

The five domains of general practice

– palliative care

Communication skills and the patient-doctor relationship

The general practitioner needs to establish and foster effective and empowering relationships with patients and their families as partners in care decisions, as well as with other health care professionals – as advisors. Effective communication promotes quality care and optimises health outcomes, including within multidisciplinary teams and community organisations, and administrative bodies, and enables general practitioners to be strong advocates for their patients.

The general practitioner must:

- demonstrate good communication skills^{16–18} including active listening, breaking bad news, dealing with difficult questions, discussing end-of-life issues, and crosscultural care at the end-of-life¹⁹
- understand the experience and consequences of disease from the perspective of the patient and their family
- help patients live as creatively and meaningfully as possible all the way to the end-of-life
- be sensitive to differing perceptions and expectations of disease and treatment among various family members
- be aware of spiritual, religious and cultural issues, and
- understand the normal process of grief, help prepare carers for bereavement and offer support during this process.

Applied professional knowledge and skills

The general practitioner needs to be competent in the physical aspects of palliative care including:

- underlying disease process:
 - appreciate and understand the broad range of terminal illnesses (eg. malignancy), neurological degenerative disease (eg. motor neurone disease), organ failure (eg. chronic obstructive pulmonary disease, congestive cardiac failure), and HIV/AIDS
 - understand potential treatments available, both disease specific and for symptom control, including palliative surgery, radiotherapy and chemotherapy
 - anticipate, diagnose and manage potential problems, either disease related or iatrogenic
 - understand indicators of disease progression
- pharmacology:
 - demonstrate a good understanding of drugs commonly used in palliative care (indications, doses, side effects, routes of administration)
 - be familiar with the use of a syringe driver
 - understand implications of renal and hepatic impairment
 - be familiar with dose equivalence of opioids and able to recognise signs of opioid toxicity
 - be aware of possible interactions of prescribed drugs with any complementary and alternative medicines their patients may be taking or be able to refer to available databases to advise their patients on available evidence of efficacy, safety and adverse interactions^{13,14}
- symptom identification and therapeutic responses (including counselling and psychosocial support)
- be able to demonstrate skills in diagnosing, identifying the cause and appropriately managing common symptoms of many end-of-life conditions:
 - pain (nociceptive, visceral, neuropathic and complex)
 - nausea and vomiting
 - constipation
 - anorexia

- hiccups
 - fatigue, weakness and lethargy
 - mouth care
 - delirium and confusion
 - dyspnoea
 - depression and anxiety
 - existential distress
 - pressure area care
 - managing malignant effusions
 - managing peripheral lymphoedema
 - terminal phase events, eg. agitation, distress, ‘noisy breathing’, restlessness, haemorrhage and seizure
- be competent in recognising and appropriately managing and/or referring on patients with potential emergencies at the end-of-life such as:
 - opioid toxicity (especially in renal failure)
 - neutropaenic sepsis
 - hypercalcaemia
 - bowel obstruction
 - seizure
 - spinal cord compression
 - haemorrhage.

Population health and the context of general practice

The general practitioner needs to:

- be aware of the services available within the community and the means of accessing these services
- coordinate these services in the care of the patient and also consider health beyond that of the individual patient. This involves an advocacy role regarding community needs, including promoting the needs of disadvantaged groups. Part of this may involve developing crosscultural partnerships
- be aware of the needs for bereavement support, and appropriate referral or management of complicated grief reactions
- help allocate finite health care resources prudently to best serve the health needs of the population on the basis of need and equity of access to care and support.

Professional and ethical role

The general practitioner needs to display a professional attitude and be able to analyse and understand the ethical dimensions of clinical scenarios. This will involve the ability to:

- agree on treatment modalities, and priorities and goals of treatment
- respect patient wishes to decline treatment
- understand issues surrounding euthanasia, ‘relief of suffering’ at the end-of-life,^{20,21} and patient and community perspectives on a ‘good death’²²
- understand issues surrounding advance health directives and end-of-life planning, including the need to complete ‘unfinished business’
- be prepared to advocate strongly for patient needs
- reflect on own personal beliefs and the impact of these on interactions with patients and their care
- have an ongoing commitment to professional development that promotes the best available evidence based practice. This knowledge is used to provide patients with the best management. It is influenced by an awareness of spiritual, religious and cultural issues specific to each patient, which affects not only perception of illness and death, but treatment decisions made in partnership with the patient and their family/carers
- be able to recognise any personal emotional stress and seek assistance appropriately.

Organisational and legal dimensions

The general practitioner needs to:

- demonstrate an understanding of the complexities, and commitment to, working as part of a multidisciplinary team
- be able to work with several models of health care and service delivery, and be able to coordinate and integrate these services collaboratively and seamlessly for the best care of the patient²³
- be aware of local medical, nursing, allied health, community and respite services
- be able to locally access appliances as aids to daily living for patients
- be familiar with state legal requirements for:
 - carer's allowances
 - advance health directives
 - enduring power of attorney/enduring power of guardianship
 - will preparation
- be familiar with identification and certification of death, and surrounding legal issues
- structure practice to accommodate home visits for palliative patients, when appropriate
- be aware of nontime based Medicare Benefits Schedule (MBS) items that reward team care and planning.