

**Scenario No: Sample 2**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are the doctor on the ward

**Problem:** Discussing issues relating to hydration and feeding in a patient with severe dementia

**Patient:** Mrs Mary Miller, a 74-year-old woman

**Relative:** Ms Anne Miller, the patient's daughter

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 from her home 4 weeks ago with vomiting and weight loss. Blood tests showed no cause for the vomiting. Endoscopy showed mild gastritis and a CT scan of abdomen was reported as normal. She is taking lansoprazole and her vomiting has settled.

The patient has dementia, which was diagnosed 3 years ago and was treated for 6 months with a cognition-enhancing drug. However, her dementia is now very advanced and has reached the stage that, despite help, she neither knows how to eat nor shows any interest in eating. She only takes small amounts of fluid. She is not in any way distressed.

The medical team, of which you are part, feel that further aggressive therapy and investigation are not appropriate and that palliative care is the best approach. The patient's daughter is visiting the ward and would like to speak to you.

**Your task** is to speak to the patient's daughter and discuss any issues she raises.

**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.

## PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are Ms Anne Miller, the patient's daughter

**Problem:** Discussing issues relating to hydration and feeding in a patient with severe dementia

**Patient:** Mrs Mary Miller, a 74-year-old woman

### Scenario:

You have always lived with your mother, have no other relatives and are unmarried. You used to work as a doctor's receptionist but gave up your job 2 months ago to look after your mother. She has had dementia for 3 years but until recently was still mobile and able to feed herself. She received some tablets to improve her memory and general awareness (cognitive enhancers) for 6 months and you were perturbed and annoyed when these were stopped.

Your mother was admitted as an emergency 4 weeks ago with weight loss and vomiting.

Investigations revealed gastritis, for which she has been given some tablets. She also had an abdominal scan, which was normal. She is no longer vomiting but is not eating and is losing weight.

You have been told that a physiotherapist has seen her but she is not even getting out of her chair.

Sometimes she refuses her medication, and does not always even know who you are.

### Attitude and emotional responses

You are very concerned that your mother will waste away if she does not eat. You want to know why it is that, since she refuses to eat, she is not being artificially fed. You think that she should be made to take her medication and that she should be given another course of cognitive enhancers. You feel angry that you have done everything you can for your mother and she does not seem to want to help herself. You are terrified that she will die and you do not know how you will cope.

### Make sure you ask the following question:

- Why don't you feed my mother through a tube to build up her strength and prevent her from losing more weight?

### Other questions you might like to ask include:

- Why did my mother become ill?
- Is the vomiting related to her dementia?
- Should she not go back onto the tablets to treat her dementia?
- Why will she not eat and drink?
- Is she suffering?
- How long will she live?
- Can I take her home?

## PACES Station 4: COMMUNICATION SKILLS & ETHICS

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 marksheets.

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.

## Scenario No: Sample 2

**Problem:** Discussing issues relating to hydration and feeding in a patient with severe dementia

**Candidate's role:** The doctor on the ward

**Surrogate's role:** Ms Anne Miller, the patient's daughter

**Patient's role:** Mrs Mary Miller, a 74-year-old woman

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 factors did you take into account when addressing the daughter's question about starting enteral feeding?

**Clinical Communication Skills (Clinical Skill C)**

- Discusses with the daughter the progressive nature of the patient's condition
- Sensitively addresses the fact that there is unlikely to be any reversible pathology here and that further treatment is very unlikely to improve the patient's quality of life

**Managing Patients' Concerns (Clinical Skill F)**

- Listens sensitively to the daughter's concerns relating to her fear that her mother will die
- Helps the daughter to begin to cope with the idea that her mother is terminally ill and may die soon

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

- Tries to ascertain from her daughter what the patient's wishes may have been previously
- Is aware of the issues around artificially feeding a patient when they refuse oral feeding and the fact that this may potentially actually cause harm

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet