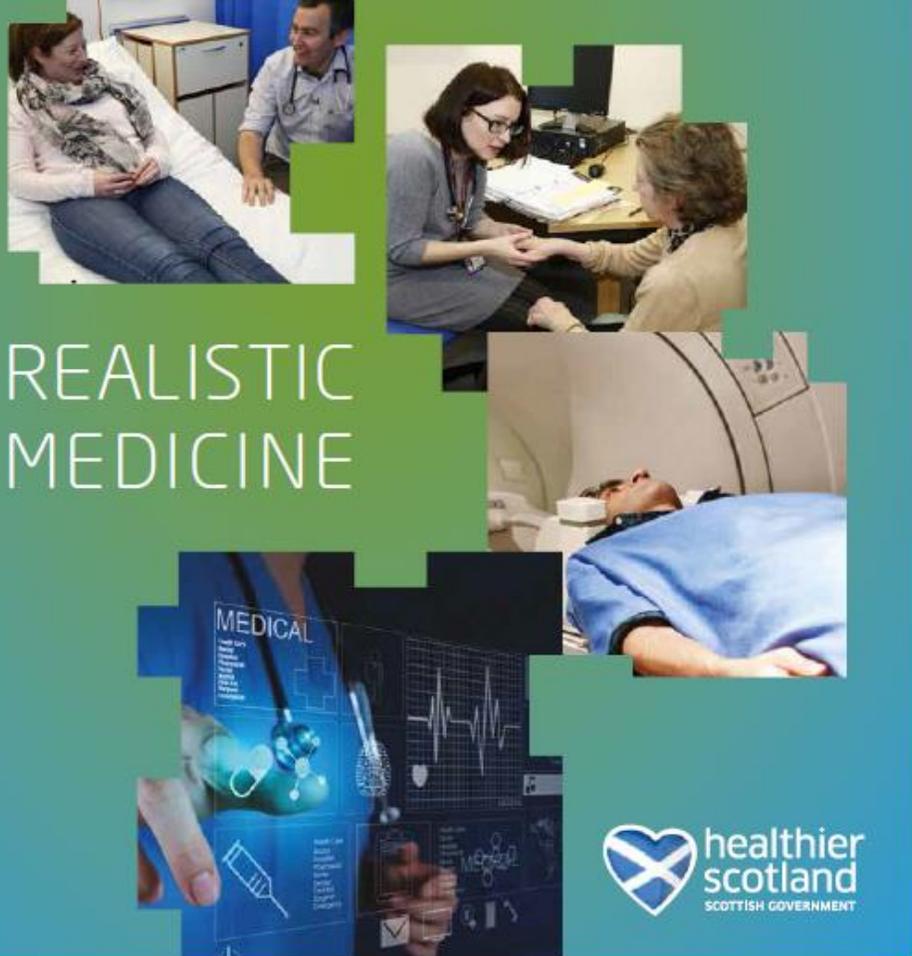
# REALISTIC MEDICINE



THE UNIVERSITY *of* EDINBURGH

## Dying without dignity

Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care



REALISTIC  
MEDICINE



## Dying without dignity

Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care



## Hospital violated patient's rights with 'do not resuscitate' order, court rules

Family of woman who died after order was put on her records without consultation win case against Addenbrooke's hospital



# Methodology



THE UNIVERSITY *of* EDINBURGH

## Semi-Structured Interviews

- One-on-one interviews with foundation doctors
- Anonymous, Confidential – Pseudonyms given
- Exploring experiences of looking after patients who did not get better despite treatment



## UK Medical Training

**UK Undergraduate  
Medical Degree**

**Postgraduate  
2 Year Foundation  
Training**

**Postgraduate  
Specialty Training**

# Methodology



THE UNIVERSITY *of* EDINBURGH

## Semi-Structured Interviews

- One-on-one interviews with foundation doctors
- Anonymous, Confidential – Pseudonyms given
- Exploring experiences of looking after patients who did not get better despite treatment



