

People at the End-of-Life

The role of the GP in end-of-life and palliative care

As a GP, your role is to:

- Enable early identification of patients and their carers
- Holistically assess the needs of the patient, family and carer
- Understand diversity of need across age, gender, diagnosis, disability, sexuality, culture and spirituality to enable individualised care
- Identify reversible conditions or deterioration and proactively plan for anticipated changes in capacity
- Recognise common themes and consideration required for sensitive communication
- Manage the general medical care and support the needs of patients with advanced serious illness and end of life care
- Understand the purpose and function of the multidisciplinary team (MDT)
- Liaise and work in partnership with specialist palliative care and MDTs- to optimise care
- Understand the benefits of Personalised Care and Support Planning
- Understand how to reliably meet Five Priorities of Care for people in the last days of life, to ensure the best care and death possible. (Recognise, Communicate, Involve, Support, Plan & Do)
- Deliver care with compassion, so that the person can die with dignity, with individualised care and minimal distress.
- Ensure timely and regular review of the person's needs and wishes, and revise care and support plans accordingly
- Understand your role in care after death, including health promotion advice and support of normal and complex grief responses
- Understand the importance of reliable processes in place, such as best practice coding and documentation, required to support patients and those important to them
- Participate in reflective practice to learn from deaths and improve your practice
- Understand the public health compassionate community approach and the GPs role within this.

Key Areas for Exam preparation

Common and important conditions

- Pain is a common symptom in palliative care. Recognition of the type, expression and possible causes of pain and its management are important (physical, psychosocial, cultural and spiritual)
- Emergencies in palliative care include:
 - haemorrhage;
 - hypercalcaemia;
 - superior vena cava obstruction;
 - spinal cord compression
 - raised intracranial pressure;
 - sepsis;
 - pancytopenia; and
 - venous thromboembolic events (e.g. pulmonary embolus or deep vein thrombosis)

Suggested Resources:

General Information

- <https://www.e-lfh.org.uk>
- <https://www.evidence.nhs.uk/search?pa=2&q=End%20of%20life>
- <https://www.nhs.uk/conditions/end-of-life-care/>
- <https://www.england.nhs.uk/eolc/>
- <https://www.mariecurie.org.uk/help/support/diagnosed/recent-diagnosis/palliative-care-end-of-life-care>
- <https://www.nice.org.uk/guidance/qs13/resources/end-of-life-care-for-adults-pdf-2098483631557>
- <https://www.nice.org.uk/guidance/ng31>
- <http://cancerhelp.cancerresearchuk.org/about-cancer/what-is-cancer/statistics>

Pain

- <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/symptom-control/pain-control>
- <https://www.bma.org.uk/media/files/pdfs/analgesics-end-of-life>
- <https://www.nice.org.uk/guidance/cg140/chapter/Introduction>
- [https://www.hospiceuk.org/docs/default-source/Policy-and-Campaigns/briefings-and-consultations-documents-and-files/no-painful-compromise_pain-management-report-\(final\).pdf?sfvrsn=4](https://www.hospiceuk.org/docs/default-source/Policy-and-Campaigns/briefings-and-consultations-documents-and-files/no-painful-compromise_pain-management-report-(final).pdf?sfvrsn=4)

Haemorrhage

- <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/recognising-emergencies/massive-haemorrhage>
- <https://www.bjfm.co.uk/end-of-life-care-and-palliative-care-emergencies>
- https://heeo.hee.nhs.uk/sites/default/files/palliative_care_teaching_pall_care_emergencies_for_gp_trainees_jan_2017.pdf

Hypercalcaemia

- <https://www.evidence.nhs.uk/search?q=hypercalcaemia%20>
- <https://www.gmjournals.co.uk/management-of-malignant-hypercalcaemia-in-the-palliative-population>
- <https://www.bmj.com/content/315/7121/1525>

Superior vena cava obstruction

- <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/recognising-emergencies/superior-vena-cava-obstruction>
- <https://www.evidence.nhs.uk/search?q=SVC%20obstruction>
- <https://bestpractice.bmj.com/topics/en-gb/848>
- https://www.nwscnsenate.nhs.uk/files/8814/7204/6362/FACTS_leaflet_-_Diagnostic_Algorithm_for_superior_vena.pdf

Spinal cord compression

- <https://www.evidence.nhs.uk/search?q=spinal+cord+compression>
- <https://www.cancerresearchuk.org/about-cancer/coping/physically/spinal-cord-compression/about>
- <https://bestpractice.bmj.com/topics/en-gb/1012>

Raised intracranial pressure

- <https://www.evidence.nhs.uk/search?q=raised%20intracranial%20pressure>

Sepsis

- <https://www.evidence.nhs.uk/search?q=sepsis%20and%20cancer>
- <https://www.evidence.nhs.uk/search?q=sepsis>
- <https://www.sepsis.org/sepsisand/cancer/>

Pancytopenia

- <https://www.evidence.nhs.uk/search?q=pancytopenia%20and%20end%20of%20life>

Venous thromboembolic events

- [https://www.thrombosisresearch.com/article/S0049-3848\(18\)30677-7/pdf](https://www.thrombosisresearch.com/article/S0049-3848(18)30677-7/pdf)
- <https://thrombosisuk.org/downloads/NTW2017-Cancer%20Associated%20Thrombosis-Palliative%20Care%20and%20the%20End%20of%20Life.pdf>