Preparation for Treating Life Limiting Illness Beyond Specialist Palliative Medicine

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The Voyage of Life, Thomas Cole, 1842
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\(^{(4)}\)
Most Patients Will Be Cured

Unfortunately a minority of patients will die

Medical student view

The Problem...?
The Problem...?

Most Patients Will Be Cured

Unfortunately a minority of patients will die

Medical student view

Postgraduate
2 Year Foundation Training

Postgraduate Specialty Training
Most Patients Will Be Cured

Unfortunately a minority of patients will die

The Problem...?

Postgraduate View

Postgraduate Specialty Training

Postgraduate 2 Year Foundation Training

‘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)

The Problem...?

Most Patients Will Be Cured

Unfortunately a minority of patients will die

Medical student view

Postgraduate Specialty Training

Postgraduate Year Foundation Training

Dying without dignity
Investigations by the Parliamentary and Health Service Ombudsman into complaints about end of life care
The Problem...?

Unfortunately a minority of patients will die
Most Patients Will Be Cured

Unfortunately a minority of patients will die

The Problem...?
The Question

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


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