

OBJECTIVES FOR COMMON CLINICAL PROBLEMS

Dying Patient

A. Knowledge

1. Pain

- Understand the pathophysiology of pain and ways in which pain can present in clinical practice
- Understand the pharmacology of and dosing strategies for medications used to treat pain including effective prescribing, titration, breakthrough dosing and prevention of side effects
 - Opiates
 - Non-opiates
- Understand adjuvant modalities and medications for pain

2. Suffering

- Recognize the symptoms that often experience by patients near the end of life, including fatigue, anorexia and cachexia, constipation, dyspnea, nausea and vomiting, delirium, anxiety and depression
- Understand how these present and how they can be mitigated

3. Bioethics/Legal Aspect

Distinguish between physician-assisted suicide and euthanasia and palliative/terminal sedation, and withholding and withdrawing therapy

B. Skills

1. Pain, Suffering and Treatment Plans

- Assess pain and symptoms effectively via a pain history, appropriate physical exam and relevant investigations
- Develop an evidence-based approach to mitigate the suffering (see knowledge for specifics) experienced by patient near the end of life
- Assist in monitoring the efficacy of treatment plans
- Communicate information about the illness effectively—including bad news
- Participate effectively in patient and family meetings
- Assist in the education of patients and family about end-of-life care issues and pain and symptom management
- Assist in determining, recording and implementing goals of care through effective communication with patients, families and other caregivers
- Propose advance care plans, including developing and discussing advance directives with patients and families
- Describe models of end-of-life care

2. Psychosocial and spiritual needs

- Assess psychosocial and spiritual issues in end-of-life care, including grief
- Develop and propose a care plan in collaboration with other disciplines
- Self-assess one's own attitudes and beliefs in caring for the dying
- Demonstrate cultural, religious and Aboriginal sensitivity in addressing end-of-life care