

Approach to Palliative Care among Medical Interns of a Tertiary Care Teaching Hospital in Tamil Nadu

Dr.Divya¹, Anithaa N², Akhila B³, Rakesh⁴

¹Assistant Professor

^{2,3,4}CRR

Abstract: ***Background:** The current healthcare system is providing inadequate care for the dying. Current health care education focuses entirely on cure and end of life care is almost compromised or nonexistent. The purpose of this study was to determine palliative care awareness among Indian medical interns and assess the need for incorporating palliative medicine education into undergraduate health education. **Objectives :** 1) To understand the perception of medical interns on palliative care 2) To assess the knowledge of medical interns on palliative care. **Materials and Methods:** It was an Exploratory Mixed-Method study design (Qualitative- Focus Group Discussion followed by Quantitative-self-administered questionnaire survey) from October and November 2018. Two Focus Group Discussions were conducted separately among ten medical interns each. They were purposively selected as they were vocal and willing to participate. Informed written consent was obtained from each participant and the FGD's were conducted by a trained facilitator at a time and place convenient to the participants. The discussions were audio recorded and noted simultaneously by a note taker who was also trained in qualitative research methods and manual content analysis of the data was done. It was followed by a quantitative self-administered survey. Descriptive statistics, which included frequency, means, and percentages, were used to describe the data. **Conclusion:** The knowledge of Palliative care among medical interns is inadequate. Hence training doctors and nurses regarding end of life care in hospitals is necessary, as it has also become a criteria for NABH (National Accreditation of the Board of Hospitals). **Recommendations:** Educating our Undergraduate students by including it in our curriculum will impart knowledge to them in providing end of life care in the future as physicians or surgeons in their practise.*

Keywords: Palliative care, Medical interns, Curriculum.

1. Introduction

WHO defined Palliative Care as “ An approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical , psychological and spiritual.¹ Though there are many dying patients with palliative care needs, they have been inadequately examined and addressed in health care training. Palliative care training is almost non- existent in the medical undergraduate curriculum. Studies have shown that doctors lack knowledge and confidence to care for the dying patients and their busy schedules often, does not allow them to invest time in these patients, neither do they get updated on the topic. A operative palliative care service delivery requires an informed health sector, with health care Concepts of Palliative Care is new to India and has been introduced only in the mid 1980s. The hospice and palliative care movement in India started tentatively in mid 1980s and has slowly increased over the last decades.² IAPC (Indian Association of Palliative Care) was started on March ,1994 in Ahmedabad. There is increase in the aging population and prevalence of advanced cancer over the past 20 years. It is estimated that one million new cases of cancer occurs each year in India with over 80% presenting at stage 3 and stage 4.³ The need of palliative care in India is immense .

Plans are underway to modify the undergraduate medical curricula to include pain and palliative care in order to prepare for future physicians to deal with end of life issues. Palliative care needs a holistic approach which emphasizes comprehensive knowledge and clinical skills as well as

changes in attitude and practices among the medical undergraduates.

2. Objectives

- 1) To understand the perception of medical interns on palliative care.
- 2) To assess the knowledge of medical interns on palliative care.

3. Methodology

Study Design: It was an Exploratory Mixed-Method study design (Qualitative- Focus Group Discussion followed by Quantitative-self-administered questionnaire survey).

Study Duration: Two months from October and November 2018.

Study area and population: 124 Medical interns of a private medical college hospital and teaching hospital.

Study period: October and November 2018.

Sample technique:

Quantitative - Universal Sampling method
Qualitative – Purposive Sampling method

Ethical consideration: Application was submitted to the Institutional Ethical Committee and written and informed consent was obtained from each participant

Data collection procedure and methodology:

Qualitative: Two Focus Group Discussions were conducted separately among ten medical interns each. They were purposively selected as they were vocal and willing to participate. Informed written consent was obtained from each participant and the FGD's were conducted by a trained facilitator at a time and place convenient to the participants. The discussions were audio recorded and noted simultaneously by a note taker who was also trained in qualitative research methods and manual content analysis of the data was done by two investigators. Codes were derived from the transcripts to form a logic to produce a universal claim from observed instances. Later, similar codes were merged together to form the categories. Any incongruity between the two investigators was resolved by mutual discussion. Statements in *Italics* signify direct quotes from the participants. The findings were used in developing a tailored questionnaire which was administered to the students.

Quantitative: A questionnaire was used for collecting information on knowledge and Practice of palliative care. Two medical interns collected the data from all their 144 colleagues, meeting them in person in their respective departments. Interns who were not present during the survey were interviewed the following day by taking appointment. Informed written consent was given and the purpose of our research was explained. Data was then collected using a self-administered questionnaire. Descriptive statistics, which included frequency, means, and percentages, were used to describe the data.

4. Results**Qualitative**

Of the total 20 undergraduate students who participated in the FGD, (60%) were females and remaining (40%) male. The mean age of the participants was 22.25 ± 1.48 (years \pm SD).

