

Hospice Psychiatrists Conference

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The fifth Hospice Psychiatrists Conference took place in April 1985 at the University of Leeds. It attracted people from a variety of disciplines and workplaces who shared a common interest in the psychological care of the dying and their families.

The first morning was devoted to accounts of research in this field. To start the proceedings Dr M. E. Courtney (University of Leeds) presented her research into the psychiatric morbidity of cancer patients admitted to a hospice. She demonstrated that psychiatric disorders are common in a hospice population and that screening for those disorders may be beneficial. This was followed by an interesting account by Dr S. Ahmedzai (Glasgow Royal Infirmary) of his research into the quality of life of lung cancer patients. This stimulated discussion about the relative importance of quality or quantity of life and the difficulty of allowing the patient to decide about treatment that may prolong life but reduce the quality of that life.

Dr S. P. Llewellyn (University of Nottingham) discussed the 'cost of giving', focusing on the problems of nurses caring for the terminally ill. All professional workers in this field are under stress and may develop 'burnout'. This may be avoided by a variety of strategies, for example, careful selection of key staff, and the use of stress management techniques and support groups. Dr M. Watson (Faith Courtauld Unit, London) rounded off the morning with the results of an evaluation of a nurse counselling service for breast cancer patients. Her results suggested that psychological adjustment occurs more rapidly when patients are counselled and also that counselling increases the patients' belief in their personal control of their health.

The afternoon session was devoted to the problem of provision of support, both to the patients and to staff. Dr P. Hitch (University of Bradford) critically examined the growth of self-help groups and concluded that there are drawbacks in the adoption of such groups for cancer patients. Dr G. Fielding (Sheffield City Polytechnic) then introduced us to the Delphi Method—a way of solving problems with a group that never actually meets. This method has been used to delineate and solve the problems of groups of therapy radiographers, nurses, and doctors working with cancer patients. Dr P. Maguire (University of Manchester) concluded the day by tackling the question, 'Is effective care possible without support?' He cogently described the use of distancing tactics by professionals in their dealing with cancer patients and discussed the reasons for the use of these tactics. He concluded that careful selection and training of involved professionals was vital as was continued support to enable them to provide the essential empathy and caring.

Dr K. Bluglass (Woodbourne Clinic, Birmingham) opened the second day of the Conference with videotapes of two patients with terminal illness. The main themes

demonstrated by the videos were the importance of quality of life, problems of loss of control and of living whilst dying and that people are individuals in their reactions to death. Mr H. Taylor (Centre for Policy on Ageing, London) then presented a paper entitled 'A Secular Approach to Hospice Care' in which he suggested that the religious atmosphere of hospices may be unhelpful to the non-believer. He emphasised the importance of being sensitive and aware of the spiritual needs of each individual, whatever his beliefs. A psychotherapist's view of living well while dying was presented by Dr A. Stedeford (Oxford Regional Health Authority). She explored the psychological reaction to knowledge of terminal illness and how this is shaped by previous life experience. Professor J. Hinton (St Christopher's Hospice, Sydenham) concluded the morning with an account of his observations on the psychological care of the dying since 1958. Developments since then include the growth of hospices and liaison psychiatry, increasing acceptance of the dying person's awareness of death, the growth and acceptance of psychotherapy and its application in terminal care, both with the dying patient and his family. For the future, Professor Hinton envisages that the psychiatrist's role with the dying will diminish as his knowledge and skills are acquired by other professionals.

The final afternoon of the Conference concerned the aftermath of death. Mr R. Wright (General Infirmary of Leeds) and Ms M. Ashdowne (Shipley) gave an account of their evaluation of the nursing management of bereaved relatives following sudden death in a casualty department. Nurses in the casualty department often spend up to two hours with the relatives of a patient in the resuscitation room and follow-up of the bereaved relatives has shown that the majority found the nurse helpful, although some procedural aspects were criticised. This research has implications for the future management of the relatives of patients who die in casualty departments. Dr C. M. Parkes (The London Hospital) rounded off the Conference with a discussion of the role of the psychiatrist in the inception and support of bereavement services. Bereavement services should concentrate their efforts on groups at high risk for an abnormal bereavement. A good co-ordinator is essential and although the psychiatrist initially provides support for the counsellors he should eventually become redundant.

During the Conference a business meeting was held at which it was decided to form a group of psychiatrists with an interest in the dying. A committee was elected who will be responsible for organising future meetings. Any psychiatrist interested in joining the group should contact the Convenor: Dr C. J. Thomas, Consultant in Liaison Psychiatry, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW.