Blog of the Month

June 2019
Written by Alicia Griffin
Winning Undergraduate Essay Prize Entry 2018

Should palliative medicine be a compulsory part of undergraduate medical training?

Introduction

The World Health Organisation (WHO) defines palliative care (PC) as giving patients the best quality of life under the circumstances of life-threatening disease. WHO describes involving patients and families, to relieve symptoms and pain, fulfil emotional and spiritual needs, and detect problems early to prevent distress(1). Healthcare professionals must learn to deal with patients' pain, help individuals cope and come to terms with prognoses, and include patients and families in decision-making(2). Over the coming years, the population is set to grow, and along-side this, incidence of chronic disease will increase. Within this lies increased rates of incurable diseases, such as some cancers and other chronic conditions, increasing the demand for PC(2). With rising numbers of patients living longer with diseases, and 46.9% of people dying in hospital, PC is an important area of medical training(3). The Department of Health reports that many individuals suffer greatly at the end of life, in distress, lacking in dignity, fearing that their death will not be a 'good death'(4). As the requirement for PC increases, it will become uncommon to work in a speciality where understanding of PC is not required. The average GP experiences the loss of life of around twenty patients per year: eight from 'old-

Registered office: Lancaster Court, 8 Barnes Wallis Road, Fareham, Hampshire. PO15 5TU
Registered Company No. 3164340 **Registered Charity No.** 1053572

Blog of the Month

age' deaths, five from cancer, five from organ failure and two from acute unexpected causes(5). This reaffirms the wide range of conditions and settings where PC knowledge is needed.

PC guidance for medical schools

The General Medical Council (GMC) requirements for newly qualified doctors include guidance on PC. New doctors are required to have good communication skills and must be able to converse effectively with patients, families, carers, and medical colleagues(6).

European guidelines for medical schools suggest that PC education problems arise in variation between medical schools. PC teaching is compulsory in European medical schools, yet content is not specified. Some courses have two hours of PC teaching over the whole degree, whereas others have weeks of hospice placements, increasing exposure to PC(7, 8). Other guidance exists, suggesting multiple areas to cover. These include: physical, psychosocial and social needs, communication, bereavement, professional attitudes, ethics and legal issues(9).

Why teach PC?

Better control of chronic diseases, and an ageing population means that people are living longer(2). Increases in obesity and use of alcohol add to the burden of chronic disease(10). Futures doctors should be trained to cope in the climate they will work in, so with an increased demand for PC, medical students should be well prepared in this area.

In one year, a junior doctor will, on average, look after 40 people who die and 120 patients at the end of life. They will break bad news for a terminal disease an average of three times(11). There are multiple reports of doctors feeling unprepared for end of life care on starting their foundation training(12). Talk to any new doctor in the hospital and you are likely to get the same response.

The consensus from medical students is that PC education is valuable. It encourages multidisciplinary team (MDT) work – important for all areas of medicine(2). When MDTs communicate effectively with patients and families, those nearing the end of life are more likely to choose quality of life over unnecessary investigations and procedures(5). If MDT members feel comfortable with approaching end of life discussions, plans can be put in place to improve patient care. Students should learn to talk about death and dying, and acknowledge patients' concerns(5).

PC can be difficult to discuss, and if not addressed before medical students graduate then they may avoid this when dealing with patients under their care(2). When students are taught PC well, there is a positive correlation between exposure to PC and self-rated competency(11).

Registered office: Lancaster Court, 8 Barnes Wallis Road, Fareham, Hampshire. PO15 5TU
Registered Company No. 3164340 **Registered Charity No.** 1053572

Blog of the Month

A study at Cambridge University followed 1087 medical students over their six years at university, with PC introduced in year 4. 50-60% in years 1-3 thought that doctors should have to give bereavement care, increasing to 65-80% in years 4-6, showing improved attitudes after very little PC teaching(11).

