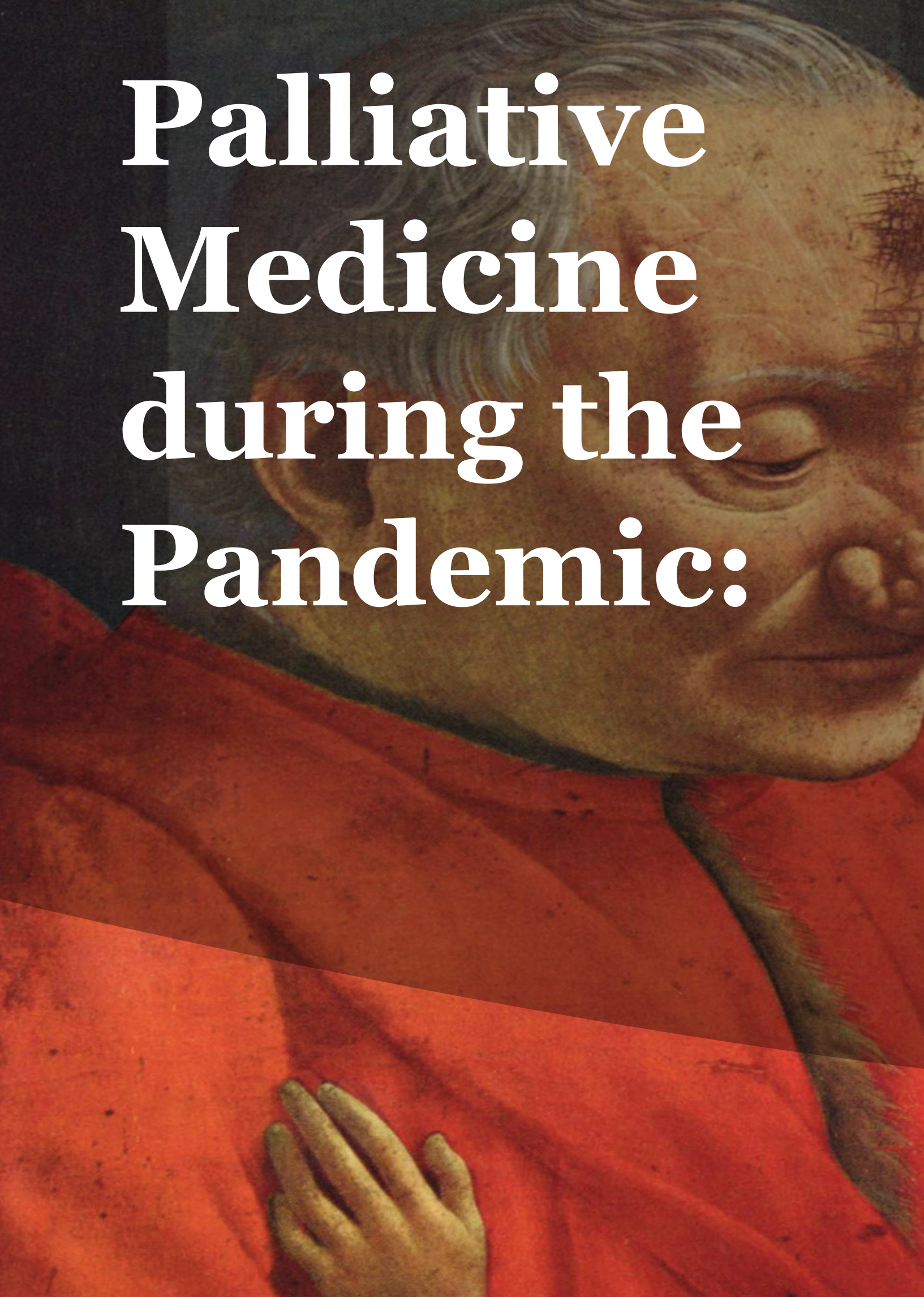
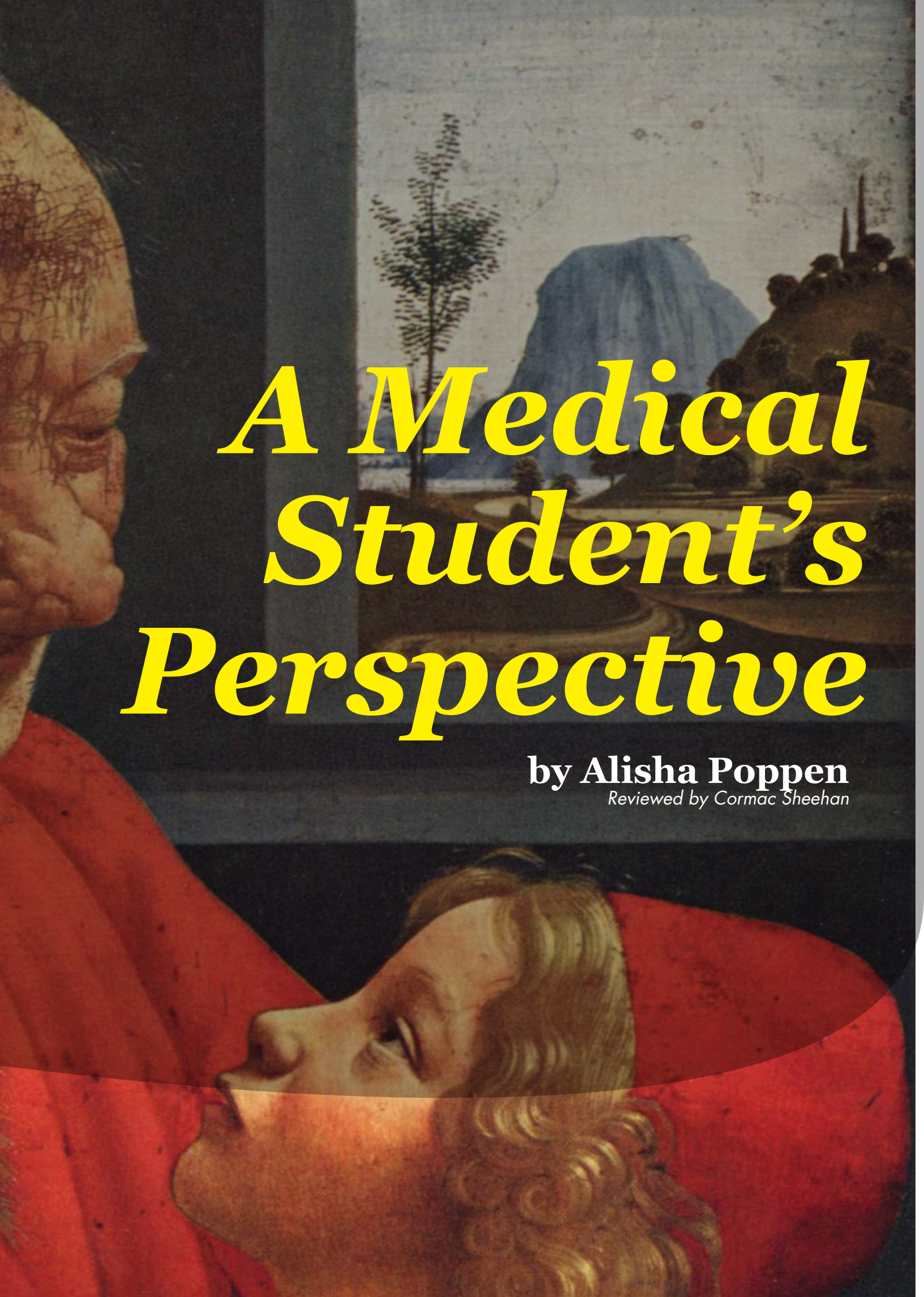