## UK Medical Training

**UK Undergraduate  
Medical Degree**

**Postgraduate  
2 Year Foundation  
Training**

**Postgraduate  
Specialty Training**

# Results



THE UNIVERSITY *of* EDINBURGH

- 15 Foundation Doctors from across South East Scotland

## Perceived roles

- Work under supervision of senior doctors
- Alert senior doctors to deteriorating patients (“worried”)
- Attend cardiac arrests
- Build relationships with patients and their relatives
- Advocate for patients



# Recognising Dying

**‘...decisions to withdraw care happen quite close to death.’**

**‘...we were just blindly treating the guy and sticking tubes in everywhere, and doing ABGs, like four or five times a day. And I don't know, I just...it was quite upsetting, I think.’**

- Perceptions emerged that dying was diagnosed too late in hospital
- Treatment often ‘invasive’ until late in the process
- Complicated by shift patterns and changing teams
- Can be distressing for doctors





# Considering Appropriate Management

‘...It can be simple things like being asked how often you want a set of observations done for a patient’

‘...when you’re on call it can be more difficult and you don’t know the patient and you don’t really know how much you should be doing.’

- Difficulties determining whether to act when investigations reveal new findings in dying patients
- Perceived low confidence in decisions to cease investigations and treatment (‘junior’)
- Confidence increased over time



# Effects on the Patient's Family



THE UNIVERSITY *of* EDINBURGH

**'...we spent about 45 minutes performing CPR, putting lines in, and things. When her family arrived the family were absolutely horrified and were upset that no one had ever given the opportunity to say no.'**

- Continuing investigations and treatment may be misleading to the patient and their relatives
- The opportunity to discuss wishes may be missed



# Effects on the Patient's Family



THE UNIVERSITY *of* EDINBURGH

**'...we spent about 45 minutes performing CPR, putting lines in, and things. When her family arrived the family were absolutely horrified and were upset that no one had ever given the opportunity to say no.'**

- Continuing investigations and treatment may be misleading to the patient and their relatives
- The opportunity to discuss wishes may be missed



**'...just do your best. I think if you do your best people generally recognise that and they appreciate it'**

- Patients and their relatives appreciate honesty and being involved in decision making

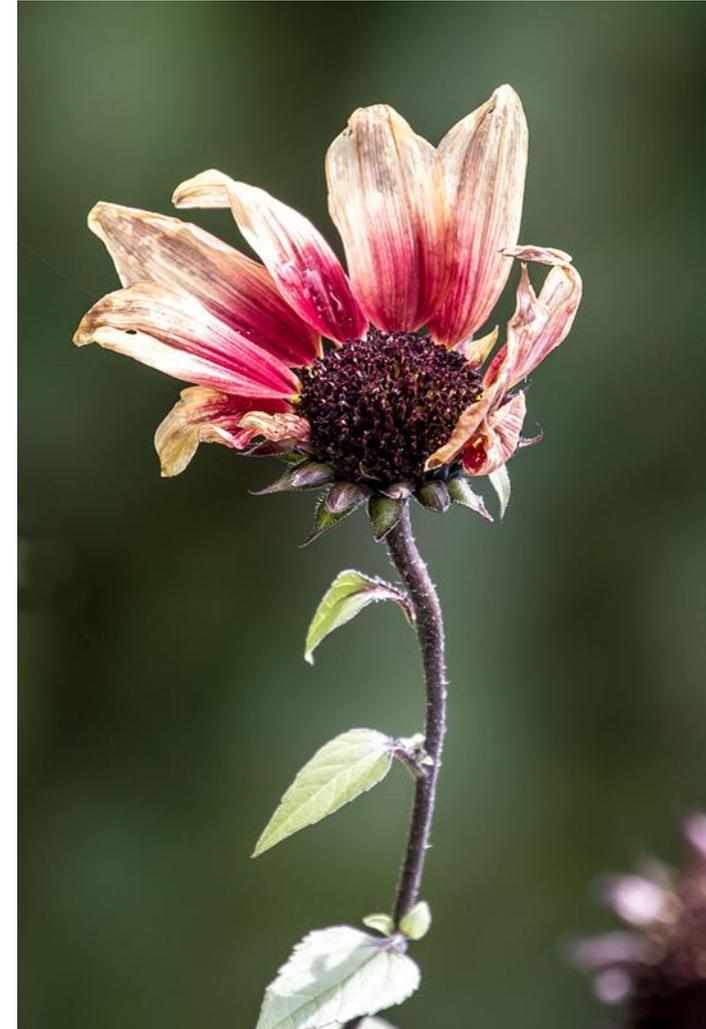
# Good and Bad Death



THE UNIVERSITY *of* EDINBURGH

**'...would I really want to linger around for another week with tubes in me? Okay, we might prolong life for another two weeks, but it's going to be spent entirely in hospital. Do you really want that?'**

