

Perceptions of Medical Students about End of Life Palliative Care

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ABSTRACT

Objective: To determine awareness and perceptions about end of life palliative care among medical students.

Study design: Descriptive cross-sectional study.

Place of study: Lahore Medical & Dental College (LMDC), Lahore.

Duration of study: Three months, from January to March, 2012.

Material and method: A structured questionnaire was used to obtain the required information from students. Out of 500 students registered in first to final year MBBS classes, 435 participated in the study. The variables studied included, age, gender, year of study, awareness about end of life palliative care, perceptions about preferred method of palliative care, disseminating information about it and perceptions about death and dying. Data was entered and cleaned in SPSS 19 statistical package. Data was presented in the form of tables and graphs.

Results: In the present study, 251(57%) were females, 219(50%) were either 20 years old or younger and 216(50%) were 21 years old or older. The representation from various classes was 130(30%) from 1st year, 78(18%) from 2nd year, 86(20%) from 3rd year, 90(21%) from 4th year and 51(30%) from final year. Regarding palliative care, 70% committed that they had knowledge about it. The preferred source of palliative care information were friend or relative receiving palliative care (76%), television or internet (35%) and discussion among friends (25%). Regarding the types palliative care that must be provided, most frequent suggestions were domiciliary services for control of pain and other symptoms (54%), discussion about hopes, fears, anxieties and beliefs (45%), day and night nursing help at home (30%) and telephonic support and advice to patients and families (20%). Nearly all respondents agreed that awareness about palliative care should be widespread and 57% of students preferred that information on this topic should be generally available. Only 44% of students thought they death & dying is discussed in the right amount.

Conclusion: There was generalized awareness about end of life palliative care among MBBS students, which was mostly due to personal experience, discussion with friends and exposure to electronic media.

Keywords: Palliative care, end of life, medical students, perceptions

INTRODUCTION

Palliative Care is defined by WHO as an approach which improves quality of life of patients and their families facing life-threatening illness through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems as physical, psychosocial and spiritual¹. Care of the dying patient is a complex and challenging aspect of medicine. Moreover, patients and their families struggle with the social issues of care giving and preparing for home or hospice care².

Although the concept of palliative care is not new, most physicians have traditionally concentrated on trying to cure patients. Treatments for the

alleviation of symptoms were viewed as hazardous and seen as inviting addiction and other unwanted side effects³. The medical students and doctors who are supposed to have more knowledge about palliative care were no better than the general public in this regard. Basic knowledge of palliative care among students is inadequate, and students are unprepared and uncertain in their approach of delivering end-of-life care⁴.

To raise awareness about palliative care various channels of communication are needed⁵. There is sometimes the fear that the patients would 'give up' after they are told about the diagnosis of a terminal illness. But studies suggest that usually these fears are unfounded and can cause more damage than harm. Also that there are models which can help provide quality of life after being told of terminal nature of disease⁶. Denying an individual and their support system an opportunity to explore psychological or spiritual concerns is just as harmful

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as forcing them to deal with issues they either don't have or choose not to deal with⁷.

Patients have a right to an honest and full explanation of their situation and should be told as much or as little as they want to know—they also have a right to decline information. Requests for doctors to collude with relatives to withhold information from patients are common. Every adult has the right to make decisions about their own care. Collusion between families and doctors not to tell patients about their diagnosis or prognosis may deprive patients of their right to know that information and thus their autonomy over their own treatment decisions. Equally, the patients have a right to not be told diagnosis or prognosis if that is their wish⁸.

Knowledge, skills and techniques to render end of life care are pivot to facilitate “Good Death” which is comforting to the dying person and spiritually and psychologically soothing to the family and friends of the dying person. The present study was conducted to assess the baseline knowledge regarding palliative care among freshman medical students and to sensitize them about the importance of end of life care.

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted among 4th year MBBS students at Lahore Medical & Dental College (LMDC), Lahore. The study duration was three months, from January to March, 2012. The study population consisted of all 500 students registered in first to final year MBBS classes and out of them, those students who agreed to participate in the study, constituted the study sample (n= 435).

A pretested structured questionnaire was used to collect information on age, gender, year of study, awareness about end of life palliative care, perceptions about preferred method of palliative care, perceptions about preferred method of disseminating knowledge about palliative care and perceptions about death and dying. Data was entered and cleaned in SPSS 19 statistical package. Descriptive statistics was used in the forms of numbers and percentages.

