

# CRITICAL CARE AND CANCER

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## Exploring perceptions of acute care and intensivist junior doctors around management and decision-making in complex cancer admissions

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### Introduction

Patients with cancer frequently present to hospital with complex oncology problems – from new diagnoses to complications of existing disease and symptoms related to end of life.

- A total of 25% of all cancers are diagnosed in accident and emergency (A&E), and a quarter of patients diagnosed in A&E die within two months.<sup>1</sup>
- One in 20 patients with cancer are admitted to intensive care within two years of diagnosis, 25% of whom die during the hospital stay.<sup>2</sup>

Acutely unwell patients with cancer are assessed and managed by frontline acute care and intensivist junior doctors. Trainee curricula

may include the management of high-risk groups including immunosuppressed patients and malignancy complications of chemotherapy and radiotherapy.<sup>3</sup> Despite this, anecdotal experience suggests that acute care and intensivist physicians in training may lack the resources and skills to manage this complex patient group confidently. Equally, it is hypothesized that there may be system-level barriers which negatively impact on doctors' ability to make the best clinical decisions for patients.

### Aim

This study set out to explore experiences of junior doctors who manage patients with cancer in emergency, intensive care and critical care settings. By identifying barriers, challenges and perceptions, we hoped to identify implementable solutions that

could help to improve care for patients affected by cancer in the acute setting.

### Method

Initial qualitative analysis of video archives of secondary care clinicians was conducted, to identify broad themes surrounding clinical management of acute oncology.

A questionnaire was then designed, to explore the perceptions, experiences and attitudes of junior doctors seeing patients with cancer in emergency settings. This was disseminated to emergency medicine, intensive care, anaesthetic and acute medicine trainees via social media and clinical networks.

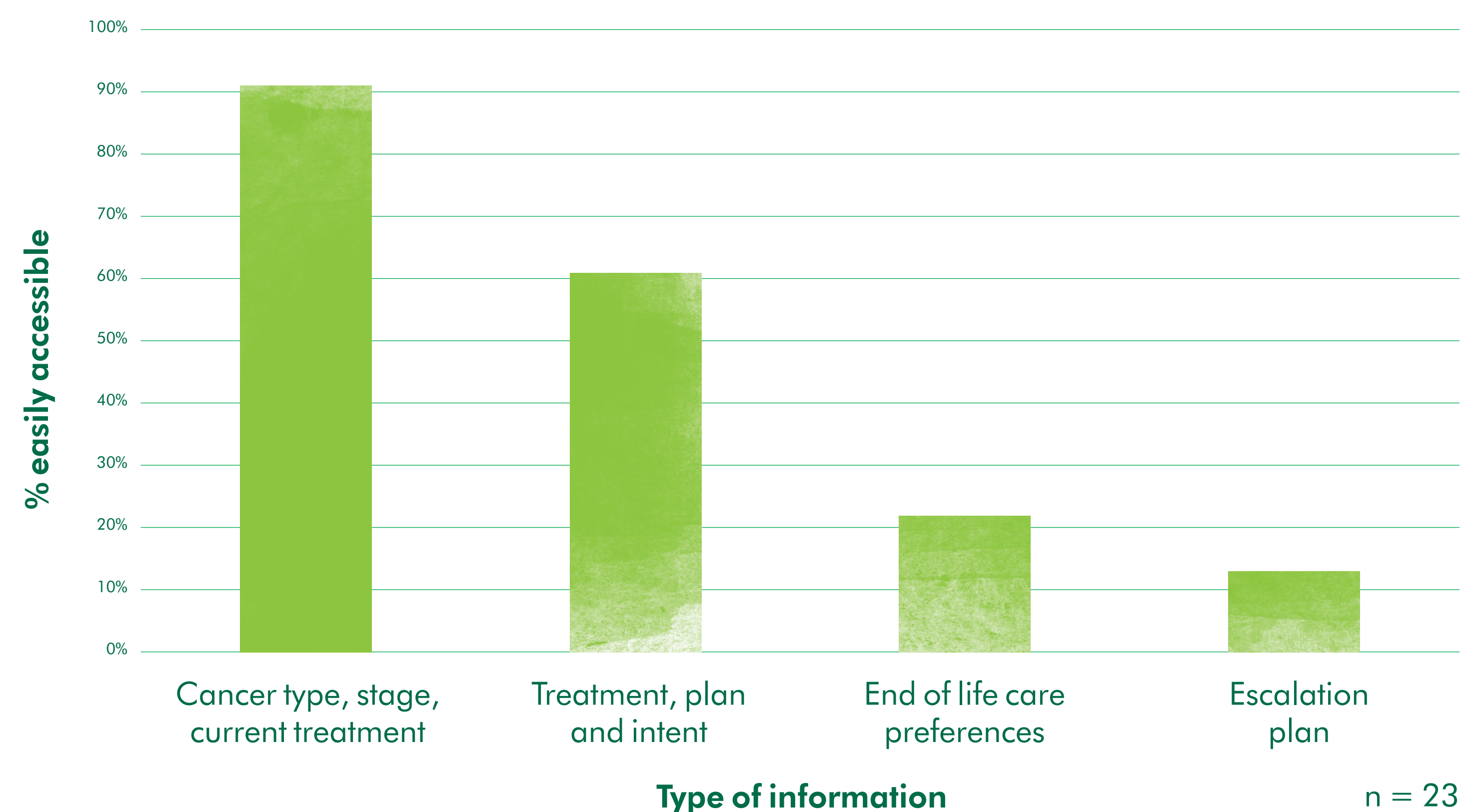
## Results

### Which patients are seen and how often?

	Daily	Weekly	Monthly	<Monthly	Never
New diagnosis of cancer	2%	32%	39%	25%	2%
Post-operative patient with cancer	15%	28%	25%	20%	12%
Emergency admission for treatment side effects	15%	35%	20%	20%	10%

