

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role:	You are the doctor on the ward
Problem:	Dealing with concern about a delayed diagnosis of cancer
Patient:	Mr Jacob Barlow, a 71-year-old man
Relative:	Mr Gareth Barlow, the patient's son

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:

Six months ago, the patient presented to your hospital with acute coronary syndrome. Coronary catheterisation was advised. However, his routine blood tests showed a haemoglobin concentration of 88 g/L (normal range: 130–180) with a microcytic, hypochromic picture. It was felt that gastrointestinal investigation (endoscopy/colonoscopy) was not appropriate at that point owing to his coronary artery disease. It was thought likely that this anaemia was due to his chronic analgesic intake for his rheumatoid arthritis. However, the plan was to keep the situation under review.

The patient received 2 units of packed red blood cells and then had coronary angiography. This revealed three-vessel disease and he had coronary artery bypass grafting, which was uneventful and from which he made a good recovery. He was continued on treatment with low-dose aspirin, as at that point his haemoglobin appeared stable. He stopped all other analgesia other than paracetamol.

Four weeks ago, the patient returned to his family doctor because he was feeling weak. Repeat blood testing showed a recurrence of anaemia. Further investigation by colonoscopy and biopsy showed the presence of caecal adenocarcinoma. He has now been admitted to your ward for staging and definitive therapy.

The patient's son believes that the delay in the diagnosis of malignancy has reduced his father's chances of survival and that he has been badly served by your hospital. He has asked to see you. The patient has given you permission to speak to his son.

Your task is to discuss this complaint with the patient's son.

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 Mr Gareth Barlow, the patient's son
Problem:	Dealing with concern about a delayed diagnosis of cancer
Patient:	Mr Jacob Barlow, a 71-year-old man

Scenario:

Six months ago, your father presented to hospital with acute coronary syndrome (insufficient blood supply to the heart, causing chest pain). Coronary catheterisation was advised (a relatively minor procedure to allow visualisation of the coronary circulation). However, routine blood tests revealed that he was anaemic, which means that his blood had a reduced ability to transfer oxygen. You were told that this had probably occurred because of the painkillers your father was taking for his rheumatoid arthritis.

Your father received 2 units of blood and then had coronary angiography (a detailed examination of the blood vessels and chambers of the heart). This showed severe heart disease and he then had heart bypass surgery. He has had no further chest pain and made a good recovery. His blood count appeared to be stable and he was treated with low-dose aspirin. He also stopped all painkillers other than paracetamol.

Four weeks ago, your father returned to his doctor because he was feeling weak, and repeat blood tests showed a recurrence of anaemia. When he had further tests, including colonoscopy (examination of the bowel with a thin flexible 'telescope') and biopsy, cancer of the colon was confirmed. He has now been admitted to the ward for staging (to determine whether the cancer has spread) and definitive treatment.

Attitude and emotional responses

You believe that there was a delay in the diagnosis of your father's malignancy and that this may have contributed to his health problems and could cause early death. You feel that he has been badly served by the cardiology department. You are very upset and want to know why the delay in diagnosis occurred.

Make sure you ask the following question:

- Why was this not picked up during his first admission?

Other questions you might like to ask include:

- Why was my father's anaemia not investigated any further?
- Would that not be considered negligence and malpractice?
- What would have been done had his malignancy been discovered before his bypass?
- What are my father's chances of survival now?
- Is the cancer related to my father's rheumatoid arthritis or the treatment he has taken to control the pain?

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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:	Dealing with concern about a delayed diagnosis of cancer
Candidate's role:	The doctor on the ward
Surrogate's role:	Mr Gareth Barlow, the patient's son
Patient's role:	Mr Jacob Barlow, a 71-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:

- Is there any justification for the son's complaints regarding his father's management?

Clinical Communication Skills (Clinical Skill C)

- Listens sympathetically to the son's worries and complaints
- Explains that the cause of the anaemia at the time of presentation is likely to have been bleeding, which could have come from either the stomach (analgesia-related) or bowel (cancer-related)

Managing Patients' Concerns (Clinical Skill F)

- Explains that, in the context of acute coronary syndrome, invasive gastrointestinal investigation would not have been appropriate immediately and that, in this setting, a planned programme of investigation after 6–8 weeks would have been more appropriate
- Explains that the outcome will depend on whether the tumour has spread and that staging will be required to determine the optimum treatment

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

- Is aware of the need to tell the truth
- Is prepared to acknowledge that the monitoring of the blood count after the coronary bypass operation could have been more thorough, but is aware that it is unlikely that a problem would have been identified before it became evident

Maintaining Patient Welfare (Clinical Skill G)

See marksheet