

Dear LMCs,

I am contacting you on behalf of Dr Anthea Mowat, Chair of the BMA's representative body, to draw your attention to some work we undertook recently exploring the experiences, views, and perceptions of doctors and the public on end-of-life care and some aspects of physician-assisted dying. With a specialist social research agency, we held 21 dialogue events across the UK and engaged with over 500 doctors and members of the public.

After reviewing the findings and liaising with key stakeholders we came up with a series of recommendations around end-of-life care. A leaflet setting out the key recommendations can be found [here](#). Some of the recommendations are directed at healthcare providers, and some of these are in areas where some simple changes could have a significant impact. I would be most grateful if you could help us to promote awareness of this work, and our recommendations, amongst GPs and commissioners.

Emotional support for doctors

One significant finding for us was the emotional toll that caring for patients at the end of life can have on doctors and the lack of emotional support available to them in many parts of the country. We followed up on this work by asking questions relating to the impact on doctors of caring for dying patients in our regular on-line survey of 2,500 BMA members. We found that:

- nearly 70% of respondents sometimes felt that caring for patients at the end of life had an emotional impact on them personally and 25% were always affected;
- of those affected emotionally, only 15% had accessed formal or informal support networks locally or nationally; and
- only 18% felt there was sufficient support available to doctors caring for dying patients.

One of the respondents summed up our concerns by saying "I don't think we spend time thinking about the emotional impact, so we bottle it up then burn out." We all want to avoid this. This means putting systems in place but also removing the stigma attached to seeking help, so that staff are encouraged to seek help and support at an early stage, before these stresses begin to have a negative impact on their health and their ability to care for patients.

Many of the doctors we spoke to referred to local mechanisms that were inexpensive to put in place but had a significant impact on staff well-being and we are encouraging others to consider the services in place locally and how these can be improved. There is also a role for national services, such as the BMA's counselling and doctor advisor service which is accessible, free of charge, to all doctors. Information about this service, and promotional materials can be found at www.bma.org.uk/doctorsfordoctors.

Practical support for doctors caring for dying patients in the community

Another finding from our events, which specifically relates to GPs, was the perceived need for, but apparent lack of, practical support for those providing care for dying patients in the community. Some doctors reported that local hospices and/or palliative care consultants provided telephone advice on issues such as pain management at all times of the day and night. When we asked about these services in our online survey we found that:

- less than half of respondent were aware of whether such a service existed in their area;
- where they were aware of the service 66.8% had used it; and, of these
- 92% felt that it met their needs.

Subsequent enquiries have shown that these services are more widely available than is generally recognised. If practices are not aware of the services available in their area they should contact their local hospice or palliative care service for information.

More information on this work, and the recommendations arising from it, can be found in the third volume of our report at: www.bma.org.uk/endoflifecare.

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Committee Services