Abstracts

References

P-21 PALLIATIVE MEDICINE PHYSICIANS ARE EXCEEDINGLY OPTIMISTIC INDIVIDUALS!
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Background Oncologists (and other healthcare professionals) often perceive palliative medicine physicians as being overly pessimistic, whilst palliative medicine physicians often perceive oncologists as being overly optimistic. However, there appears to be no scientific evidence to support these perceptions. Hence, we set out to examine the relationship between choice of medical specialty and levels of optimism/pessimism.

Method In April 2016 all oncologists and palliative medicine physicians employed at four cancer centres within the United Kingdom were contacted to complete an online survey. Participants were asked to complete the Life Orientation Test - Revised (LOT-R), which is a validated measure for assessing optimism and pessimism, and also asked to describe a picture of a partially filled wine glass (ie, would you describe the glass as “half full” or “half empty”).

Results 112 participants of different grades (consultant, specialty trainee or “other” doctors) completed the on-line survey in full. There was no difference in LOT-R scores between oncologists and palliative medicine physicians, but there was a statistically significant difference in LOT-R pessimism scores between consultants and specialty trainees (p=0.03). There was also no difference in the glass half full/half empty question between oncologists and palliative medicine physicians, or in this case between consultants and specialty trainees.

Conclusions The results of this study refute the perception that palliative medicine physicians are overly pessimistic (and that oncologists are overly optimistic). Interestingly, specialty trainees were generally less optimistic than consultants, which may reflect the current challenges facing junior doctors in the United Kingdom or that experience and/or training can indeed influence an individual’s outlook on the world.

P-22 DECISION MAKING AROUND END OF LIFE CARE IN THE EMERGENCY DEPARTMENT
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Background Every day, Emergency Department (ED) doctors are confronted by the challenges associated with patients who are dying or who are nearing the end of life. Recognising that a patient is dying and identifying the need for a more palliative approach is crucial if the patient is to receive appropriate end of life care. Such decision making in the ED will also minimise harm to this patient group by avoiding treatments which would be futile, burdensome or contrary to the patient’s wishes.

Method A communication tool was devised for use in the ED (named Hospital Anticipatory Care Plan - HACP). It allowed for the attending ED doctor to document what they felt were appropriate treatment options and also level of escalation in terms of any ITU/HDU referral. If considered that end of life care was most appropriate then this could also be indicated. Training in use of the tool was provided for medical and nursing staff of all grades.

Results One year after introduction of HACP, the tool is now commonly used in conjunction with DNACPR. An audit of cases admitted through the ED with HACP completed showed that in 73% of cases the patient died within 48 hours of admission - without being subjected to futile interventions or inappropriate escalation of care.

Conclusions Senior ED staff have fairly reliable clinical acumen in identifying patients who are on an end of life trajectory. Recognising that a patient is nearing the end of life makes it less likely that a patient will have a “bad death” i.e. one that involves futile over treatment of their underlying condition while under treating their palliative needs.