

1 Discuss the illnesses that lead to people accessing Palliative Care and how the illnesses seen in the UK differ from those seen in other countries.

In the UK, typically patient's accessing Palliative Care will have a life limiting illness. A large proportion of these patients have cancer and historically Palliative Care has been associated with cancer care. More recently, patient's with long term chronic condition such as heart failure, COPD and neurological conditions such as Multiple Sclerosis and Parkinson's Disease. Even more recently, some Palliative Care units, including Marie Curie Hospice Hampstead, have started to take on patients who are not terminally ill but have chronic symptoms that are difficult to control. Often, these are patients with chronic pain disorders. Compared to the UK, in countries in Africa (namely, Uganda, South Africa and Tanzania who are the only countries with palliative care intergrated into their national health policies), although cancer still makes up a large proportion of patients accessing Palliative Care, there is a large number of patients with AIDs who access these services.

2. Discuss the healthcare provisions in terms of medical, psychological, social and spiritual care and how this differs with patients receiving Palliative Care in other countries.

For the purposes of comparison, I am going to compare the provisions for Palliative Care with provisions available in Africa. In some African countries, there is a much higher demand for palliative care than there is practitioners to deliver this care. In Tanzania, for example there are 2 doctors and 37 nurses per 100,000 people, which is a severe shortage. One problem contributing this relates to Palliative Medicine being a relatively new specialty and only taught as part of the medical curriculum in 5 countries in Africa, whereas Palliative Care is taught as part of the normal curriculum for medical students in the UK.

3. Describe the roles involved in the Multi-Disciplinary Team and how they are able to work together to support the patient, their friends and their family.

Understandably, when a person is dying, this is a stressful time for the patient as well as the people surrounding them. For this reason, a lot of support is needed to help patient's and their families. Compared with other specialties, Palliative Care involves a large team involved in a patient's care. A typical team will consist of the people listed below. Together the MDT aim to make the patient as comfortable and well as they can be, despite their illness, so they are able to enjoy their last, days, weeks, months or longer of life and able to do the things that are important to them. For example, stay in their own home, maintain their independence, get paperwork in order or spend time with their friends and family while staying as free from symptoms as possible. They achieve this by aiming for good communication within the MDT.

- *Doctors*- Doctors are present in the hospice and in the community. During a patient's stay in hospice, the doctors will see them and assess their current problems and aim to formulate plans to tackle these. Common medical problems include pain, nausea and vomiting and constipation, however, many patients will have other problems that require further input from other members of the MDT and the doctors will co-ordinate this for the patient.

- *Ward Nurses*- During the patient's stay in the hospice the Ward Nurses will care for the patient and help them with anything they need assistance with, including dressing, washing, toileting, feeding and medication. The Nurses are also responsible for co-ordination of care for the patient for if or when they leave hospice.
- *Community Nurse Specialists (CNS)*- These Nurses will aim to optimise care for the patient while they are in the community. Many CNSs are Nurse Prescribers and so can alter a patient's medication when it is required in the community. CNSs are experts in their specialty and so provide an important port of call for patients and can help them with co-ordination with other healthcare professionals and help to answer questions and concerns the patient and their family have.
- *Social Workers*- Having a terminal illness can be highly stressful for a patient as well as family and friends. Although there is financial support available, it can be hard for patient's and their family to access this support. Social Workers can be very useful for helping patient's find benefits they are entitled to. And in some situations Social Workers can be helpful when a patient needs to make new arrangements for housing if their home is inappropriate for their abilities (e.g. living in a flat with stairs to the front door).
- *Physiotherapist*- The role of the Physiotherapist is to first assess the patient's physical abilities and to set goals with the patient to see what they feel they would need to improve on to be able to do the things they want to do, for many people this can be as simple as transferring independently and able to take a few short steps to a bathroom or commode. The physiotherapists play a crucial role in MDT discussions around discharge home and whether the patient is safe to be at home alone.
- *Occupational Therapist (OT)*- The OTs role is to make as much of the world accessible to the patient as possible. They have an important role in discharge planning and assessing a patient's home and finding equipment that may help the patient to stay in their own home.
- *Chaplain*- The Chaplain is available in the hospice to speak with patients as well as with their families and friends to give spiritual guidance at a point in their lives when the patient may be questioning what happens to them after death. The Chaplain is also responsible for co-ordinating other religious officials that a patient wishes to see of their own faith.
- *Councillors*- Are available to help patient's as well as their family to come to terms with the impending death of a loved one. Councillors are often available to see family members after the death of a loved one to continue to help them to come to terms with a large change in their lives.

4. Reflect on my experiences in Palliative Care. What further clinical and communication skills have I learnt from these experiences

With regards specifically to clinical and communication skills, the most important skill I have been able to improve on and practice in Palliative Care is dealing with patient's who are feeling emotional. One example of this was when I was clerking a patient, discussing their pain and he started crying. When this happened, I stopped asking questions, let him finish crying and put a hand on his shoulder, once he had composed himself I continued to ask him about his pain, acknowledging that it was something that upset him a lot. I think that I dealt with this situation as well as I could, it was difficult

because it was unexpected to see the patient cry and it's hard to know how a patient will react if you try to comfort them, it felt very normal to put my hand on his shoulder, but I know that for some people this would be too much contact from a stranger, if this had been the case I would have stepped back.

Another skill I was able to improve on was prescribing end of life drugs. I now feel more confident that when I am faced with a dying patient in the future, I will know what needs to be prescribed to keep them comfortable.