n = 41

### Is key information accessible?



n = 23

### What do doctors say?

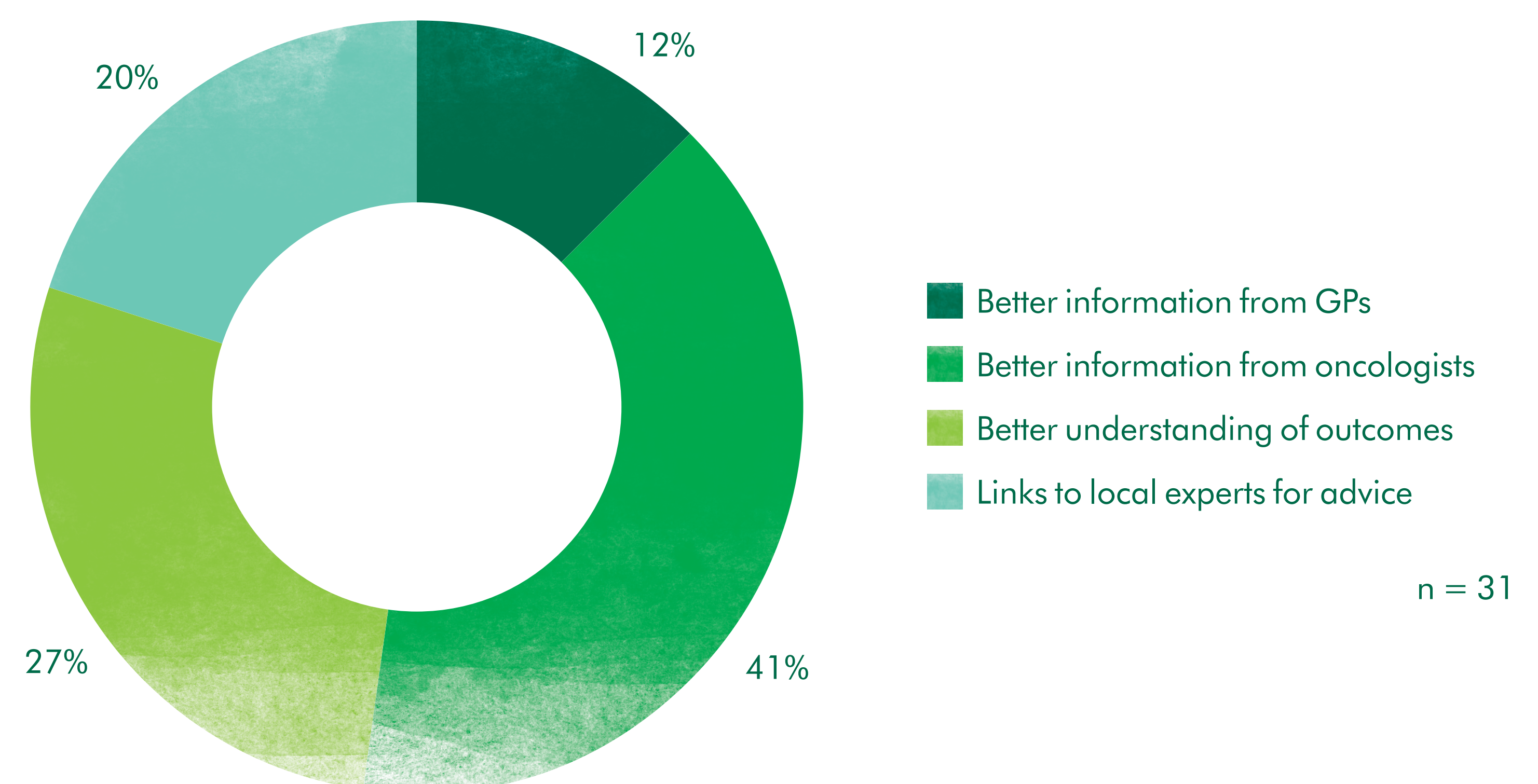
'Issues arise around treatment decisions and prognosis ... out of hours this sometimes leads to inappropriate over-treatment.'

'Clinicians were uncomfortable with initiating EOL measures due to her [young] age. The patient was too sick to indicate her wishes, no family was with her, and there was no advance directive. Very challenging for all.'

'[The ceiling of care decision] is often something which is discussed for the first time when the patient is admitted, often at the end of their life.'

'Escalation plans are rarely in place.'

### What is needed for better care?



n = 31

### Key messages

- Some 83% of trainees stated that they have led management decisions for acutely unwell patients with cancer.
- As many as 78% of trainees have had a difficult personal experience of decision-making for a patient admitted with cancer.
- A total of 30% of trainees either find it difficult to contact acute oncology teams or do not know how to do so.
- Although clinical details are often available, escalation plans and end of life care preferences are rarely accessible.
- Conversations around planning for deterioration and end of life care need to be held with patients earlier and need to be communicated more effectively to acute clinicians.
- Training of this cohort of junior doctors should focus on improving knowledge and understanding around cancer outcomes

### Working together



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Digital version of this poster available from  
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### References

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2. Puxty K, McLoone P, Quasim T, Sloan B, Kinsella J, Morrison D (2015) Risk of critical illness among patients with solid cancers: A population-based observational study. *JAMA Oncol.* 1(8): 1078–85. doi: 10.1001/jamaoncol.2015.2855.
3. The Faculty of Intensive Care Medicine (2015) Curriculum and assessment: The CCT in intensive care medicine [online]. Available at: www.ficm.ac.uk/curriculum-and-assessment (Accessed: 16 May 2016).

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