

interfere, such as failed surgical hot clinic discharges leading to increased morbidity and length of stay.

#### Dimitrios Zosimas

Surgical Registrar  
Department of General Surgery  
Queen's Hospital  
Barking, Havering and Redbridge University  
Hospitals NHS Trust  
Romford  
Essex RM7 0AG  
(dizos@yahoo.com)

#### Giuseppe Strano

Surgical Registrar  
Department of General Surgery  
Queen's Hospital  
Barking, Havering and Redbridge University  
Hospitals NHS Trust  
Romford  
Essex

#### Ahmer Mansuri

Senior House Officer  
Department of General Surgery  
Queen's Hospital  
Barking, Havering and Redbridge University  
Hospitals NHS Trust  
Romford  
Essex

#### Panagis M Lykoudis

Honorary Research Associate  
Division of Surgery & Interventional Science  
University College London  
London

#### Veeranna Shatkar

Surgical Consultant  
Department of General Surgery  
Queen's Hospital  
Barking, Havering and Redbridge University  
Hospitals NHS Trust  
Romford  
Essex

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## Care of the dying in hospital: a medical student perspective

Sir,

We read with great interest the article by Kite (vol 80(2), 2019, p. 66; <https://doi.org/10.12968/hmed.2019.80.2.66>) regarding the care of patients dying in hospital. Observing this delicate moment in the patient journey can influence clinicians' future practice and we feel that this subject needs to be given greater importance during medical school.

We agree with Dr Kite that communication and collaboration are essential for 'good care of the dying'. From listening to patients and their families, we noticed a recurring theme; they feel that they are given less importance as death becomes an eventuality. Therefore an engaging presence from health-care staff is important for patients and families, even if management is no longer based around cure or remission.

As medical students progress to become doctors, it is crucial that they are well equipped to deal with this topic. Currently, palliative care teaching is based in a tutorial setting, using patient actors and simulated scenarios. While this is incredibly useful in developing skills and confidence, more can be done. To further emphasize the importance of this care, the authors propose a reflective module which involves

shadowing a palliative care patient. This would include discussions with family members and the patient, who narrate their experience and share their expectations of health-care professionals. This would help students gain an invaluable insight on the very real situations that will fall under their responsibility in the near future.

#### Munaib Din

Medical Student  
King's College London School of Medical  
Education  
London SE1 1UL  
(munai.din@kcl.ac.uk)

#### Areeb Zar

Medical Student  
King's College London School of Medical  
Education  
London

#### Ahmed Kerwan

Medical Student  
King's College London School of Medical  
Education  
London

#### Ansab Fazili

Medical Student  
King's College London School of Medical  
Education  
London

## Erratum

The article *Clinical audit does not work, is quality improvement any better?* (vol 79(9), 2018, p. 508; <https://doi.org/10.12968/hmed.2018.79.9.508>) contained an incorrect version of Figure 2.

The correct version is reproduced here. Natalia Skorupska prepared the data and graphs. We apologise for any confusion caused.

Figure 2. Proportion and interquartile range of children in severe pain who receive analgesia within 30 minutes of arrival against the Royal College of Emergency Medicine standard of 75%.

