

Complexity – is it in the eye of the beholder?

“ In the UK, the distinction between palliative care and specialist palliative care is acknowledged to relate to complexity. Specialist palliative care is about complex symptom control, psychological problems, social factors, spiritual issues, end-of-life care and bereavement. Little is written about what makes a palliative care issue complex.

Hayley was 24 years old and had metastatic carcinoma of the cervix. When I first met her, she had severe pain in her left arm and mild visual problems. Examination revealed possible early cranial nerve palsies; base of skull metastases were treated with radiotherapy. A few weeks later, I met her again. She had been admitted the day after her wedding with a fractured neck of femur. This had been ‘fixed’. Her abdomen looked bloated and this prompted a neurological examination, which revealed a sensory level at T12. Urgent MRI confirmed spinal cord compression; she was treated with steroids and radiotherapy, maintaining her mobility and sphincter function. She died at home a few weeks later.

In Hayley’s case, the psychological, familial, social and spiritual issues, as well as diagnostic and symptom control ones, seemed complex to me. I believe that palliative care, primary care and acute care hospital colleagues thought the same. Her age, her zest for life and the speed of progression of her cancer added to that complexity. Perhaps we find particularly tragic cases more complex than others?

Tonight, I had a call from our new specialist registrar, after a GP phoned the palliative care ward requesting urgent admission of an elderly man with lung cancer for symptom control. I asked her to check specifically whether or not the patient had received recent chemotherapy. The GP didn’t know, but rang the patient’s family. The patient was Day 12 post-chemotherapy and was appropriately admitted to the oncology unit. Complex? Not for me, but probably for the GP and our new registrar.

Perhaps one’s perception of complexity relates to experience and sub-specialisation? However, if that’s the case, why did I perceive

the issues around Tony as complex, when others did not? Tony had locally advanced head and neck cancer causing facial pain, severe trismus and total dysphagia. He had been admitted to the acute hospital for insertion of a feeding gastrostomy, and his care had been complicated by aspiration pneumonia and leakage from the gastrostomy. My input included psychological support for him and his family, symptom control advice, and what seemed to me to be complex clinical decision-making. After careful consideration, I suggested a therapeutic trial of intravenous antibiotics, since he was symptomatic from his pneumonia but not actively dying. After eight doses, he was no better, and we agreed (I spoke and he wrote, since he couldn’t speak) that we would abandon this strategy and treat him purely symptomatically. I talked with him and his family about the pros and cons of continuing gastrostomy feeding and the possibility of continued feeding prolonging his dying process. Tony’s case seemed complex to me, but not to others involved in his care. Perhaps I created the complexity by considering that aggressive management of his pneumonia was appropriate? Interestingly, if the same situation arose again, I would do the same thing.

Complexity seems to me to be a multifaceted, subjective thing that is in the eye of the beholder. What some people see as a complex situation is not necessarily seen as complex by others. I suspect that, as I grow older (and possibly wiser), my working definition of complexity is changing. This leaves me with many questions. Are the seemingly less complex decisions really more complex? Are the previously complex situations becoming more straightforward? Is this because I am becoming more experienced? Most importantly, is a better understanding of what complexity means in palliative care worthy of further consideration? If complexity defines specialist palliative care, the answer is yes.

Is a better understanding of what complexity means in palliative care worthy of further consideration?

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