RESULTS

In the present study, out of 500 registered MBBS students, 435 participated in our study (response rate = 87%). Out of these students, 184(42%) were male and 251(57%) were females while 219(50%) were either 20years old or younger and 216(50%) were 21 years old or older. The representation from various classes was 130(30%) from 1st year, 78(18%) from

2nd year, 86(20%) from 3rd year, 90(21%) from 4th year and 51(30%) from final year (Table I).

As depicted in **Figure I**, when the students were asked about palliative care, 206(47%) committed that they had some knowledge, 99(23%) had quite a bit of knowledge and only 20(5%) agreed that they have very high knowledge. However, 110 students (25%) acknowledged that they had no knowledge of end of life care.

Table I: Background Information on 435 MBBS students

Characteristics	n=	%age
Male	184	42.3
Female	251	56.7
Age ≤20 years	219	50.3
Age ≥21 years	216	49.7
1 st year study	130	29.9
2 nd year study	78	17.9
3 rd year study	86	19.8
4 th year study	90	20.7
Final year study	51	11.7

Figure I: Palliative care knowledge among 435 MBBS students

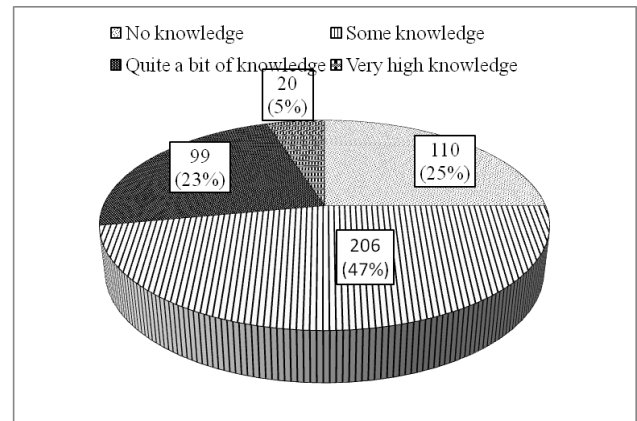


Table II highlights the students’ responses regarding source of information and preferred types of palliative care and modes of raising awareness and quality of end of life care. In the present study, the most popular source of palliative care information were friend or relative receiving palliative care (76%), television or internet (35%) and discussion among friends (25%). Regarding the types palliative care that must be provided, most frequent suggestions were domiciliary services for control of pain and other symptoms (54%), discussion about hopes, fears, anxieties and beliefs (45%), day and night nursing help at home (30%) and telephonic support and advice to patients and families (20%). Nearly all respondents agreed that awareness about palliative care should be widespread, as 415 students (95%) agreed that information, education and training should be available for patient, families, care takers,

volunteers and communities, 413 students (95%) agreed that awareness should be raised through promoting and encouraging open discussion about palliative care, 408 students (94%) supported widespread research on this topic and 372 students (85%) endorsed that end of life care is dependent on having compassionate and competent staff in all care setting.

Figure II illustrates students' perceptions about discussion of death & dying in our community. Among the respondents 193(44%) thought they we discuss this topic about the right amount, 185(43%) said this was not enough while 57(13%) perceived that this topic is deliberated upon too much.

When asked about the suitable time to obtain information on end of life care (Figure III), 257(57%) preferred that information should be generally available, 102(23%) only wanted such information if they themselves are diagnosed with a life threatening illness, 43(10%) wanted this information if a life threatening illness became terminal and another 43% did not want any such information.

Figure II: Perception of 435 MBBS students on how much we discuss death & dying as a community

