



Perception of Palliative Care among Medical Students in a Teaching Hospital

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ABSTRACT

Introduction: Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. Palliative care must be a part of every medical personnel's practice. But still medical education curriculums have not included palliative care in its syllabus, sufficiently due to which most of the health professional are not aware about this specialty. The purpose of this study is to find out the perception of the medical students in palliative care in a teaching hospital.

Methods: A descriptive study was done among 270 undergraduate medical students studying in Institute of Medicine using a self structured pretested questionnaire. Data was entered in Microsoft Excel and analyzed by using SPSS 21.

Results: Of the total 270 undergraduate medical students only 152 has heard the word "palliative care". Only 84 students know, palliative care can be provided early in the life threatening illness. Total 80 students know it doesn't intend to postpone and hasten death. Though only 49 students didn't know PC is not included in our curriculum, 227 are interested to learn about it if given any opportunity.

Conclusions: The perception of palliative care medicine is low in first couple of year of medical study. It is increased in clinically exposed students but is surprisingly more in fourth year than final year undergraduate medical students. However, it should be included in undergraduate medical study.

Keywords: *medical students; palliative care; perception.*

INTRODUCTION

Palliative care (PC) is a specialized medical care for patients with serious and life threatening illness. It focuses on providing patients with relief from symptoms and stress of a serious illness. The goal is to improve quality of life for both the patients and the family.¹

Although the concept of palliative care is not new, most physicians have tend to focus on trying to cure patients. Treatments for the alleviation of symptoms were viewed as hazardous and seen as inviting addiction and other unwanted side effects.²

PC has been included in undergraduate medical

curriculum in different countries worldwide. WHO advocate for PC to be compulsory in courses leading to a basic professional qualification. PC had not been included in the medical curriculum in Nepal until PatanVAcademy of Health Science (PAHS) included in the year 2008. Institute of Medicine (IOM), the pioneering medical school in the country, has just started only a sensitization class since 2007.

The purpose of this study is to find out the perception

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and knowledge of PC in medical students in a teaching hospital. This research will give an idea about the current situation of understanding of palliative care among the future doctors of the nation.

METHODS

A descriptive analytical study was conducted among undergraduate medical students of Institute of Medicine (IOM), Maharajgunj, Kathmandu from August 15 2013 to February 15 2014. Ethical approval was taken from Institutional Review Board (IRB). Informed written consent was taken from all the participants. Purposive convenient sampling was done. Data were collected by using self administered questionnaire. The questionnaire was validated by pretesting among 25 undergraduate medical students from first year to final year. Then, modified questionnaire was used as a study tool. Students participating in pretest were excluded from the main study. Total sample size was 270, 90% of students from first year to final year excluding pretested students. Data was entered in Microsoft Excel and analysed by using SPSS 21.

RESULTS

Total number of respondents was 270; among them 216 (80%) were male and 54 (20%) were female. Only 152 (56.29%) have heard the word "PC" before. The number was very low among the students at the

beginning of their medical education stating only seven (12.5%) of students in first year were aware that PC exists. The number of the students who were aware of PC increases significantly with the level of education by up to 50 (94.33%) in final year (Table 1). Among them, 33 (67%) had understanding of PC approach as interdisciplinary (Table 2). Total 142 (93.4%) students said that PC is to relieve the suffering and improve the life of patients of life threatening illness (Table 3). Only 130 (85.5%) students knew PC provides psychological and spiritual support (Table 4) and 68 (44.73%) students were aware that it provides bereavement support. Total 84 (55%) students felt it can be provided early in the cases of life threatening illness, irrespective of prognosis (Table 5).

Total 72 (47.3%) students are familiar with the method to assess the pain in patients with terminal illness and chronic pain syndrome. Only 85 (31.48%) students thought providing PC to the patients with end stage renal disease is appropriate (Table 6). PC doesn't hasten or postpone death was felt by 72 (47.36%) students (Table 7). And 36 (23.68%) students had some experience of PC given to somebody they know. Total 59 (21.85%) students did not know palliative medicine is not included in the curriculum. As a whole, 227 (84 %) students were interested in learning about PC and felt it should be an integral part of their curriculum.

Table 1. Showing the perception of palliative care in medical student.

