

Attitude Towards Care of Dying Patients among the Interns in a Tertiary Care Hospital

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ABSTRACT

Aim: To assess the attitude among interns on palliative care in a tertiary care unit

Background: Palliative care is a specialized approach for the terminally ill patients which focuses on relieving the pain and stress of the dying patient and their family. At the end of the curriculum all doctors are capable of treating a patient but the psychological stress while dealing with a dying patient is not balanced properly. Hence our study was designed with the idea to assess the attitude on palliative care by a FATCOD questionnaire.

Subjects and Method: A descriptive study conducted among 100 interns from a tertiary care hospital. FATCOD, a standard questionnaire with 30 item tool using a five-point Likert scale is used assess the attitude of health professionals on palliative care.

Results: Participants included 52 female interns and 48 males. Mean score of the study population was 92.07 ± 13 .

Conclusions: We conclude that the awareness on palliative care is low among the interns. This signifies the need for education and awareness about palliative care to medical students.

Keywords: Awareness, care of dying, FATCOD, Interns, Palliative care, Tertiary care hospital

Introduction

Palliative care as defined by World Health Organization is 'an approach that improves the quality of life of patients and their families facing the problem 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, psychosocial and spiritual'.⁽¹⁾ Palliative care is primarily targeted to provide symptom and pain management to the terminally ill patients. Also known as 'end of life care', the main aim of palliative care is to improve the quality of a

patient's life by providing cure to support not only for his physical illness but also to enhance the mental and spiritual well being of the dying patient and his family and not just pain relief. With increased life span and geriatric population with long term chronic illnesses, need for palliative care is in increase.

Though the nurses are the direct bed side care takers of a dying patient, the team of palliative care is incomplete without the doctors' role. Palliative care is often considered as a synonym with geriatric medicine, pain medicine or rehabilitative medicine. Along with the medical knowledge, the doctor is also expected to possess qualities like compassion, empathy and skills like communication and interpersonal skills which he gains through experience and practice. Palliative care is not only provided by doctors specialized in palliative medicine, but also by interns, fresh graduates and any specialist. Palliative care is not a part of standard Indian medical curriculum for undergraduates. Lack of knowledge and awareness on palliative care during

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their undergraduate course may lead to poor delivery of the same by doctors while treating a dying patient in the future. Knowledge through books alone may not be adequate to deal with a dying patient it should be gained through experience. Hence we selected interns were for this study. Hence this study is designed to assess the attitude on palliative care among the interns in a tertiary care setup and to evaluate the need for incorporation of palliative care in Undergraduate curriculum.

Materials and Method

It is a descriptive study conducted among interns in a tertiary care hospital. After obtaining approval from institutional human ethics committee, interns willing to participate in the study were recruited. Participants included all willing interns irrespective of their current clinical postings were who gave consent were included in the study. None of the participants had any training in palliative care.

FATCOD Questionnaire: The FATCOD [Frommelt Attitude Toward Care Of the Dying] is one of the standard questionnaires to assess the attitude of health professionals on palliative care. It is a 30 item tool using a five-point Likert scale [strongly disagree, disagree, neutral, agree, and strongly agree]. 20 questions deal with attitude of the health care professional towards the dying person and the remaining 10 questions deal with attitude of the health care professional towards the patient's family and friends. A score of 30-150 points will be acquired. More the score better the attitude on palliative care.

Data: After explaining the details regarding study, questionnaire was given to the interns. Filled up questionnaires were collected anonymously by interns were requested to return the questionnaires to the office secretary. Demographic details like gender, age and duration of internship was also collected. Data presented as mean, percentages and frequencies. Statistical analysis done using SPSS software version 19. Student 't' test was used to compare between subgroups. $p < 0.05$ considered as significant.

Results

100 interns returned their filled in questionnaire and were analyzed. Mean age of interns was 23 years. Participants included 52 female interns and 48 males.

Mean score of the study population was 92.07 ± 13 . Mean score was 93.6 ± 13 in males and $90.7 \pm$

12 in females. There is no significance between mean score between males and females. A score of 110 and above [$>75\%$] was set as the cutoff for good attitude on Palliative care. Only 9 participants out of 100 got scores more than 109. 58 ± 8 was the mean score in attitude of the health care professional towards the dying person and 33.8 ± 7 was the mean score in attitude of the health care professional towards the patient's family and friends.

Table 1 shows Itemized Mean score for FATCOD questions. None of the questions got mean score of above 4.

Discussion

With increasing life span and prevalence of chronic illnesses among the older population, the need for providing palliative care is on the rise.