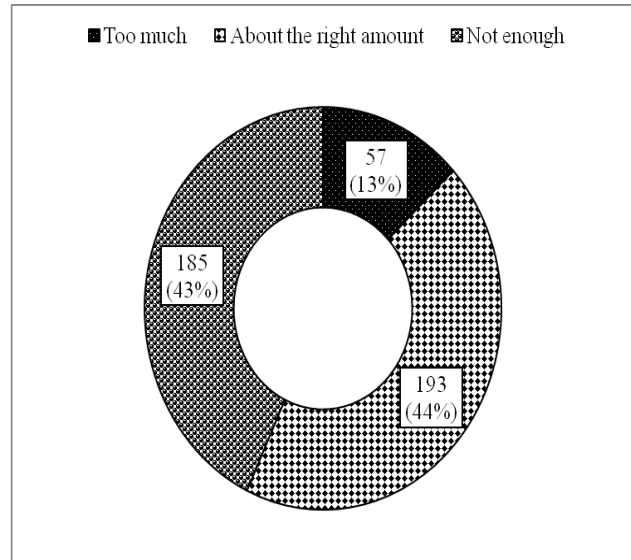
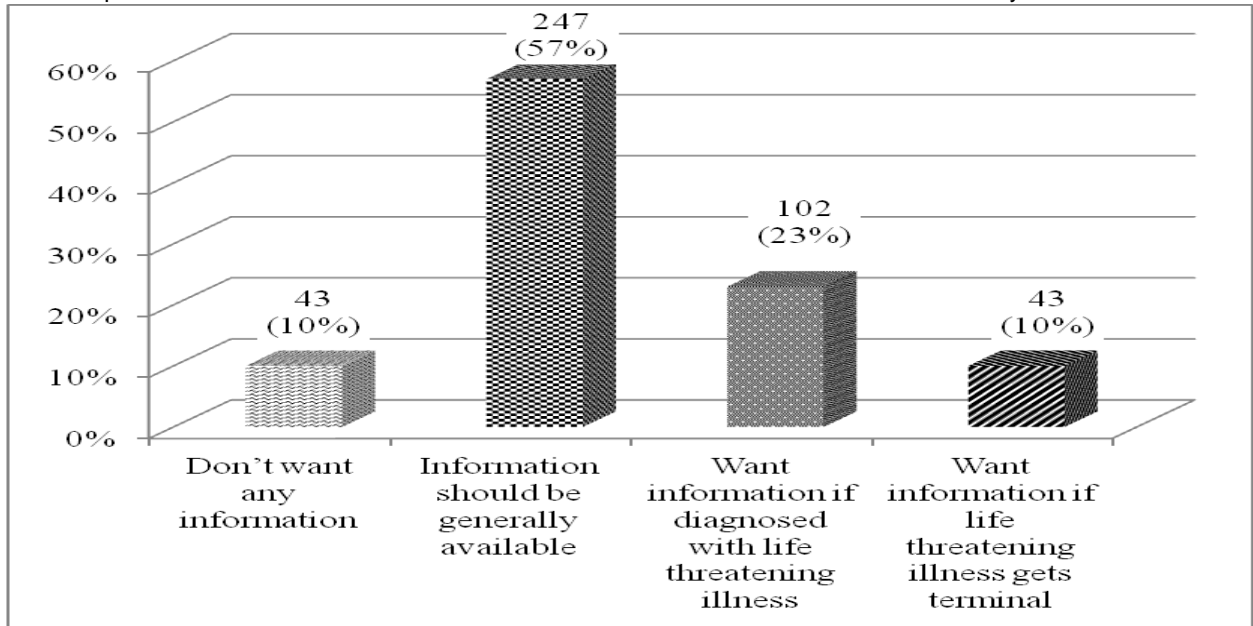


Table II: Perceptions of 435 MBBS Students regarding Palliative Care

Students' responses about Palliative Care	Yes	No
Source of Information about Palliative Care		
Personally received Knowledge	33(7.6%)	402(92.4%)
Friend or relative received palliative care	332(76.3%)	102(23.4%)
Distant friend or relative received palliative care	31(7.1%)	404(92.9%)
Neighbour received palliative care	20(4.6%)	415(95.4%)
Friends discussed it	109(25.1%)	326(74.9%)
Relative discussed it	23(5.3%)	412(94.7%)
Palliative care is discussed during training	69(15.9%)	336(84.1%)
Television and internet	151(34.7%)	284(65.3%)
Newspaper and magazine	63(14.5%)	372(85.5%)
Books	55(12.6%)	55(12.6%)
Preferred types of Palliative Care		
Control of pain and other symptoms at home	237(54.5%)	198(45.5%)
Nursing help at home during day and night	131(30.1%)	304(69.9%)
Discussion about hopes, fears, tears, anxieties and beliefs	197(45.3%)	238(54.7%)
Telephonic support and advice to patients and families	89(20.5%)	346(79.0%)
House work, shopping, transport etc	69(15.9%)	366(84.1%)
Help at home to give family care takes time off	63(14.5%)	372(85.5%)
Information and advice on financial matters	73(16.8%)	362(83.2%)
Medical care in hospital	131(30.1%)	304(69.9%)
Suggestions to raise awareness and quality of Palliative Care		
Awareness should be raise through promoting and encouraging open discussion about palliative care.	413(94.9%)	22(5.1%)
Information, education and training should be available for patient, families, care takers, volunteers and communities.	415(95.4%)	20(4.6%)
End of life care is dependent on having compassionate competent staff in all care setting.	372(85.5%)	63(14.5%)
Research should be undertaken for informed planning, delivery and improve outcome in palliative care	408(93.8%)	27(6.2%)