Two **broad themes** emerged out of the focus group Discussion as,

- 1) Palliative care in Medical Curriculum, Is it That Important ?
 - 2) Will Ever Interns Knowledge benefit patients ?
- Palliative care in Medical Curriculum, Is it that important?

Category 1: Need of the Hour: "Many patients who have chronic diseases have increased over the years, and most of them suffer from many spiritual problems which results from condition which are only manageable and not treatable"

Participants said that they have seen many patients during their Surgery postings, mostly they receive chemotherapy, followed by radiotherapy and some pain management. But Many a times they don't get involved as there is no one to brief about the course of treatment.

Category 2: Pain Management: "All palliative care patients need pain management. Pain decreases the quality of life to a greater extent".

Participants said that they definitely need to be educated on pain and that though they are posted in internship in pain clinic, they do not get to learn much, as there is no briefing of any sort through the course of their medical school. When asked about the WHO stepladder of pain, morphine dose and side effects majority of them, did not give an answer.

Category 3: Ignorance / Fear of Missing the Topic: "To be honest, I have heard about the term only in Internship". One of the participant very honestly said that they heard about the term only during their internship in their Surgery rotation. When probed, he said that he had once searched for the meaning of palliative care in their surgery textbook as it was the choice of treatment for a case.

Will Improving Interns Knowledge have a mutual benefit between them and the patients?

Category 1: Psychological Help: "We spend most of the time in the wards".

If we have developed a skill to counsel a palliative care patient and take care of their needs, we can definitely be of use to them. They are in a disturbed state of mind and many of them seriously consider taking their own lives.

Category 2: Neglect /Ignorance: "We can provide patients with details of NGO's which can take care of their day to day needs".

One of the participant said that since palliative care requires round the clock care for some chronic diseases, family members neglect them and as a result the patients undergo through a lot of suffering. They can provide patients with relevant information and channelize them to the right people.

Quantitative

Tables 1: Socio-demographic characteristics of the interns (n=124)

Average Age (Years \pm SD)	23.15 \pm 1.48 (years \pm SD).
Sex	
Male	54(44%)
Female	70(56%)

Table 2: Awareness of interns on use of various tools of pain assessment (n = 124)

S.No	Statements	Yes n(%) (N =124)	No n(%) (N =124)
1	Pain as the fifth vital sign	50(40%)	74(60%)
2	Pain can be measured	99(80%)	25(20%)
3	*VAS is one of the ways of measuring pain	50(40%)	74(60%)
4	*NRS is also a way of measuring pain	56(45%)	68(55%)
5	Facial scale is useful in paediatrics patients	18(15%)	106(85%)
6	*PCA is a good method of providing patient relief	64(52%)	60(48%)

*VAS – Visual Analog Scale, *NRS – Numeric Rating Scale, *PCA – Patient controlled Analgesia

Table 3: Opinions expressed by interns regarding choice of opioids and side effects

S. No	Statements	Strongly Agree (%)	Agree (%)	Disagree (%)
1	Morphine is preferred over meperidine as the drug of choice to treat cancer pain	25(20%)	11(9%)	87(71%)
2	I will avoid morphine because of its side effects like Constipation	62(50%)	60(48%)	2(2%)
	Respiratory depression	50(40%)	54(43.5%)	20(16.5%)
	Nausea vomiting	87(70%)	32(26%)	5(4%)
	Addiction	112(90%)	10(8%)	2(2%)
3	Opioid should be given according to the clock	66(53%)	6(5%)	52(42%)
4	Frequency and dosage should be increased according to the needs of the patient	64(52%)	56(45%)	4(3%)

5. Discussion

India is experiencing an epidemiological transition with non-communicable and chronic diseases becoming the leading causes of death. There are at least 1.5–2 million cancer cases; two-thirds of them are in an incurable stage of disease. Vast majority of India does not have access to palliative care but in a state like Kerala, effective coverage and involvement led to designation of centers such as Institute of Palliative Medicine (IPM), Calicut and Trivandrum Institute of Palliative Sciences (TIPS), Pallium India as the Collaborating Centers of WHO for Community Participation in Palliative Care and for Training and Policy on Access to Pain Relief, respectively.⁴ The World Health Organization has called for training institutions to make palliative care compulsory in courses leading to a basic professional qualification. One of the earliest attempts to publish a curriculum for the teaching of palliative care at undergraduate level was by the Canadian medical schools in 1993.⁹ The American Academy for Hospice and Palliative Medicine subsequently published a core curriculum in 1998. In 2004, St. John's National Academy of Medical Sciences is the first medical college in India to introduce palliative care into the medical and nursing curriculum. This is a significant milestone for palliative care in this country, and an important learning opportunity.⁵ The IAPC trains doctors and nurses on palliative care on a daily basis and some of the universities have a pgprogramme like (AIIMS) and TATA MEMORIAL in India.⁶

