

# Making the *Unbearable*, Bearable:

A project to explore the potential use of digital technology to aid hospice care; focussing on remote consulting.



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## Introduction

Princess Alice Hospice continues to strive to develop wide ranging approaches to end of life care and support. This includes exploring different ways of working to increasing support for more people in the community by integrating digital technology into our care.

## Aims

This project aimed to assess the willingness and capability of patients and families, and healthcare professionals to engage with new technology for consultations in an end of life care setting.

Identifying opportunities for improved, efficient communication and highlighting potential barriers to the use of telemedicine.

## Method

A mixed methods approach was used to focus on established technology users in order to understand their needs and preferences before trying to expand to users who are less digitally connected.

### Data was collected in:

- questionnaires
- feedback and collaboration workshops with patients/carers, internal and external professionals
- trial sessions of telemedicine

A thematic analysis was then conducted.



## Results

- Greater than 66% of participants had access to internet enabled devices.
- 80% of people use the internet on a daily basis.
- 63% of participants had used Skype or equivalent before. 47% of these people were using it either daily or weekly.



'[I'm] very comfortable using video calls. I would happily swap some visits for a video call using Skype or FaceTime.'

'[using video calls] would be fine if I felt comfortable with the technology and I knew the person I was talking and already had a relationship with them.'

## Discussion

### Benefits

- More information than a telephone call.
- Save time, money and inconvenience of travel.
- Enable more people to be involved with the conversation e.g. Relatives who are not local.

### Challenges

- Building trust and showing empathy can be more difficult when not face to face.
- Asking professionals to work differently.
- Ensuring equipment is available.

## Conclusion

Lots of people in the community have the capability and equipment to use video calls. Telemedicine is acceptable to many people who use the hospice services. 1st consultations should continue to be face-to-face in order to establish a relationship, do an environmental assessment and consider whether telemedicine would be appropriate for future contacts.

**Telehealth**  
remote monitoring of clinical biomarkers e.g. blood sugar or sats

**Telemedicine**  
communication with video link

**Telecare**  
remote monitoring via devices e.g. alarms/reminders