- Medical interventions close to point of death not perceived favourably
- Influenced by experiences of patient care, particularly cardiac arrests
- Imagining themselves (or relatives) as the patient
- Imagine selves as future senior decision makers



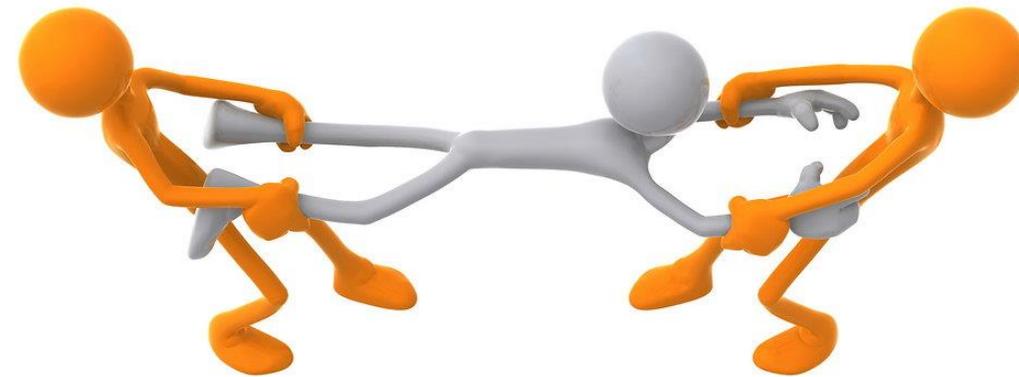
# Feeling Compelled to Act



THE UNIVERSITY *of* EDINBURGH

‘...they wanted him to have a central line for TPN, and so me being the F1 I had to call them and say this is what they want. They came and they said, this is ridiculous, why on earth would you put a line in someone who has no quality of life already?’

- Being the most junior member of the team – sometimes carried out actions that conflicted with their opinions
- Being caught in the middle
  - Different specialties
  - Between nursing and medical staff

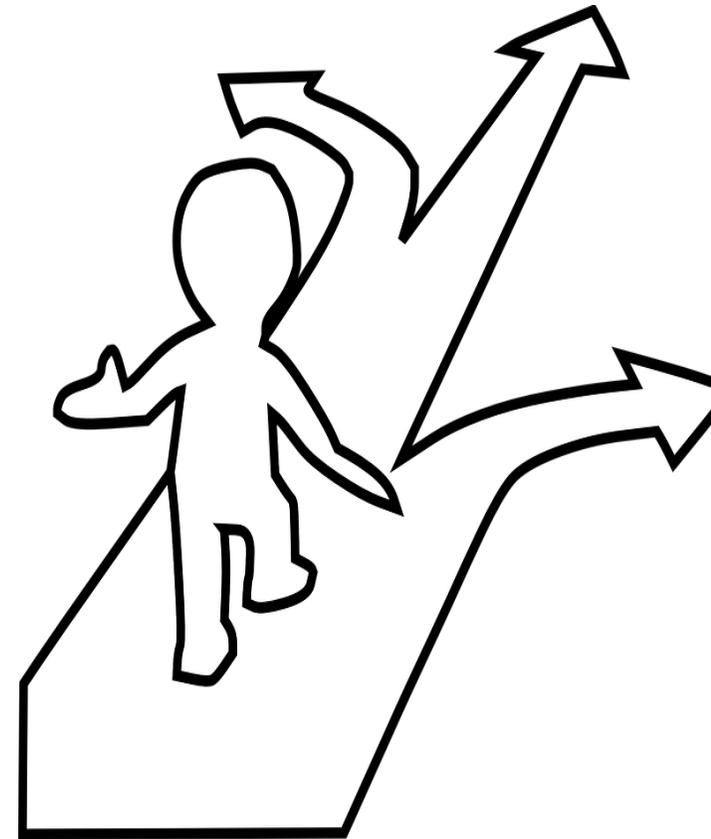


# Discussion



THE UNIVERSITY *of* EDINBURGH

- Newly graduated doctors play an important role in care for patients at the transition towards end of life
- Potential recommendations
  - Explicit with medical students and trainees about uncertainty and the need to ask ('why are we doing this?')
  - Seniors doctors articulating their diagnostic and decision making processes

