

Scenario 15 – How guidelines can help

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You are a 69 year-old returnee GP, having retired five years ago. You have been accepted back into your old practice, with the role of overseeing home care for the elderly and frail who come down with Covid-19.

Since you left, the practice has changed beyond recognition. You and your wife were in partnership with one other doctor, working from a pretty Georgian house on the edge of a commuter village in the Home Counties. The remaining partner has since joined up with a neighbouring practice and they have built a purpose-built surgery between the two villages. They are now five partners and one trainee.

On the day you start, several weeks into the pandemic, the practice arranges an online meeting to discuss palliative care at home for Covid-19. The night before, you glance at the Marie Curie list of guidelines, of which there are eleven. Your heart sinks. It takes you back to those busy days when you would get the new NICE guidelines which tended to leave you feeling both patronised and inadequate. You always found them to be long, difficult to apply to real life situations and hard to remember, and you would invariably resort to the summary. With time, as the guidelines built up, you felt increasingly like an automaton dancing to someone else's tune. Luckily, the joy and fascination of talking to patients and seeing them as individuals made up for this.

Fortunately the trainee has been tasked with identifying and summarising the guidelines from the various relevant bodies and coming up with a bespoke version for the practice. When her turn comes, she makes a slick PowerPoint presentation of the various guidelines from NICE, NHSS, RCGP and Hospice UK, showing where they are discordant, who they are aimed at and which ones she prefers. She considers that the RCGP/APM guidelines are the simplest to read, and the RCGP treatment summary is particularly useful. The Hospice UK guidelines for non-professional carers seem excellent for that purpose. She hands out a laminated slimmed-down version of the RCGP summary and another of the RCGP advice sheet for family or friends giving injections, for us to carry in our bags. The meeting discusses what we should have in our 'just-in-case' pack, and the new practice pharmacist promises to make them up. You discuss how you will provide this service 24/7 and will liaise with the Integrated Care System to form an acute Covid response team with neighbouring practices. You offer to be part of the on-call team.

The practice has sent out a letter to all its Covid vulnerable patients, asking them to consider whether or not they would wish to be taken to hospital should they fall seriously ill with the virus, and offering a virtual consultation to discuss this. It's your job to talk to them about it and explain what to expect in each instance.

That afternoon you take a call from an old patient of yours. Her name is Molly and she is 87 years old. A retired district nurse, she used to live next to your old surgery, and you'd had one or two set-tos over things like the security lights in the surgery car-park coming on in the middle of the night and the state of the surgery garden - but over the years you had developed a mutual respect.

She has moved into the supported-living home in the village and tells you in no uncertain terms that she does not want to go into hospital if she develops Covid-19. She has had an annoying cough for

about a week and has just taken the test. She says she has an advance decision in place, and asks what you can do for her if she stays at home, so you tell her about the acute response team and how to contact it in an emergency. You also say that you will arrange for a 'just-in-case' medication pack to be delivered within a few hours and ask who could be there to give it. She says that the staff at the home are not in overnight and are not allowed to give medication, but she will arrange with her son for someone to be with her if needed.

The following evening you get a call from the acute response team coordinator that Molly is very unwell. She had tested positive for Covid-19. You go over to see her now and find her with a companion, quite comfortable but a little agitated. She seems cross with you and complains that you should have come sooner.

Her companion introduces herself as Ruby and explains that she is a counsellor for the critically ill and dying at the local hospice, and had been asked by the Integrated Care Team to pay a visit to Molly. Molly's son had not been able to find anyone to be with his mother because of fear of being infected. Ruby says that about an hour ago she administered some of the drugs in the 'just-in-case' pack as instructed, but that Molly was becoming increasingly agitated and confused.

When you go through the drugs that have been given, you aren't sure what to do next. You remember the laminated advice sheet and take it out of your bag. It becomes immediately clear what step to take and in no time Molly is more relaxed and reasonable.

You are able to have a lovely brief chat about old times in the village. It turns out you had both lived in Nurses Cottage for a while and been kept awake by the poor cows in the next-door byre when they were separated from their calves. You reminisce about the old characters in the village and the stand of elms before the Dutch elm disease took them.

Molly's son rings and Ruby arranges a laptop for a video-call with Molly, though she is becoming drowsy. You receive another call from the acute response team coordinator, so you take your leave, having made sure Ruby knows what to do should the agitation resurface. Molly's son has said that he will come over as soon as he can, but that it will be at least a two-hour drive.

In the morning you hear that Molly died peacefully in the early hours, with her son at her side.

A few days later you receive a message from Molly's son thanking you and the team for looking after her so well and fulfilling her wishes. At the next practice meeting, when reviewing the deaths, you are able to tell the others how smoothly it had gone and thank the trainee for the crib sheet. You are glad that you came back to work - it is a fitting end to your career as a doctor.

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