Title	Palliative medicine during the pandemic: a medical student's perspective
Authors	Poppen, Alisha
Publication date	2021
Original Citation	Poppen, A. (2021) 'Palliative medicine during the pandemic: a medical student's perspective', UCC Student Medical Journal, Vol. 2, pp. 73-76. https://doi.org/10.33178/SMJ.2021.1.7
Type of publication	Peer-reviewed Article
Link to publisher's version	https://journals.ucc.ie/index.php/smj/article/view/4312/6479 - 10.33178/SMJ.2021.1.7
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Download date	2026-11-01 11:36:13
Item downloaded from	https://hdl.handle.net/10468/16552

Palliative Medicine during the Pandemic:





A Medical Student's Perspective

by Alisha Poppen

Reviewed by Cormac Sheehan

Case Report

Introduction

It is two weeks until Christmas. The hallways are bare. The family suites are empty. You need to buzz the receptionist to enter the building and sign in and out daily. Only visitors with appointments are allowed in. There are numerous temperature checkpoints and mask stations throughout the building. Tucked away in the outskirts of Cork City is Marymount University Hospital and Hospice. This facility with 44 beds houses the most frail, immunocompromised and terminally ill patients from all across Munster. That being said, providing palliative care was significantly affected by the challenges brought on from the ongoing global pandemic.

Effects of Pandemic Precautions

A place that was once abundant with visitors is now limited to one nominated family member per patient that can only visit during certain hours of specific days. As important as this was for infection control purposes, there were considerable impacts on the psychosocial wellbeing of these palliative patients. Speaking to many of the patients during my placement, I witnessed the low moods and feelings of isolation that permeated the ward I was assigned to. Having to spend their life's final moments away from the family and friends that encompass their support system left many individuals feeling despondent and isolated. One patient voiced her frustrations by telling me how upsetting it is to know

that many people are refusing to follow public health guidelines. Consequently, the pandemic persists due to their inaction and she has to endure the impact by not having the company of her loved ones in her final days, especially during the holiday season. The patients spend most of their day alone in their suite, eagerly waiting for the two hours in the day that their designated loved one could visit. Although their medical needs were effectively treated, their emotional needs suffered. Unfortunately, the strict measures in place to protect both patients and staff came at the expense of the patient's quality of life.

Patient-Centered Care

As a medical student, this was my first exposure to palliative care. Interestingly, there were no monitors at the bedside, the patients were not hooked up to IV bags and the nurses were not frequently checking in to record the patient's vital signs. Having only gained experience in an acute hospital setting prior to this, my mindset was always focused on diagnosis and treatment. This was not the case in palliative care, where most of the patients have a terminal diagnosis. Whether it is cancer with extensive metastasis or advanced stage Parkinson's Disease, every patient has a pathology that cannot be cured. Rather, the focus is shifted to comfort measures, pain management and holistic care. Every day began with meeting each patient and enquiring about how they are feeling, how their night was and how the team can best address their needs. Following this, adjustments are made to medications

to minimize their symptom burden and members of their multidisciplinary team pay a visit. Whether it is the physiotherapist who helps them regain their physical strength, or the chaplain who guides them spiritually, every patient determines the amount and type of care they receive.

Conclusion

This was a unique experience as it challenged the notion that the patient must listen to the doctor to recover. Instead, the doctors and allied health professionals must listen to the patient. Although their medical needs were met, their psychosocial needs remained a concern as visiting limitations were imposed due to the pandemic. This placement was not for the faint of heart. However, it was truly a masterclass in learning about empathy and understanding that quality of life is more important than length of life.