In a study of 1898 students, 19% first year and 16% final year students thought that PC would be 'less satisfying' than other careers(13). Improving PC exposure at medical school could improve attitudes towards the speciality, creating doctors who value PC more in whichever area they practice.

When PC teaching works well

Short courses in PC at medical school improve understanding of symptom control versus cure, pain relief, communication, and feelings of competence in PC consultations (14-16). Students report feeling able to meet patient expectations, a skill transferable to all areas of medicine. Teaching may benefit one's approach to holistic care in any specialty(17, 18).

PC education may still not make end of life care easy. In a study, junior doctors assigned to end of life patients reported feelings of being allocated these patients as senior doctors wanted to look after patients 'with more life left'. These juniors were given a three to four week elective in PC at medical school, and still felt vulnerable in these situations, although felt more equipped than peers who had not had the elective(18). They felt more able to focus on quality of life where appropriate, realising that in some cases death is inevitable(18).

Cambridge university students were given time to talk to a patient receiving PC, finding it a useful experience. One student reflected that each patient had their own wishes and individuals cannot be lumped into one group because they require PC. These are lessons that are learnt from patient interaction, and make great differences to individual patient experiences of care(9).

Barriers to PC education

The UK is one of six countries where PC education is compulsory at medical school(19). Teaching concerning death and dying may be mandatory in one university, for example, but other aspects of PC are missed(20). In Germany, PC teaching is also compulsory. Ilse *et al* observed that by making PC mandatory, students were less likely to seek out PC as a topic to learn more about. When PC was compulsory, it was examined via multiple choice questions (MCQ), moving student priorities towards scientific knowledge over patient-centred care(21). However, labelling PC as an optional module that not everyone has to cover, may lead to beliefs that it is not as important as compulsory topics(2).

Blog of the Month

Positive attitudes appear to be best cultivated through placements rather than examinable teaching(21). Brand *et al* showed that although students felt their understanding of PC had increased after compulsory teaching, MCQ results did not improve(22). Simply including PC in the curriculum may not improve new doctors' understanding or care. Many students perceive benefits of PC training, however once doctors, they still report feeling unprepared for end of life care and dealing with death(18). This does not mean that PC should be optional, but that medical schools must find ways to prepare students for practice.

Feedback from teaching staff at UK medical schools found four common barriers to the inclusion of PC in university curricula. Firstly, there may not be enough PC placements for all students, in particular, hospice placements. Academics expressed concerns over lacking teachers to provide PC education, and limited finances to fund teaching in these areas(20). There are currently 33 medical schools in the UK, with around 40,000 medical students(23). In the UK, there are only eight PC professors, twenty lecturers and one reader in PC, not leaving much time for dedicated PC teaching(19). Other aspects of medicine may be considered more important than PC to include in the curriculum(24).

Many doctors are conscious of having 'good' conversations with patients surrounding PC and terminal illnesses, and this can lead to students being asked to leave difficult conversations(18). These are valuable learning experiences, and patients often don't mind students being present, yet there is a subconscious sheltering of our future doctors' learning encounters(11).

It is hard to measure the success of PC teaching at medical school, as once students become doctors, success is reported as level of self-perceived competence. Feelings of competence do not necessarily correspond with good patient care or patient satisfaction, and competence can be gained in other ways than PC teaching(22). Although studies show positive feelings towards PC teaching, new graduates still feel unprepared for PC in practice. Perhaps PC is something that cannot be taught at medical school well, but instead learnt 'on the job' when directly contributing to patient care as a doctor rather than student(8). Studies show that curricula without compulsory PC teaching still produce doctors with more confidence in PC practice than when they started medical school. Though, confidence alone is not enough for good PC care in real life(15).

