

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role:	You are the doctor on the medical ward
Problem:	Dealing with terminal illness
Patient:	Mr Anthony Wallace, a 68-year-old man with lung cancer
Relative:	Mrs Susan Wallace, 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 2 days ago with severe breathlessness, and his condition has worsened since being in hospital. He has metastatic squamous cell carcinoma of the lung, which was diagnosed 2 years ago, when he had a lobectomy. The cancer recurred 6 months ago, with multiple metastases in the lungs and bones. When the metastatic disease was diagnosed, he was given radiotherapy to painful bony metastases which helped the pain and also palliative chemotherapy (to which he did not respond). The patient is now too unwell for further chemotherapy.

The lung disease is very extensive and you expect him to die within the next 2–3 days. He has received a trial of antibiotics in case there was an infective component, but with no improvement. His case has been discussed with the palliative care team who are on their way to review, and also with the oncology team who agree with your plan. You have arranged to meet with his wife on the ward, and have the patient's permission for the interview to take place.

Your task is to speak to the patient's wife about the management plan and the prognosis. The patient himself is too ill to participate in this conversation.

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 Susan Wallace, the patient's wife
Problem:	Dealing with terminal illness
Patient:	Mr Anthony Wallace, a 68-year-old man with lung cancer

Scenario:

Your husband was diagnosed with lung cancer 2 years ago and had an operation to remove part of his lung. After this he was very well for about 18 months but then seemed to go downhill. He developed pain in his back, became breathless, and the doctors found that the cancer had come back, and they arranged for him to be treated with radiotherapy and chemotherapy. The radiotherapy seemed to ease the pain in his back, and the chemotherapy was not as bad as you had both expected it to be, especially as it only lasted for 8 weeks. You were not sure of the outcome of the chemotherapy, but you have not been accompanying your husband to his appointments recently, since you believed they were routine. Over the past week, your husband has become increasingly breathless. He has stopped eating and drinking. You brought him into hospital 2 days ago. Since then you feel that he has deteriorated, and you do not understand why the doctors are not doing anything to help. The only thing they seem to have done is prescribe a course of antibiotics which made no difference at all apart from making him feel sick.

Attitude and emotional responses

You have no family other than your husband. Your whole life has been focussed around your husband and you cannot imagine life without him. If you are honest with yourself, you have been in denial about his illness for the past few months. When the doctor explains nothing more can be done, you will insist they do not give up on him. You know they have many patients but they must understand how important he is to you. If only you can make them understand this, you know they will try harder. You think he should be given more chemotherapy and radiotherapy, and put on a ventilator to help his breathing if necessary.

Make sure you ask the following question:

- Why wasn't I told about all this earlier?

Other questions you might like to ask include:

- Why can't my husband have more chemotherapy and radiotherapy?
- Why can't he be put on a ventilator?
- What about a lung transplant?
- Why did you give him antibiotics if you know he is dying?
- Can we have a second opinion?

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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 terminal illness
Candidate's role:	The doctor on the medical ward
Surrogate's role:	Mrs Susan Wallace, the patient's wife
Patient's role:	Mr Anthony Wallace, a 68-year-old man with lung cancer

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:

- Why did you answer the question about not being informed in the way that you did?

Clinical Communication Skills (Clinical Skill C)

- Ascertains the wife's understanding of her husband's condition
- Warns her that her husband's condition may be worse than she had thought
- Explains why further treatments would be futile

Managing Patients' Concerns (Clinical Skill F)

- Gently breaks the news that her husband is dying
- Deals with her distress and shows her appropriate empathy
- Responds appropriately to her insistence on active treatment/second opinion (including suggesting the palliative care team should become involved and they are expected to review the patient shortly)

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

- Truth telling: is honest about the diagnosis and poor prognosis, and the rationale of a trial of antibiotics
- Sensitivity: is aware that the patient may have withheld details of his deteriorating health in order to spare his wife's feelings, and also aware that his wife may have not been able to see the situation objectively
- Is aware of the medical responsibility to inform others of illness but if the patient does not wish this to happen and has capacity to make that decision, their wishes should be honoured

Maintaining Patient Welfare (Clinical Skill G)

See marksheet