

Reflection based on the ‘What happened, what did you do, what have you learnt, what next’? - Reflective logs (Example 3)

Learning Log – ‘Relationship with a Patient’

Subject title: End of Life Care

What happened?

I was on call overnight and was called to see a palliative patient on the respiratory ward. The patient had end-stage lung cancer and was expected to pass away in the next day or so. I was asked to see the patient as they were struggling to breathe and in pain.

What did you do?

On arrival, the patient had a very high respiratory rate with many harsh respiratory sounds, they were on a large amount of oxygen. I asked for some of their PRN analgesia to be given. On assessing the patient, it appeared to me that much of the escalation in the patient's breathing was due to anxiety, distress and worry. The patient was very upset and scared about not being able to breathe and about dying alone. I had a long list of jobs to attend to but decided to sit with the patient for the time I could spare and talk with them.

What, if anything, happened subsequently?

The patient confided their concerns and worries, divulged some regrets in their life and asked for reassurance. I gave what reassurance I could and explained about some of the services available in the hospital whom I could contact if they desired (such as chaplaincy.) The patient explained that she would like someone from the chaplaincy to come and talk to her. After giving analgesia and sitting with the patient for a time, their breathing - although still laboured - settled slightly and the patient became more comfortable. They thanked me for chatting with them and said they were grateful for my company.

What did you learn?

This case taught me that often the best medicine we can give is our time and compassion. The main concern for this dying patient was worry about being in pain and fear of dying alone, worries which (with some time and reassurance) I was able to ease somewhat. From a broader perspective, I found this case useful for my own resilience. Yes, I was very busy and short-staffed and had lots of other jobs to complete but, as doctors, we can only work so efficiently. This case reinforced the importance that time pressure and burden of work shouldn't, as far as possible, impinge on the quality of care we can give to the patient in front of us in an interaction or consultation. I feel this perspective will be something I need to consider in GP, when I'm running behind or have many patients waiting.

As an aside, this case was also a useful reminder to use the services available - in this case the hospital palliative care team and the chaplaincy services - to provide holistic care to a patient.

What next? / What will you do differently in future?

In the future, I will try and use the perspective gained from this case to provide good quality care to my patients. Despite time pressures and workload, my primary concern in an interaction with a patient should be providing quality, long-sighted, person-centred care. My time in hospital medicine has certainly taught me that adopting a more short-term approach in the interests of external factors (such as bed demand, length of stay, care provision etc) is often counterproductive and unhelpful.

I will also try to do what I did in this case in the future, in using other services to help support the care I can provide for my patients, whether palliative or otherwise.

What further learning needs did you identify? How and when will you address these?

I will incorporate this learning and learning principles into my practice, both now and in my primary care work.