Palliative Care;
Walking an old path in new shoes.

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Palliative care - a "journey"

- Where are we now?
- Where are we going?
- How will we get there?
- What will we need to achieve this?
- How will we know we did achieve this?
The need of the hour

THEN, THERE WAS NOTHING

- Undoubtedly we have come on leaps and bounds since 1967

NOW THERE IS INSUFFICIENT

- A ‘need-supply’ and ‘requirement-distribution mismatch’
- A need explosion

THE FUTURE?

- unbiased, equitable and evidence-based palliative care irrespective of diagnosis, prognosis, social and economic status or geographical location

HOW?
PROPER PROVISION
right skills
right place
round the clock

JUSTICE
(postcode & pathology)
COORDINATION
CONTINUITY

SUFFERING
(symptoms [&
achieving a sense of
resolution & peace])

CONFIDENCE &
COMPETENCE
clinicians & carers

SUSTAINABILITY

Plan & do
An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

Support
The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.

Recognise
The possibility that a person may die within the next few days or hours is recognised and communicated clearly, decisions made and actions taken in accordance with the person’s needs and wishes, and these are regularly reviewed and decisions revised accordingly.

Involve
The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

Communicate
Sensitive communication takes place between staff and the dying person, and those identified as important to them.

ACP etc.
capacity &
assessment

OUTCOME
Inside the Box
RIGHT PEOPLE
who we are:
✓ compassion leaders?
✓ Facilitators
✓ savvy & astute?

Outside the Box
RIGHT STORY
what we do:
✓ Cradle of safety
✓ Maximum comfort
✓ Optimum health
✓ Decision space
✓ Locus of control
NIHR

RESEARCH, TRAINING, EDUCATION

- purposive
- selective
- collaborative

CRITERIA FOR PARTNERSHIP

- sensible risks
- sufficient vision
- sign-up
- speed
- sustainability

OUR COMMUNITY?

- geography
- demography
- confederation
- configuration
**OTHER CARE PATHWAYS**
- Outpatients & Joint clinics
- Early referral/Supportive Care
- Complex symptom management
- Short-term involvement

**MULTIDISCIPLINARY TEAM WORKING**

**ADMISSION TO SPECIALIST BEDS**

**NEEDING DIRECT CARE?**

**THE DYING PROCESS**
- Living Now?
  - Communication
  - Managing symptoms and distress
  - Family conflict
- Dying Now?
- End of life care
- Increasing compassion
- Increasing awareness
- Managing symptoms
- Unravelling suffering and distress
- Supporting family & friends

**DAY-CARE AND OUTPATIENTS**
- Complex symptom management

**ADVANCE CARE PLANNING:**
- Deciding on treatment options
- Balancing benefits and harms
- Understanding uncertainty
- Unravelling suffering and distress
- Supporting family & friends
OTHER CARE PATHWAYS
- Attending Multidisciplinary Meetings
- Advice on care planning
- Case conferences

MULTIDISCIPLINARY TEAM WORKING

JOINT ASSESSMENTS

SECOND OPINIONS

THE DYING PROCESS
- Dying now?
- Help with communication, symptoms and distress, family conflict

STAFF SUPPORT
- Supporting complex decision-making
- Analyzing complexity
- Unravelling suffering and distress
- Debriefing on distressing cases
- Case conferences
Summary

• Hold the values of Palliative medicine and our beginnings at the fore.
• Understand our Culture and resources.
• Build transitions/transformation/research and education with a Patient centred/Colleague centred approach.
• Be SMART.
• Be Savvy and Evolve
• Be Leaders
Have courage