

Group work, Monday 22 November:

Palliative medicine: Concepts, definitions and core values

1. Share in the group one or two of your immediate reactions or reflections after having read the chapter “Core concepts in palliative care” in Oxford Textbook. Did any specific part of the chapter resonate with you, or the opposite? (If you want to jog your memory - you can find the chapter [here](#))
 - Handling crises, or better - “crisis prevention”, prevent exacerbations, worsening.
 - Caring for non-cancer patients - does this core concepts mirrors caring for those as well
 - Continuity, if the patient is admitted to another ward because of other issues, they might not remember to consult with the team, example of communication-problem.

2. How are the values that are highlighted in the chapter manifested in the palliative care service where you work?
 - Some concepts are difficult; like communication, for instance if there are many caregivers with different systems
 - The values apply to all patients with palliative needs.
 - The other services that we work closely with does not have the same values, it can be difficult to get “access” to these patients parallel to care for their underlying diseases

3. In your opinion, what are the differences between palliative medicine and other medical specialties – if any?
 - The holistic approach to the patient, and taking care of the caregivers as well
 - Other specialties focuses on (curing) diseases, or minimize the impact of chronic diseases
 - Focus on continuity as an important factor of quality of care

4. What do you see as limitations for palliative care?
 - The patients are labeled, might not get right treatment for other diagnoses
 - Some patients do not want to be admitted, seen as a death camp

- Struggle with resources; not on call 24/7, or not able to make acute home visits - what is the best way to use the specialist in palliative care. Consultative? Or working in a team or a ward?
5. Why did you choose to work in palliative care? This is mostly a question for self-reflection, but you may share your thoughts in the group if you want to.
6. What do you hope to get from the Nordic course?
- Theoretical framework for palliative medicine, to be able to advocate and educate
 - What does it mean to be a palliative care physician, and be a competent specialist
 - Apply the principles to all patients regardless of disease

Monday afternoon, 22 November

Please discuss these scenarios, define one or more relevant research questions, and suggest one or more approaches for a course project to answer the question(s).

1. Two years ago, ESAS was implemented in three advanced home care units in a Swedish county. At present, only one of the units is still using the tool. The responsible physician is eager to know why implementation was successful in one unit and not the others, and how she should go about to have the tool implemented in the other two locations.

2. One of your colleagues works in a palliative care team in a hospital in a rural area. One day he experiences a difficult situation treating a terminally ill patient with an ICD (implantable cardioverter-defibrillator). No plans had been made for deactivation of the ICD. Your colleague wants his hospital to be better prepared for the next dying patient having an ICD. He thinks this will be a nice project for the Nordic course. How should he go about it?

3. An oncologist with a special interest in palliative care has been admitted to the Nordic course. She has the clear impression that while physical and psychological symptoms are reasonably well addressed in her department, the patients do not receive adequate spiritual care. Suggest a course project to address this assumption.

4. Your special interest is cancer pain management. Working as a palliative care consultant in a university hospital, you have the clear impression that less epidural catheters have been inserted during the last two years, compared to the years before. Is this a coincidence, or has there been a change in policy? How can you find out?

5. As a consultant in a hospital-based palliative care team you attend the EAPC congress and read a poster presenting somatostatin (octreotide) as a treatment for refractory chemotherapy-induced diarrhoea. You wonder whether you should try this treatment in your own hospital. Give an idea for a course project addressing this issue.

6. During a meeting for palliative care physicians in a region in one of the Nordic countries, it became evident that the doctors prescribed corticosteroids very differently. They did not use the same doses, and not even the same drugs. One of the younger physicians thinks this is very strange - how can he know how he himself should prescribe these drugs? Give some ideas for projects to explore this situation and help your young colleague.

7. A physician has just been accepted to the 10th NSCPM. She has no research experience and is not tempted by statistics and large databases. Her interests are more in the field of arts and crafts. Give her some suggestions for a course project that could fit her inclinations.

8. Since several course participants probably will choose an audit for their course project, we asked you to read the chapter on audit in palliative medicine in Oxford Textbook before coming to this module.

What topic or process would you want to audit at your own workplace? How would you plan this audit?