Questions	First year			Second year			Third year			Fourth year			Final year		
	Y	N	T	Y	N	T	Y	N	T	Y	N	T	Y	N	T
Have you heard of 'Palliative Medicine'?	7	49	56	8	46	54	37	17	54	50	3	53	50	3	53
Is palliative care an interdisciplinary approach?	4	3	7	3	5	8	27	10	37	38	12	50	33	17	50
Palliative care is to relieve sufferings and improve the quality of life of patients of life threatening illness?	5	2	7	8	0	8	36	1	37	46	4	50	47	3	50
Does palliative care provide psychological and spiritual support?	6	1	7	6	2	8	31	6	37	45	5	50	42	8	50
Can palliative care services be offered early in the case of life threatening illness, irrespective of prognosis?	3	4	7	5	3	8	19	18	37	31	19	50	26	24	50
Do you think it is good to provide palliative care to the patient of CKD?	1	6	7	5	3	8	26	11	37	28	22	50	25	25	50
Do palliative care intend to hasten or postpone death?	3	4	7	4	4	8	17	20	37	22	28	50	26	24	50

Y-Yes N-No T-Total

DISCUSSION

The knowledge and perception of PC was found to be inadequate in medical students in our study. The number was strikingly low and among the students at the beginning of their medical education with only 12.5% of students in first year are aware that PC exists. The number of the students who are aware of PC increases significantly with the level of education reaching 94.33% in final year.

One surprising finding of the study is that knowledge and perception among fourth year students are higher than that of final year. This may be due to PC sensitization class they receive at the end of third year. And lack of clinical practice may have beclouded the knowledge of final year students.

55 % of 152 students who have heard the word "PC" before, felt it can be provided early in the cases of life threatening illness, irrespective of prognosis. Only a few students know about palliative care and hospice care not being same and palliative care can also be given in early stage of care. Significant number of students feels that palliative care intends to hasten or postpone death. And few have idea about bereavement support included under it. However, majority of students were willing to learn more about palliative care. Medical students that receive palliative care courses acquire knowledge and skills related to PC, differences between the palliative and curative approaches, symptom control, pain management, communication³⁻⁶ and self-reported competence and self-reported concern.⁷⁻⁹

Similar to our study, a study in Manipal University in India showed that the basic knowledge of palliative care among undergraduate students was inadequate, and students are unprepared and uncertain in their approach of delivering end-of-life care.¹⁰ The effect of a curriculum without compulsory courses in palliative medicine on students' knowledge, skills and attitudes towards the care of dying patients and decisions at the end of life was poor overall.¹¹

The demand for palliative care services across globe is expected to increase over time due to the continued growth and ageing of the population. The incidence of cancer and other chronic illness are increasing, and most of the burden is shifting to low and middle income countries where patients are often present with late-stage disease and severe pain.¹² Awareness regarding proper pain management and PC seems to be poor among the physicians in Nepal. Some non-government organizations such as Hospice Nepal have made several

attempts to educate health care professionals in this regard. However, the number is small and majority of the health care professionals still have little knowledge about the PC. In addition, the significant fraction of health care professionals is not receptive to the approach of palliative care and focus on cure rather than alleviation of the symptoms. University of California states that third year medical students' experiences with dying patients affect their skills and attitude in end of life care, as well as the emergence of their professional identities.¹³ Another study recommends that basic PC competencies should be integrated into each year of medical school curriculum.¹⁴⁻¹⁶ International institutions have consistently and for a long time requested the implementation of (PC) education within the undergraduate medical degree courses.¹⁷⁻¹⁹ Hence, each medical school in Nepal should develop an integrated curriculum on PC to provide adequate exposure to palliative care and hospice care early in their education.

Medical students tend to welcome teaching learning on PC. It positively influences student attitudes towards the patients with chronic illness, and enhances communication skills. Majority of the students in our study were willing to learn PC and end of life care given any opportunity.

A study in University of Navarra, reported the course for all undergraduate students as a core component of curricula. Students specially found out that what they learned in the course is applicable to all patients and prepares them to work better as a doctor.²⁰ From 2013, Palliative care has become the mandatory examination subject in medical curriculum in Germany.³ But in Nepal almost all medical colleges except PAHS don't have curriculum of PC. A study in University of North Carolina, nurses who have cared for patients with cancer are more knowledgeable and have more liberal attitude towards pain management from nurses who have not cared for patients with cancer.²¹ Most developed countries, therefore, have included PC as an integral part of the medical education.²²

Medical textbook fall short of providing relevant information for clinical management of terminal illness. Also, teaching here is more focused on acquisition of knowledge and skills rather than attitude, which is also an important part in clinical practice. Integration of Palliative Care in curriculum will renew and replenish the motivation of future doctors to carry out their duties, giving them a new professional and personal perspective of growth.

The limitations of our study include small sample size, single center, and descriptive nature of the study. A larger study with inclusion of several medical colleges will be able to provide more clear-cut information in this regard. However, we hope this study will be a step towards integration of PC in the medical education in every medical college in the country, which will help to produce physicians focusing on not only curing people but also healing them.

CONCLUSIONS

Our study demonstrates inadequate knowledge and perception of PC among medical students. Integration of Palliative care in medical education is highly critical to provide adequate exposure to palliative care and make the future doctor competent enough to treat the patients not just the diseases.

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