Current study shows that attitude among interns towards care of dying is low compared to the study done by Tait V *et al* (2015) among nursing students which showed 119.8 ± 11.1 .⁽²⁾ Similar study conducted by Pandey.S *et al*(2015) reveal that in the first two years of undergraduate medical studies there is a low perception of palliative care. But it is increased in the clinically exposed students with the highest being in third year. Hence it should be included in undergraduate medical study.⁽³⁾ The basic knowledge of palliative care is inadequate among the undergraduate medical students, and the students are unprepared and uncertain in their approach of delivering palliative care. The incorporation of palliative and end of life care in undergraduate curricula has become a need of the hour. Magnani JW *et al* (2002) in their study conclude that there is a lack of standardized curricula for learning and practicing palliative care during the undergraduate years.⁽⁴⁾

Works from Block SD(2002) proves that the other contributor to deficient palliative care is the uninterested attitude of health care teachers who impart the knowledge that the dying cases are not as good as the "teaching cases" and the students lack exposure to a dying patient.⁽⁵⁾ A survey conducted among the medical students, residents, fellows, and attending physicians by Sand RB *et al*(1998) found that, there was lack of standardized training in dealing with terminally ill people.⁽⁶⁾ An educational intervention study conducted by Chih-Yuan Shih(2010) affirms that Palliative care education contributes to increased willingness toward providing end of life care among the junior doctors, which suggests that this kind of training course should be

emphasized in medical education There is an increased willingness towards palliative care. ⁽⁷⁾ Mr.Braun *et al*(2010) through their study found that Further research needs to be undertaken using large sample sizes that include multidisciplinary health care professionals. ⁽⁸⁾

Conclusions

To shape the future educational system, a proper understanding of the present knowledge on palliative care is needed This study reveals that the attitude

towards end of life care is very poor among the interns of PSGIMSR. Our education system equips us with knowledge, skills and practice to cure any patient. But as students, what we lack is communication, psychological skills, intrapersonal skills and life closure skills. These skills can be acquired with proper education, practice and awareness on palliative care from the very first year of medical school. Incorporation of palliative care is necessary not only for medical students but also to other health care professionals like nurses and allied health services who deal with dying patients.

Table 1: Itemized Mean score for FATCOD questions

S. No.	Question	Mean score
1.	I would feel like running away when the person actually died.	1.7
2.	I would not want to care for a dying person	1.8
3.	I am afraid to become friends with a dying person	2.0
4.	The length of time required giving care to a dying person would frustrate me	2.1
5.	As a patient nears death, the nonfamily caregiver should withdraw from his/her involvement with the patient.	2.2
6.	Educating families about death and dying is not a nonfamily caregiver responsibility.	2.5
7.	I would hope the person I'm caring for dies when I am not present.	2.7
8.	The nonfamily caregivers should not be the one to talk about death with the dying person.	2.8
9.	The dying person should not be allowed to make decisions about his/her physical care.	2.8
10.	I would be uncomfortable talking about impending death with the dying person.	2.9
11.	It is difficult to form a close relationship with the dying person.	2.9
12.	Addiction to pain relieving medication should not be a concern when dealing with a dying person.	3.1
13.	When a patient asks, "Am I dying?" I think it is best to change the subject to something cheerful.	3.2
14.	I would be uncomfortable if I entered the room of a terminally ill person and found him/her crying.	3.2
15.	I would be upset when the dying person I was caring for gave up hope of getting better.	3.2
16.	Family members who stay close to a dying person often interfere with the professional's job with the patient.	3.2
17.	It is beneficial for the dying person to verbalize his/her feelings.	3.3
18.	The family should be involved in the physical care of the dying person.	3.4
19.	Caring for the patient's family should continue throughout the period of grief and bereavement.	3.4
20.	Care should extend to the family of the dying person.	3.4
21.	It is possible for nonfamily caregivers to help patients prepare for death.	3.4
22.	Dying persons should be given honest answers about their condition.	3.5
23.	There are times when the dying person welcomes death.	3.5
24.	The dying person and his/her family should be the in-charge decision-makers.	3.6
25.	Families should be concerned about helping their dying member make the best of his/her remaining life.	3.6
26.	Death is not the worst thing that can happen to a person.	3.6
27.	Giving care to the dying person is a worthwhile experience.	3.6
28.	Caregivers should permit dying persons to have flexible visiting schedules.	3.7
29.	Families need emotional support to accept the behavior changes of the dying person.	3.7
30.	Families should maintain as normal an environment as possible for their dying member.	4.0

Ethical Clearance: Taken from Institutional Human Ethics Committee

Source of Funding: Self

Conflict of Interest: Nil

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