

## P1734 LESSONS FROM HIV- HAEMOPHILIA CRISIS AND CURRICULAR LEARNING IN POST COVID TIMES

**Topic:** 35. Quality of life, palliative care, ethics and health economics

Mallika Sekhar<sup>1,2</sup>, Chloe Merriam<sup>3</sup>, Sushrut Jadhav<sup>4</sup>

<sup>1</sup> Haematology, Royal Free London NHS Trust, London, United Kingdom; <sup>2</sup> Haematology, University College London Hospital, London, United Kingdom; <sup>3</sup> MBBS programme, Royal Free campus, University College London Medical School, London, United Kingdom; <sup>4</sup> Division of Psychiatry, Faculty of Brain Sciences, University College London, London, United Kingdom

**Background:** The COVID19 pandemic has posed challenges to clinical decision-making in the context of prolonged uncertainties in clinical, scientific and social areas. The HIV pandemic of 1980s represents a similar period with data and insights acquired over years. Haematologists are familiar with the notion of uncertainty. In particular, haemophilia care during the early 1980s posed specific and unique problems in clinical decision-making. An understanding of professional and personal concerns faced by doctors at the time can contribute to learning and continued professional development.

**Aims:** Compile, structure and analyse audio interviews from physicians involved in haemophilia care in the 80s to generate learning material for curricular learning.

**Methods:** Between June and November 2019 oral history interviews were conducted using a semi-structured questionnaire with 16 senior haemophilia doctors (13 male, 3 female) from Australia, Canada, France, Italy, Netherlands. 28 person-hours of interview material was analysed using pre-established criteria<sup>1</sup>. Audio recordings and transcripts from UK Infected Blood Inquiry<sup>2</sup> held between October 2020 and January 2021 were analysed for content. 18 oral evidences comprising approximately 286 person-hours were examined to extract themes addressing difficulties and dilemmas in clinical decision-making. Following ethical approval, an audio-podcast series<sup>3</sup> was produced to address specific domains and themes.

**Results:** Audio material was compiled into segments of audio clips that identified topics across four areas of practice: diagnostic tests, clinical decision making, shared axes of care and personal experiences of adverse outcomes. Material from 6 oral history interviews (Italy, France, Netherlands) was compiled to illustrate cross-national themes and personal dilemmas. These themes were mapped on relevant curricular domains defined by the GMC. (Table 1) The compilation was interspersed with an audio commentary by the first author and published as a podcast series comprising 8 podcasts over approximately 4 hours. Access was via free public platforms. Between November 2021 and February 2022, 472 downloads were documented on one of four platforms. Six medical students and six faculty provided triangulation including feedback. Their feedback confirmed the pedagogic relevance of these podcasts for undergraduate students across years 1 to 5 as part of curricular learning. Feedback from postgraduate trainees in Haematology, other specialities and consultants confirmed the relevance of this material in their continued professional development.

**Image:**

---

**Copyright Information:** (Online) ISSN: 2572-9241

© 2022 the Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the European Hematology Association. This is an open access Abstract Book distributed under the Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) which allows third parties to download the articles and share them with others as long as they credit the author and the Abstract Book, but they cannot change the content in any way or use them commercially.

**Abstract Book Citations:** Authors, Title, HemaSphere, 2022;6:(S3):pages. The individual abstract DOIs can be found at <https://journals.lww.com/hemasphere/pages/default.aspx>.

**Disclaimer:** Articles published in the journal HemaSphere exclusively reflect the opinions of the authors. The authors are responsible for all content in their abstracts including accuracy of the facts, statements, citing resources, etc.

GMC curriculum: Doctors must	Domains	Example of themes from oral history and evidence at inquiry
Behave according to ethical and professional principles	Therapeutic relationship	Autonomy, shared decision making, paternalism
	Clinical decision-making	Clinical freedom, guidelines
	Professional identity	Identity as clinician and pathologist
	Advocacy	Advocacy for safe and effective products
	Adverse events and communication	Patient care during litigations
Must be able to communicate effectively and honestly	Communication of uncertainty and errors	Discussion of risk, redefinition of values, treatment modification Vocabulary to express fallibility and uncertainty, for apology and explanations Consent for tests, communication of unexpected results
Integrate social science knowledge into patient care	Societal expectations	The value placed on normalcy Trust, mistrust and reshaping of hierarchies. Stigma, attitude to blood donation
	Ethics and law	Ethical care of patients during uncertain science Bolam and Montgomery rules as applied to uncertain situations
Integrate scientific method into patient care	Global and cross-cultural dimensions	Private vs public priorities, precautionary principle, equity
	Shared care	Patient centred decisions, stakeholders in the care pathway
	Knowledge management	The importance of defining causal agent Decisions using evolving data, opposite decisions using same data: bias and context in interpreting evidence Conferences and dissemination of knowledge
Personal and professional growth	Scholarship	Data mining and the value of registries and testing stored samples; Increase in publications, Clinical research during period of competing priorities, competition in research
		Impact on doctor

Table 1: Mapping learning material from this project to domains from General Medical Council, UK

**Summary/Conclusion:** •Our study generates data that contribute to future research on physicians exposed to prolonged uncertainties in clinical and laboratory practice.

- Lessons from haemophilia-AIDS crisis are relevant for some aspects of COVID19pandemic.
- Recent history of medical events provides a valuable resource to enhance teaching.
- Oral history interviews and oral evidence submitted at an inquiry differ in nature but provide complimentary insights.
- Podcasts can provide an effective platform for curricular and self-directed learning for graduate and postgraduate learning, worldwide.
- A structured platform to catalogue difficult decisions can provide haematologists and others a frame of reference in making difficult decisions. Future research could address the scope and applicability of this pragmatic approach to history of medicine.

Ref: 10.1111/hae1.3967

<https://www.infectedbloodinquiry.org.uk/>

<https://thebitterpillpodcasts.libsyn.com>

**Copyright Information:** (Online) ISSN: 2572-9241

© 2022 the Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the European Hematology Association. This is an open access Abstract Book distributed under the Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) which allows third parties to download the articles and share them with others as long as they credit the author and the Abstract Book, but they cannot change the content in any way or use them commercially.

**Abstract Book Citations:** Authors, Title, HemaSphere, 2022;6:(S3):pages. The individual abstract DOIs can be found at <https://journals.lww.com/hemasphere/pages/default.aspx>.

**Disclaimer:** Articles published in the journal HemaSphere exclusively reflect the opinions of the authors. The authors are responsible for all content in their abstracts including accuracy of the facts, statements, citing resources, etc.