Thoughts for the future

For consideration of PC to become an integral part of doctors' attitudes and approach to medicine, perhaps a 'little and often' stance could provide success. Head *et al* suggests that small amounts of compulsory PC teaching in each year of medical school, based on gaining skills rather than MCQs may prove successful in the education of our future doctors(2). Hospice visits also improve attitudes around people at the end of life and how well students feel 'prepared' for PC in practice(22). Students expressed finding placements more beneficial than academic teaching on PC(17).

Much of PC is symptom management rather than death itself(12). Doyle proposed:

Blog of the Month

> *'What does it profit a doctor if he can prescribe opioids yet not know how to listen actively to those who need his help and humanity? Palliative medicine and pain control are as much exercises in communication as they are in applied pharmacology.'*(11).

Perhaps alternative mediums are required to teach this. This could include poetry and music to aid understanding of PC and dying (8).

Some research proposes the use of mentors for students to talk through the care of patients at the end of their lives(16). From personal experiences, my most beneficial PC teaching at medical school was with a foundation doctor in a hospice, discussing a case of a patient who had died that morning. Talking to a professional who understood our worries of feeling unprepared and who remembered being at our stage of training was invaluable. Another valuable experience included talking to the children of a young patient at the end of her life. These are the cases you remember – the ones with real patients. PC is a 'hands on' specialty, and as such, should not be taught solely in a classroom, based on theories and lectures(7). Centeno *et al* suggests engaging students by using case-based learning and buddy systems in hospices to provide clinical and human interaction for students to reflect on(7).

Barclay *et al* titled a paper '*An Important But Stressful Part of Their Future Work'*, a phrase that as a medical student, and soon to be doctor, I resonate with. Talking about death and dying can be a difficult topic, but for an individual nearing the end of their life it may make all the difference for them to feel free to talk about it. Feeling awkward about a topic can give one a subconscious desire to escape from the situation, and this may lead to patients feeling unsatisfied and not listened to(11).

As a student currently on a PC placement, I wonder how prepared my placement will make me feel for life as a doctor. For my five years of study I will spend two and a half days in a hospice, the majority of which spent in lectures. This does not strike me as enough to prepare me for a career where whatever I choose to do I will inevitably cross paths with people at the end of their life. To get the most from PC teaching, I feel that the best teachers are the people receiving PC. These are the people who need us to make good decisions around their care. It is paramount that these are the people we learn from.

Registered office: Lancaster Court, 8 Barnes Wallis Road, Fareham, Hampshire. PO15 5TU
Registered Company No. 3164340 **Registered Charity No.** 1053572

Blog of the Month

References

1. WHO. WHO Definition of Palliative Care Undated [Available from: https://www.who.int/cancer/palliative/definition/en/.
2. Head, B., Schapmire, T., Earnshaw, L., Chenault, J., Pfeifer, M., Sawing, S. and Shaw, M. Improving medical graduates' training in palliative care: advancing education and practice. Advances in Medical Education and Practice. 2016;7(1):99-113.
3. PHE. Statistical commentary: End of Life Care Profiles, February 2018 update 2018 [Available from: https://www.gov.uk/government/publications/end-of-life-care-profiles-february-2018-update/statistical-commentary-end-of-life-care-profiles-february-2018-update.
4. Saunders, C. Department of Health - End of Life Care Strategy 2008 [Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf.
5. Davidson, S. and Gentry, T. End of Life Evidence Review - Age UK 2013 [Available from: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_oct13_age_uk_end_of_life_evidence_review.pdf.
6. GMC. Outcomes for graduates 2018 [Available from: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates.
7. Centeno, C. EAPC Task Force on a European Study on Undergraduate Palliative Care Medical Education 2018 [Available from: https://www.eapcnet.eu/eapc-groups/task-forces/medical-education/european-study-on-undergraduate-education.
8. Centeno, C. and Rodriguez-Nunez, A. The contribution of undergraduate palliative care education. Current opinion in supportive and palliative care. 2015;9(4):375-91.
9. Borgstrom, E., Morris, R., Wood, D., Cohn, S. and Barclay, S. Learning to care: medical students' reported value and evaluation of palliative care teaching involving meeting patients and reflective writing. BMC Medical Education. 2016;16(1):306.
10. Sandhu, D. How can we create a curriculum fit for tomorrow's doctors and patients? BMJ. 2015;351:3594.
11. Barclay, S., Whyte, R., Thiemann, P., Wood, D., Parker, R. and Quince, T. An Important But Stressful Part of Their Future Work: Medical Student's Attitudes to Palliative Care Throughout Their Course. Journal of Pain and Symptom Management. 2019;49(2):231-42.
12. Lehto, J., Hakkarainen, K., Kellokumppu-Lehtinen, P. and Saarto, T. Undergraduate curriculum in palliative medicine at Tampere University increases students' knowledge. BMC Palliative Care. 2017;16(1):13.
13. Diver, R., Quince, T., Barclay, S., Benson, J., Brimicombe, J., Wood, D. and Thiemann, P. Palliative care in medical practice: medical students' expectations. BMJ Supportive & Palliative Care. 2018;8(3):285-8.
14. Anderson, W., Williams, J., Bost, J. and Barnard, D. Exposure to Death is Associated with Positive Attitudes and Higher Knowledge About End-of-Life Care in Graduating Medical Students. Journal of Palliative Medicine. 2008;11(9):1227-33.

