

## **ELECTIVE (SSC5b) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**1. The Margaret centre is described as an acute palliative care centre. This means that it is a specialist palliative care centre but is a short stay centre rather than a standard hospice. Patients either come directly to the centre from home or from the hospital having been seen by a member of the palliative care team. They can come in for symptom control/management, respite, end of life care or discharge planning.**

**It's close proximity to and relationship with the hospital means that the referrals also differ from a standard hospice. It appeared to me that the threshold for referrals to palliative care seemed lower at Whipps Cross than in other hospitals I have experienced. I wondered whether this was because of the easy access to a well set up and very capable palliative care team just down the corridor. Palliative care is the relief of symptoms during a terminal stage of an illness and therefore every person reaching the end of their life does not necessarily need specialist palliative care input. I was aware of the triage that had to be carried out daily to ensure that only those who were terminal and symptomatic came across to the Margaret centre rather than anyone who was nearing the end of their life. Although often patients and their family are very keen to be transferred to the Margaret centre, due to the privacy of mainly single bed rooms and peace of not being on a busy noisy medical ward, it is only an eleven bed centre. It does not have the capacity to accommodate every death and therefore criteria must be set. I also realised that this is important to ensure that doctors and nurses on hospital wards don't become deskilled and unfamiliar with dealing and caring properly for death.**

**2. This objective is hard to answer due to completing my elective in the UK and having no experience of palliative care elsewhere in the world. However I have found out that in 2010 and 2015 the UK came top of the world as the best place to die. I think this is contributed to by the recognition we have in the UK of the needs of the dying patient and appropriate pathways and structures available. These have been formed allowing suitable treatment and care at the end of life. In developing countries due to inadequate health care systems and poverty palliative care is often not able to be a priority.**

**A huge contributor to palliative care in the UK and all over the world is the work of many charities that run hospices and palliative care services. The NHS only funds around 40% of the money needed to provide palliative care services as they are today, with the remainder fundraised by charities.**

**As the number of elderly people in our world and country continues to increase, the practicalities and financial burden of providing appropriate and adequate palliative care to everyone is going to be a continuous challenge.**

**3. Although I spent the majority of my time on the Margaret centre ward with the doctors, I also spent some time with some of the other teams that are integral to palliative care as a whole. I visited the PSS (psychological support services), complementary therapy, hospital and community outreach teams.**

**The complementary therapy team offer massages, breathing techniques, aromatherapy and reiki. I went with one of the volunteer therapists who was visiting a lady on an inpatient ward to perform reiki.**

The patient was very open to having therapy after a particularly stressful and painful morning. When the session was over the patient seemed much calmer and relaxed and reported feeling much better having had reiki.

I'm not sure what I think about reiki therapy, but I concluded that to be honest it doesn't really matter. What's important is the effect it has on the patient. The patient's mentality and sense of well being was dramatically improved by the treatment. In palliative care through medical treatment, spirituality, emotional and social well being the aim is to improve quality of life and this treatment certainly seemed to tick this box, for this patient.

Like the complimentary therapy, PSS counselling service is also mainly staffed by volunteers. It provides counselling to patients with terminal illnesses, carers and children and adults who have suffered complicated bereavements, giving patients and carers space to speak through their thoughts and concerns. This is such an important opportunity, especially as although ward members are very happy to provide a listening ear and advice, there is simply too little time and too much to do.

The input of these teams all working together certainly improves the care that the patients receive at the Margaret centre. It allows the doctors and nurses to focus on the physical and practical issues whilst being assured that other aspects of the patients care can be covered if necessary by other teams. It was humbling to see how many of these services were provided by volunteers. At times the Margaret centre was such a comfortable place to be for patients and their families that it became difficult, when they were stable, to get them home!

4. I found it really useful observing the doctors at the Margaret Centre. I realised that palliative care has a huge amount of patient contact and that throughout every patient and family encounter and conversation, excellent communication is absolutely fundamental. I enjoy forming relations with people from all different walks of life, and through these relationships be able to try and support them through one of the most difficult processes we experience in this life.

Obviously there was a lot of patients who died while I was on placement. However I was surprised by how natural it felt. Although of course I felt for the families, I didn't feel deeply upset and managed to separate feeling sad about the situation, from letting it deeply affect me emotionally.

I value how palliative care is very holistic, focusing not just on patient medical symptoms but also their social, religious and emotional needs. These are often not addressed on medical and surgical wards, probably largely due to time constraints. However it has been humbling to be reminded how when addressed they can positively affect patient's well being and physical states hugely, and trigger me to spend the time addressing these when I see patients, wherever possible.

One issue that I found difficult was the short term constraints that the centre has to enforce. Sending patients home as quickly as possible once medically ready, means that at times it can be difficult to come to a mutual agreement with the patient and family. This is mainly due to flaws within our social care and housing systems and a lack of money. Nevertheless I still found it sad not to be able to make every patient's admission end happily. I realise this is something I will need to address as I know it will be an issue I face every day where ever I work over the next few years.

**Overall, I have thoroughly enjoyed my placement at the Margaret centre. It's given me further experience and insight into palliative care and definitely affirmed it as a possible career choice in the future.**