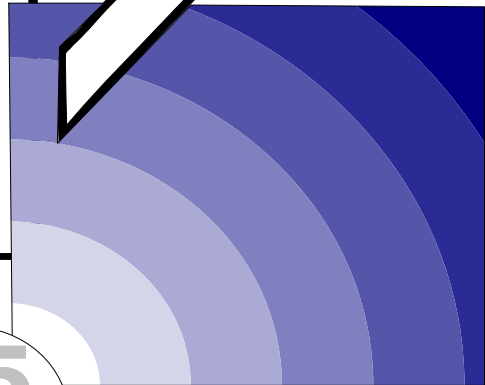
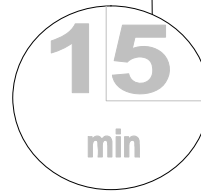


CLIP

15 minute Workshop



Introduction to palliative care

3: Making sensible decisions

Introductory level

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Aim of this worksheet

To understand that sensible decisions just need common sense
 - don't panic!

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace.

Case study

Mary is a 29 year old lady married with 2 young children. Eight months ago she was found to have an advanced pelvic tumour which was inoperable. She received radiotherapy but the tumour persisted. She has been admitted with severe abdominal pain.

The family are around her bed. Her husband is holding her hand and looks very worried, while the oldest child is clinging to dad. The youngest child is playing with a doll. Mary's sister is standing in a corner, tears streaming down her face.

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Making decisions: dealing with 'The Fog'

In most situations, professional carers make sensitive, sensible and logical decisions, but in complex situations, these decisions can become insensitive, irrational and unhelpful

This has been described by Robert Twycross as the 'Cancer Fog', but it could equally be the 'AIDS fog' or the 'Multiple Sclerosis fog'.

This 'Fog' is caused by too many emotive and unfamiliar demands coming together at one time

- this drives many professionals to rely on automatic behaviour that they learnt last time they were in a frightening or distressing situation. While some will have learnt to cope with compassion and common sense. Most professionals use less helpful defence mechanisms:

- being inappropriately jolly (eg. 'We'll soon have you back on your hands and knees!')
- being inappropriately gloomy (eg. 'This is not good, I'm afraid that there's little we can do.')
- showing irritation (eg. 'You all should go home now and leave us to get on treating Mary.')
- being too distressed to function (NB some distress is normal, but you still have to be able to help)
- being inappropriately reassuring (eg. 'It'll be fine.')
- focussing on the physical aspects only
- avoiding any reference to the obvious distress in the room
- avoiding difficult questions

'The Fog' catches everyone out from time to time, so it's worth knowing what makes it worse and what makes it easier:

Things that may make 'The Fog' worse:

- a patient in acute distress
- a distressed or angry relative
- the presence of children, especially if they seem vulnerable.
- a tired professional
- training that relies too much on 'surviving'
- using a standard routine to treat an unusual problem
- lack of recognition that when we are stressed we all fall back on routines that are familiar, but that these routines were learnt under stress and may not be helpful

Things that may make 'The Fog' clearer:

- using the skills and knowledge you already have
- using common sense
- being sensitive to the what the patient and partner are saying to you
- acknowledging the distress of the patient and partner
- accepting that there are some situations that need alternative approaches

Helping the distressed patient

What you need are care and common sense- don't panic!

Psychological things that may help:

- | | |
|--|-------------------------|
| -smile, light touch, introduce yourself. | (Be polite) |
| -explain that you're there to help. | (Be informative) |
| -acknowledge that she looks distressed | (Be sensitive) |

Other things that may help:

- | | |
|--|---------------------------|
| -get information about her pain eg. Where, Character, Radiation, Precipitating and Relieving factors (see CLIP worksheet on <i>Diagnosing the Pain</i>) | (Be accurate) |
| -get help if you can't deal with the pain yourself | (Be sensible) |
| -while waiting for help or medication to work, sit with her, and ask how she feels | (Be compassionate) |

Mary is clearly distressed, going pale every few minutes with abdominal pain, whimpering when it is at its most severe.

Write

Give examples of how professionals sometimes react to this situation?

By hiding their feelings

By letting their feelings take over

By avoiding the problems

Write

**Why is making decisions in this situation difficult?
What would make it easier?**

These make it difficult

These would make it easier

**Don't
panic!**

What can you do to ease Mary's pain and distress?

Psychological help	Physical help

FURTHER ACTIVITY: Making sensible decisions

Think back to the last distressed person you met:

- what made 'the fog' more difficult?
- what made it easier?

FURTHER READING: Making sensible decisions

Journal articles

Baumrucker SJ. Palliative care, burnout, and the pursuit of happiness. *American Journal of Hospice & Palliative Care*. 2002; **19**(3): 154-6.

Dunne K. The personal cost of caring. *International Journal of Palliative Nursing*. 2003; **9**(6): 232.

Maguire P. Faulkner A. Booth K. Elliott C. Hillier V. Helping cancer patients disclose their concerns. *European Journal of Cancer*. 1996; **32A**(1): 78-81.

Maguire P. Improving communication with cancer patients. *European Journal of Cancer*. 1999; **35**(14): 2058-65.

Maguire P. Improving communication with cancer patients. *European Journal of Cancer*. 1999; **35**(10): 1415-22.

Maguire P. Barriers to psychological care of the dying. *British Medical Journal Clinical Research Ed.* 1985; **291**(6510): 1711-3.

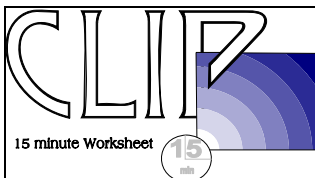
Tierney WM. Improving clinical decisions and outcomes with information: a review. *International Journal of Medical Informatics*, 2001; **62**(1):1-9.

Vachon ML. Reflections on the history of occupational stress in hospice/palliative care. *Hospice Journal - Physical, Psychosocial, & Pastoral Care of the Dying*. 1999; **14**(3-4): 229-46.

Wright B. Compassion fatigue: how to avoid it. *Palliative Medicine*. 2004; **18**(1): 3-4.

Resource books

Regnard C, Hockley J. *A Clinical Decision Guide to Symptom Relief in Palliative Care*, 5th ed. Abingdon: Radcliffe Medical Press, 2004.



Current Learning In Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Also available online on

www.helpthehospices.org.uk (click on 'e-learning')