Blog of the Month

15. Ostgathe, C., Voltz, R., Nauck, F. and Klaschik, E. Undergraduate training in palliative medicine in Germany: what effect does a curriculum without compulsory palliative care have on medical students' knowledge, skills and attitudes? Palliative Medicine. 2007;21(2):155-6.
16. Billings, M., Engelberg., R., Curtis, R., Block, S. and Sullivan, A. Determinants of Medical Students' Perceived Preparation To Perform End-of-Life Care, Quality of End-of-Life Care Education, and Attitudes Toward End-of-Life Care. Journal of Palliative Medicine. 2010;13(3):319-26.
17. Centeno, C., Ballesteros, M., Carrasco, J. and Arantzamendi, M. Does palliative care education matter to medical students? The experience of attending an undergraduate course in palliative care. BMJ Supportive & Palliative Care. 2016;6(1):128-34.
18. Crawford, G. and Zambrano, S. Junior Doctors' Views of How Their Undergraduate Clinical Electives in Palliative Care Influenced Their Current Practice of Medicine. Academic Medicine. 2015;90(3):338-44.
19. Carrasco, J., Lynch, T., Garralda, E., Woitha, K., Elsner, F., Filbet, M., Ellershaw, J., Clark, D., Centeno, C. Palliative Care Medical Education in European Universities: A Descriptive Study and Numerical Scoring System Proposal for Assessing Educational Development. Journal of Pain and Symptom Management. 2015;50(4):516-23.
20. Walker, S., Gishen, F., Lodge, P. and Wee, B. Teaching palliative care (pc) to medical students; are we developing safe practitioners? BMJ Supportive & Palliative Care. 2015;5(1):106.
21. Ilse, B., Alt-Epping, B., Kiesewetter, I., Elsner, F., Hildebrandt, J., Laske, A., Scherg, A. and Schiessl, C. Undergraduate education in palliative medicine in Germany: a longitudinal perspective on curricular and infrastructural development. BMC Medical Education. 2015;15(1):151.
22. Brand, A., Harrison, A. and Kumar, K. "It Was Definitely Very Different": An evaluation of palliative care teaching to medical students using a mixed methods approach. Journal of Palliative Care. 2017;31(1):21-8.
23. GMC. The state of medical education and practices in the UK 2018 [Available from: https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk.
24. Vindrola-Padros, C., Mertnoff, R., Lasmarias, C. and Gómez-Batiste, X. Palliative care education in Latin America: A systematic review of training programs for healthcare professionals. Palliative and Supportive Care. 2018;16(1):107-17.