

PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on the ward
Problem: Explaining diagnosis and management of recently diagnosed malignant pleural effusion
Patient: Mr Keith Robinson, a 65-year-old man
Relative: Mrs Audrey Robinson, the patient's wife

Please read the scenario printed below. When the bell sounds, enter the room. You have 14 minutes for your consultation with the patient/relative, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Where relevant, assume you have the patient's consent to discuss their condition with the relative/surrogate.

Scenario:

The patient was admitted for investigation of a pleural effusion. He first saw his family doctor about 3 months ago with a dry cough, breathlessness, anorexia and weight loss (4 kg). He had to wait for 8 weeks before being seen in an outpatient clinic, which caused distress and consternation for both the patient and his wife. The chest X-ray showed a moderately sized right pleural effusion and he was admitted for further investigation. Apart from dullness to percussion at his right base there were no other abnormal findings on examination.

A pleural aspirate has shown bloodstained pleural fluid, which is biochemically an exudate and, on cytology, contains malignant cells suggestive of an adenocarcinoma. A pleural biopsy confirmed infiltration by an adenocarcinoma, possibly of gastrointestinal tract rather than lung origin. The patient has previously been very fit and there is no other relevant past medical history. He is a former miner and used to smoke 20 cigarettes per day but stopped over 20 years ago.

The patient's wife is adamant that, should it prove her husband has a malignant disease, he should not be told. The patient, however, has asked you to be entirely honest with him when the results of the biopsy are received and has given his verbal consent for you to speak to his wife.

Your task is to explain the results of the tests to the patient's wife and the implications of the diagnosis if you think this appropriate. You should also discuss your proposed management of the patient's breathlessness.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

Any notes you make must be handed to the examiners at the end of the station.

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Your role: You are Mrs Audrey Robinson, the patient's wife
Problem: Mr Keith Robinson, a 65-year-old man
Patient: Explaining diagnosis and management of recently diagnosed malignant pleural effusion

Scenario:

You have been worried about your husband's health for some months because of his reduced appetite and, more recently, his weight loss and breathlessness. He went to see his family doctor about 3 months ago, following which it took 8 weeks for him to be seen in an outpatient clinic, where various different tests and X-rays were conducted. You are worried that he has some form of cancer and expect to hear that from the doctor you are due to see today.

You are firmly of the view that your husband should not be told about his cancer. You believe he would not cope well with the news, as he has always been very fit and active in the past.

Attitude and emotional responses

Your reaction to the doctor will be a mixture of fear and anger, though you will not lose your temper. The doctor will explain to you that because your husband is of normal intelligence and is not mentally confused, the doctor is obliged to tell him his correct diagnosis if he requests that information. You will require an explanation of the ethical/legal position on this and, providing it is provided in a clear and sympathetic manner, you should reluctantly change your view on the subject by the end of the interview.

Make sure you ask the following question:

- I do not think my husband will cope with the news that he could have cancer – do you have to tell him?

Other questions you might like to ask include:

- What has caused the cancer?
- Why did it take so long for my husband to be seen?
- Can anything be done about the cancer?
- Has the delay in the diagnosis worsened the outcome?
- What further investigations are planned?
- Is there any form of treatment he can have?
- How long is he expected to live?

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DATE	CYCLE

Examiners should advise candidates when there are 2 minutes remaining (i.e. after 12 minutes). If the candidate appears to have finished early remind them how long is left at the station and enquire if there is anything else they would like to ask, or whether they have finished. If they have finished, please remain silent and allow the candidate that time for reflection. The surrogate should remain until the end of the 14-minute period.

A good candidate would be expected to have agreed a summary plan of action with the subject before closure. Nonetheless, in discussion, the examiners will usually ask the candidate (after one minute's reflection) to summarise the problems raised in the foregoing exchange.

The candidate should be asked to identify the ethical and/or legal issues raised in this case and how they would address them. The framework for discussion should include consideration of these four underlying principles:

- Respect for the patient's autonomy
- Duty to do good
- Duty to do no harm
- Legal aspects (a detailed knowledge of medical law is not required)

Candidates are not expected to have a detailed knowledge of medical jurisprudence. For overseas candidates in the UK, detailed knowledge of UK law is not required, although candidates should be aware of general legal and ethical principles that may affect the case in question.

The candidate should recognise his/her limit in dealing with a problem and know when, and from where, to seek further advice and support.

Examiners should refer to the marking guidelines in the four skill domains on the marksheet.

Examiners are reminded that, during the calibration process, the surrogate should be rehearsed and specific aspects of the scenario that require clarification or emphasis should be discussed. The boxes on the next page indicate areas of potential interest in this case which both examiners should consider, along with any other areas they feel appropriate. Examiners must agree the issues that a candidate should address to achieve a Satisfactory award for each skill and record these on the calibration sheet provided. Examiners should also agree the criteria for an Unsatisfactory award at each skill.

Problem:	Explaining diagnosis and management of recently diagnosed malignant pleural effusion
Candidate's role:	You are the doctor on the ward
Surrogate's role:	Mrs Audrey Robinson, the patient's wife
Patient's role:	Mr Keith Robinson, a 65-year-old man

Examiners are reminded the areas below indicate areas of potential interest, but are not intended as absolute determiners of Satisfactory performance. It is for the examiners to agree and record the specific criteria they will assess the candidate on during the calibration process.

During the interview please use the following question to explore aspects of communication and ethical interest:

- What did you consider before answering the wife's question about telling her husband that he has cancer?

Clinical Communication Skills (Clinical Skill C)

- Explains the diagnosis of malignant pleural effusion
- Reinforces that the patient has indicated he wishes to know the diagnosis, and clinical staff will need to adhere to his wishes

Managing Patients' Concerns (Clinical Skill F)

- Explains that palliation rather than cure is main objective
- Is honest with the issue of diagnostic delay, but advises that it may not have changed the patient's management

Clinical Judgement (Clinical Skill E) (also points of ethical interest)

- Suggests referral to the Palliative Care Team once the patient is aware of the diagnosis
- Offers to ask consultant to arrange further meeting.

Maintaining Patient Welfare (Clinical Skill G)

See marksheet