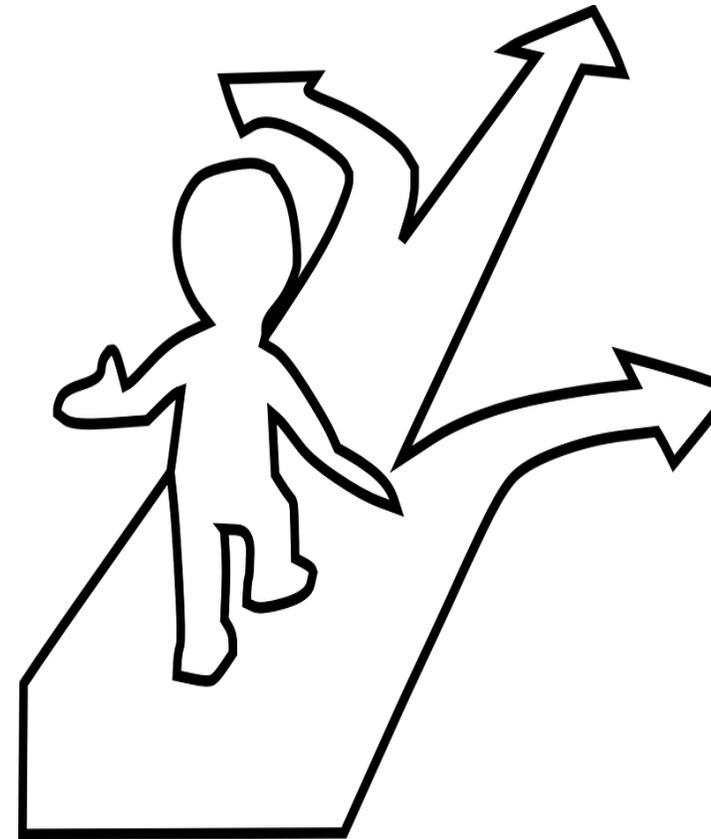


# Discussion



THE UNIVERSITY *of* EDINBURGH

- Newly graduated doctors play an important role in care for patients at the transition towards end of life
- Potential recommendations
  - Explicit with medical students and trainees about uncertainty and the need to ask ('why are we doing this?')
  - Seniors doctors articulating their diagnostic and decision making processes
- Future Work...
  - What are the perceptions of the senior doctors...?
  - What are the perceptions of nurses...?
  - How do workplace systems affect learning to care for patients transitioning towards the end of life?





# Conclusions

- Junior doctors perceive challenges in fulfilling their duty of care for patients at the point of transition towards the end of life
  - Recognising dying
  - Knowing “how far to go”
  - Feeling compelled to act
  - Emotional reactions
- Experiences influence how they consider dying patients and approach to treatment decisions
- Further exploration needed to optimise medical education

# References



THE UNIVERSITY *of* EDINBURGH

- (1) 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.
- (2) Morgan R, Westmoreland C. Survey of junior hospital doctors' attitudes to cardiopulmonary resuscitation. *Postgrad Med J* 2002;78:413-415.
- (3) The Scottish Government. *Living and Dying Well: A national action plan for palliative and end of life care in Scotland*. 2008.

*Image credits:*

*University of Edinburgh; National Health Service;*

*Pexels.com and labelled as free for non-commercial re-use;*

*Otherwise images used under principles of fair use*



**Cme** | centre for  
medical  
education

**Dr Shaun Peter Qureshi**  
**Clinical Fellow in Medical Education**

Shaun.Qureshi@ed.ac.uk

 @shaun\_qureshi



This work was supported by an award from the University of Edinburgh *Principal's Teaching Award Scheme*