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)

Group 4 notes:

- Palliative care is easier when you meet the patient several times and get to know them. Breaking down difficult topics over multiple visits is ‘softer’ or easier, as well as helps with avoiding a sudden ‘crisis’ or emergency, or in the least pre-plan for it.
- Conflict of interest or expectations, conflict of views about stage of care and aims of care were an excellent topic and a good take home message. Several group members found it practice changing, or altered their work methods, or felt they could better reach out to their patients after reading the chapter.
- A similar interesting and important point was the ‘cycle of life’ model.

2. How are the values that are highlighted in the chapter manifested in the palliative care service where you work?

- Individualised care: A lot of discussions with the patients depend on their goals, priorities, religion, relatives, expectations and so forth.
- Being able to look at the patient as a whole.
- Introducing, or trying to introduce, the patient to their entire care team. Reassure them in a manner of ‘if it’s not me you meet next time, these are my colleagues, we share notes, we aim to take best possible care of you’

3. In your opinion, what are the differences between palliative medicine and other medical specialties – if any?

- A different view of the patient. More time to get into the patients’ problems and who they are.
- You can talk about the ‘elephant in the room’, because the patient isn’t there to ask for ‘more time’ or be put into a specific ‘conveyor belt of care’ (i.e. surgery -> radiotherapy -> follow up), they’re there to talk about what ails them and what can be done to alleviate that.

- Can take the time to talk more about the treatment choices taken.
- Can consult and take into account several approaches. For example, for cancer symptoms, surgery versus radiotherapy.

4. What do you see as limitations for palliative care?

- Lack of screening for palliative care in other specialties; not every specialty knows to refer the patient forward for even basic palliative care.
- Resources; 'for the right patient, at the right time'.
- Local practices and sharing work load; i.e. it's not possible for the same person to work both in university and municipal hospital level. Or for example you might have different patient information systems, or privatised home ward, making communication and multidisciplinary planning difficult.
- There's a limit to skills and workload one person can handle, it would help to have multidisciplinary palliative care wards or clinics, or better communication.

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.

- Not for the money, at least :(⅗ of the group gets no salary benefit for being a specialist.
- Learned about palliative medicine through a rotation, got interested.
- Complex, depthful topics and multidisciplinary approach, 'seeing the patient as a whole', comprehensive care.
- 'Being a physician is not about just following a protocol', 'we do the opposite of just offering a package'.
- Touching difficult issues and tackling them as a multidisciplinary team feels very rewarding and very deeply rooted in the core ethics of being a physician.

6. What do you hope to get from the Nordic course?

- More knowledge.
- More perspectives, see how things go in other countries.
- Networking! Facebook groups or other ways to stay in touch.
- Better science - learning a scientific method and doing research about palliative care.
- Refreshing academic English :)
- Refreshing academic Swedish :)=

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.

- Qualitative study: 'What happened?' 'Why was the implementation successful?' 'How was the implementation done?', 'What are your experiences with the ESAS questionnaire?'. Interviewer would probably be the doctor interested in this.
- You could attempt a quantitative study; for example run EORTC-QLQ 30 or a QoL / symptom control measure for the units and compare the results, for example 'Quality of Life' or 'Sympton management' as endpoints.
- One could run a literature research on the benefits and hindrances of implementing ESAS, to try to then find ways to make the results applicable in the Swedish county.

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?

- Are there routines or protocols already in place in the county? Can the ICD be deactivated in the rural hospital or does it require cardiological consultation in an university hospital.
- Is there routine screening for ICD from patients?
- Thus, either an audit or a literature / patient file review; 'Do we identify patients with ICD and do we routinely make a plan?'
- Can't I just buy a magnet from Clas Ohlson? :)

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.

- Audit for unmet patients needs, targeting specifically spiritual care. 'Do we ask and document any spiritual issues?'

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?

- Research hospital policy and/or literature for epidural catheters. Have the guidelines changed? Is there new evidence?
- Research patient data (if it has been documented) for the last two years and for example five years in total, has there been a change in amounts. Retrospective quantitative study.
- You could try to audit the staff on their attitudes towards epidural catheters, but this won't give you an idea of the changes (doesn't work retrospectively).

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.

- Literature research, is there more data or guidelines.
- Prospective randomised double-blinded study on octreotide would likely be beyond the scope of the course project.

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?