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Multidisciplinary Team Meetings as care in practice: An ethnography of hospital and community palliative care in the UK



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Background: Palliative care commonly involves the use of **Multidisciplinary Team Meetings (MDTs)**, focusing on the discussion of

complex cases. While MDTs are acknowledged and appreciated by the team members as central to their daily work, these meetings are not readily captured as a **visible form of patient care**.

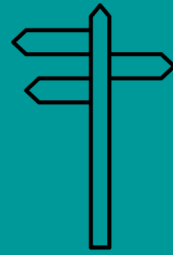
Aims: We take the weekly MDTs of two palliative care teams within the same UK NHS (National Health Service) Trust covering acute and community settings as an ethnographic object [1], to explore what **work they do, and with what effects**.



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Methods: Observation of more than 60 MDTs between May 2018 and January 2020 as part of the larger ethnographic study on palliative care **'Forms of Care'**.

Qualitative field notes were written up during/after each meeting. Emerging themes were identified through **coding** and **memo-ing** in NVivo12, and analysed using theoretical sensitivities characteristic to **material semiotics**. We shared and refined our findings around team work through **workshops with the palliative care teams**.



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Findings: MDTs are simultaneously:

- **institutional instruments** aimed at demonstrating and delivering process
- **spaces to come together**
- **a collaborative, administrative, and supervisory practice**

We observed that palliative care staff in MDTs:

- **'feel their way'** through complex cases, while attending to individual and team members' needs
- **anticipate future performance measurements** by contextualising patient outcomes
- **document the work done** in meetings to ensure their continuation
- **consider potential improvements** alongside mounting work and resource pressures.

The cyclical temporality of recurring meetings allows **sharing and accumulation of expertise amongst members of the team**. However, the linear temporality of patient care requires 'curtailing' or editing out potential distractions through forms and presentation formats [2], which paradoxically enable a **holistic approach**.



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Conclusion: We argue that rather than solely being opportunities to plan or make decisions about patient care, MDTs are in themselves a productive form of doing care [3].

References: [1] Brown, H., Reed, A. & Yarrow, T. (2017). "Introduction: towards an ethnography of meeting." *Journal of the Royal Anthropological Institute* 23(1): 10-26. [2] Strathern, M. (2017). "Afterword." *Journal of the Royal Anthropological Institute* 23(1): 198-203. [3] Mol, A., Moser, I. & Pols, J. (Eds.). (2015). *Care in practice: On tinkering in clinics, homes and farms*. Bielefeld: Transcript.

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