The learning objectives of Palliative care are not clearly stated in the Indian medical curriculum for undergraduates. Hence, in our study the approach to palliative care was first explored by 2 Focus Group Discussions where 2 major themes emerged such as 1. Palliative care in Medical Curriculum, Is it that important? 2. Will ever interns knowledge benefit patients? The FGD's in our study clearly state that there is a lacuna in this field regarding training of the medical interns. This is also in line with Quantitative survey where the Domains of pain management and treatment options in this field was tested. Majority 74(60%) did not know that Pain is a fifth vital sign. The Visual Analog scale and Numeric Analog Scale were not known by 60% and 55% respectively. Alarming, A large

number 87(71%) disagreed over the advantage of morphine over meperidine. Many of them knew the side effects of morphine. About 42% of them disagreed that Opioids should be given according to the clock. These findings are in line with the findings of Wadhwa Rachna et al.⁷

The strength of this study is that it is a Mixed Methods Study¹⁶ which provides a complete understanding of the research problem. As it was an anonymous self-administered questionnaire the students expressed their knowledge without the fear of being judged. Other components of palliative care such as Communication skills, Medical Ethics regarding end of life care and knowledge regarding spiritual needs could have been explored.

6. Conclusion

The knowledge of Palliative care among medical interns is inadequate. Hence training doctors and nurses regarding end of life care in hospitals is necessary, as it has also become a criteria for NABH (National Accreditation of the Board of Hospitals). Educating our Undergraduate students by including it in our curriculum will impart knowledge to them in providing end of life care in the future as physicians or surgeons in their practise.

References

- [1] WHO. WHO Definition of Palliative Care 2004. Available from : <http://www.who.int/cancer/palliative/definition/en/>
- [2] McDermott E, Selman L, Wright M, Clark D. Hospice and palliative care development in India: A multimethod review of services and experiences. *J Pain Symptom Manage* 2008;35:583-93.
- [3] Seemark D, Ajithakumari K, Burn G, Saraswathi Devi P, Koshy R, Seemark C. Palliative care in India. *J R Soc Med*. 2000;93:292-5. [PubMed]
- [4] Palat G, Venkateswaran C. Progress in palliative care in India. 2012;20(4): 212-18.
- [5] Velayudhan Y, Ollapally M, Upadhyaya V, Nair S, Aldo M. Introduction of palliative care into undergraduate medical and nursing education in India: A critical evaluation. *Indian J Palliat Care* 2004;10:55-60.
- [6] Palliative care yet to be introduced in MBBS curriculum [Internet]. [cited 2019 Mar 13]. Available from: <https://www.dailypioneer.com/2018/india/palliative-care-yet-to-be-introduced-in-mbbs-curriculum.html>
- [7] Wadhwa R, Chilkoti G, Saxena A. Current clinical opinions, attitudes and awareness of interns regarding post-operative and cancer pain management in a tertiary care centre. *Indian Journal of Palliative Care*. 2015;21(1):49-55.
- [8] Vejar Z. Inclusion of palliative care in Indian undergraduate physiotherapy curriculum-course guidelines and content. *Asia-Pacific Journal of Oncology Nursing*. 2016;3(3):220-5.
- [9] Caldas GH de O, Moreira S de NT, Vilar MJ, Caldas GH de O, Moreira S de NT, Vilar MJ. Palliative care: A proposal for undergraduate education in Medicine. *Revista Brasileira de Geriatria e Gerontologia*. 2018 Jun;21(3):261–71.

- [10] Veqar Z. The Perspectives on Including Palliative Care in the Indian Undergraduate Physiotherapy Curriculum. JOURNAL of CLINICAL AND DIAGNOSTIC RESEARCH [Internet]. 2013 [cited 2019 Mar 10]; Available from: http://www.jcdr.net/article_fulltext.asp?issn=0973709x&year=2013&month=April&volume=7&issue=4&page=782-786&id=2913
- [11] Khosla D, Patel FD, Sharma SC. Palliative care in India: Current progress and future needs. *Indian J Palliat Care* 2012;18:149-54.
- [12] Weissman DE, Ambuel B, Norton AJ, Wang-Cheng R, Schiedermayer D. A survey of competencies and concerns in end of life care for physician trainees. *J J Pain Symptom Manage* 1998;15:82-90.
- [13] Fins JJ, Nilson EG. An approach to educating residents about palliative care and clinical ethics. *Acad Med* 2000;75:662-5.
- [14] Rajagopal MR and Joranson DE. India: opioid availability – an update. *J Pain Symptom Manage* 2007; 33:5: 615-622.
- [15] Kumar SK. Kerala, India: a regional community-based palliative care model. *J Pain Symptom Manage*. 2007 ;33(5):623-7.
- [16] Bergman MM, editor. London: Sage Publications Ltd; 2009. *Advances in Mixed Methods Research: Theories and Applications*.