Figure III: Perception of 435 MBBS students on when to obtain information about Palliative Care if they have incurable illness



DISCUSSION

In the present study majority of the students (70%) had knowledge about end of life palliative care. In contrast, a comparable study done among Indian undergraduate health care students reported that the basic knowledge of palliative care among students was inadequate⁴. An Indian study among general public also demonstrated low awareness of palliative care⁵.

According to the results of our study, a close friend or relative receiving palliative care (76%), electronic media (34%) and discussion among friends (25%) were the main sources of awareness about end of life palliative care. A study done in India indicated that the major sources of such information for their participants was newspapers (53%) followed by television (36%)⁵ among our respondents, 57% preferred that information on end of live care should be generally available.

In the present study, the most preferred palliative care was control of pain (54%). Another study done on doctors in Pakistan mentioned pain control, counseling and rehabilitation as the main aims of the palliative care⁹. The respondents of our study were of the view that hopes, fears, anxieties and beliefs should be discussed with the patients who are receiving palliative care (45%). Our study reinforced the evidence shown by similar study conducted by Penson in 2000⁶ that quality of life of patients receiving palliative care is always improved when patients are not deprived of the truth and when

their fears, anxieties and beliefs and hopes are discussed, their compliance to the instructions of doctors increases.

Our study found that 54% of medical students were of the opinion that the palliative care services in terms of pain or other symptoms and nursing should be home-based. This is in consonant with the studies which concluded that quality of life of dying patients is better if they are at home and are surrounded by the family. Two studies conducted in India, one by Joseph et al. in 2009 and the other by Jayarama & Kotian in the same year, demonstrated that majority of their participant preferred home-based palliative care^{5,10}. A few more studies also suggests that patient- and family-centered end-of-life care involves providing dying individuals with desired physical comfort and emotional support, supporting shared decision-making, treating the dying person with respect, providing emotional support to family members, and coordinating care across settings.^{7,11} Many people dying in institutions have unmet needs for symptom amelioration, physician communication, emotional support, and being treated with respect. Family members of decedents who received care at home with hospice services were more likely to report a favorable dying experience¹². Among our respondents, 85% endorsed that end of life care if provided at health institutions then it should be done through compassionate and competent staff in all care setting.

Only 44% of our study respondents perceived that the topic of death and dying is deliberated in our

society in the right amount. King while discussing death and dying in the curriculum of Public Schools, elaborated that this topic has become a tabooed subject as people are afraid and cannot comprehend what lies beyond it. People are scared that if they acknowledge death or merely mentioning the word might bring about their own demise¹³. Nearly all respondents agreed that awareness about palliative care should be widespread. The preferred methods for disseminating this information were widespread information, education and training available for patient, families, care takers, volunteers and communities (95%), promoting and encouraging open discussion about palliative care (95%) and widespread research on this topic (94%).

CONCLUSION

There was generalized awareness about end of life palliative care among MBBS students, which was mostly due to personal experience, discussion with friends and exposure to electronic media.

Recommendations:

1. Palliative care skills should be considered as core clinical competencies and should be incorporated as mandatory part of the medical curriculum.
2. Workshops and seminars should be held for the families of patients requiring palliative care at the hospital for raising awareness regarding palliative care and imparting skills required to take care of dying patients.
3. Death and dying as a topic should be incorporated as a part of undergraduate medical curriculum.
4. There is a need to integrate palliative care into health care training and the national medical, nursing and allied health council should structure and implement palliative care education into basic health care training.
5. Focused training in palliative care and end-of-life teaching methods and institutional change strategies can facilitate the reform.
6. As home-based palliative care was preferred by many, home visits by care providers and training of family members of patient's needing palliative care needs to be practiced widely.

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