

Training in palliative medicine and Maltese doctors: a cross-sectional survey

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ABSTRACT

Introduction

Doctors struggle with end of life decisions. Few if any studies documented the level of training and need for further training in palliative care of local doctors.

Method

A national cross-sectional survey of all Maltese doctors registered with the Medical Council of Malta and having a local address.

Results

The response rate was 39.7%, totaling 396 responses. Thirty-one point one per cent of respondents did not have training in palliative care. Sixty-two point six per cent of respondents agreed that their training in palliative care should be extended. Female doctors and younger doctors were significantly more likely to agree to extend their training in palliative care. Past training in palliative care was significantly related to views on euthanasia.

Conclusions

The majority of Maltese doctors (68.9%) had some form of training in palliative care. Interestingly however, 62.6% of Maltese doctors agree to extend their training in palliative care. Not surprisingly, younger doctors were more eager to extend their training in this area, possibly due to lack of exposure and experience in palliative care. The (significant) relation between training in palliative care and views on euthanasia is an area for possible further study in the future.

Key Words

Palliative Care; Medical Education; Physicians

INTRODUCTION

Palliative Care (PC) aims to improve the quality of life of the patient with a limited prognosis through a combined approach addressing the physical, psychosocial and spiritual nature aspects of the patient, including bereavement support to the relatives of the patient (Charlton, 2002). Recent guidelines on the management of a variety of conditions specifically mention a palliative approach especially once the disease progression is rapid and associated with a significant symptom load (European Society of Cardiology, 2012; GOLD Strategy, 2015). Such palliative approach to managing disease and symptoms is also reflected in the training curricula of various medical disciplines and in the most recent guidelines for the management of certain non-malignant conditions in their end stage (Royal College of Physicians, 2015).

Consequently, doctors need to be trained and conversant with the basic issues involved in adopting a proper palliative approach, irrespective of the discipline in which they work. PC training in the medical field has received some attention over the last years. A recent study showed that putting PC as a non-compulsory aspect of the curriculum leads to poorer outcomes in medical students (Ostgathe et al., 2011). Interestingly, across the western world, various medical specialties have embarked on projects to identify which aspects of PC most suit their respective training curricula, thus acknowledging the fact that PC must be an essential aspect of medical training (Kirschen & Roff, 2011; Shoenberger et al., 2015). On the other hand, and possibly more controversially, there has been a recent proposal to actually shorten undergraduate medical training in general (Emanuel & Fuchs, 2012).

In Malta, medical students gain exposure to PC through their component of oncology. In addition, in the Specialist Training Programme in Family Medicine, GP

trainees are specifically assigned a rotation to palliative care, both at in-patient and at community level. Doctors specializing in Medicine may also have a rotation in palliative care. However, besides these specialties, as far as is known, few other local specialty training programmes require particular exposure of their doctors to palliative care.

Lastly, ethical issues at the end of life (EoL) are challenging and commonly give rise to uneasiness for doctors (General Medical Council, 2010; Abela & Mallia, 2010).

In view of all the above, and also in view of the concerns which were raised in previous studies (Abela, 2015; Abela & Mallia, 2016), the authors felt that there is a need to study Maltese doctors' experiences and concerns on their training in PC. The aim of the study was to describe and quantify the thoughts amongst medical practitioners on EoL decision making. This study is being presented within the End Care project, an Erasmus + project aimed at supporting the harmonization of EoL practices (Mallia, Abela & Galea, 2016).

METHOD

A primarily quantitative methodology was adopted and accordingly, an anonymized questionnaire was used. The questionnaire was previously used in similar populations i.e. doctors and previously validated as part of the EURELD (European end-of-life consortium) initiative (Lofmark et al, 2008). The necessary permissions were sought from the authors of EURELD.

The questionnaire was sent by post to all medical practitioners who were listed on the Principal Register of the Medical Council of Malta as on November 2013. Only doctors who had a local address listed on the register were included ($n = 1007$).

The questionnaire consisted of four sections, followed by a short comments section. The four sections related to demographic details; details on religion/philosophy of life; thoughts on PC and training; and lastly a section on past experiences and views in relation to end of life decisions.

Each questionnaire had a short note included where the aims of the study were explained and consent sought. The participants were asked to fill in the questionnaire and return it back within one month.

Every effort was done to ensure a good response rate (Kellerman & Herold, 2001; Seale, 2009). The introductory note was personalized, each participant

had a prepaid envelope to return the questionnaire and the questionnaire was not long. However, contrary to existing recommendations, no reminder note was sent to the doctors. This was done since the authors felt that the area being studied was 'sensitive' and consequently felt that a reminder was inappropriate.

The University of Malta Research Ethics Committee approved the study. The data collected was analyzed using SPSS version 22.0 and Excel version 12.3.6. This paper is uniquely focused on the responses which concerned training in PC. The remaining contents of the questionnaire and issues arising from it have been published separately (Abela, 2015).

RESULTS

A total of 1007 doctors were included. Of these, a total of 396 doctors returned the questionnaire, giving a response rate of 39.3%.

Of those that answered, 40 were no longer actively practicing as doctors. As per questionnaire, they were asked to return the questionnaire unfilled. The subsequent analysis of results is thus limited to those doctors who were actively practicing at the time of the questionnaire ($N = 356$).

The results of the questionnaire pertaining to training are reported hereunder.

A. Demographic details

Of the respondents, 59.2% were males, whereas 40.8% were females. Overall, the respondents had been practicing for an average 19.72 years (95% CI: 18.3 – 21.0). A substantial number of respondents – 160 – registered family medicine as their specialty. The second most common specialty was medicine, which grouped people from internal medicine, respiratory medicine, cardiology and neurology. A detailed breakdown of the respondents per specialty is found in Table 1, followed by the age distribution in Figure 1.

B. Training in PC

The respondents were asked about two aspects of training in palliative medicine namely:

- whether they received training in PC. They were also asked what type and level of training they received.
- whether they agreed that their training in PC should be extended. They were also asked what options they preferred to extend training in PC.

Table 1: Distribution of respondents per specialty

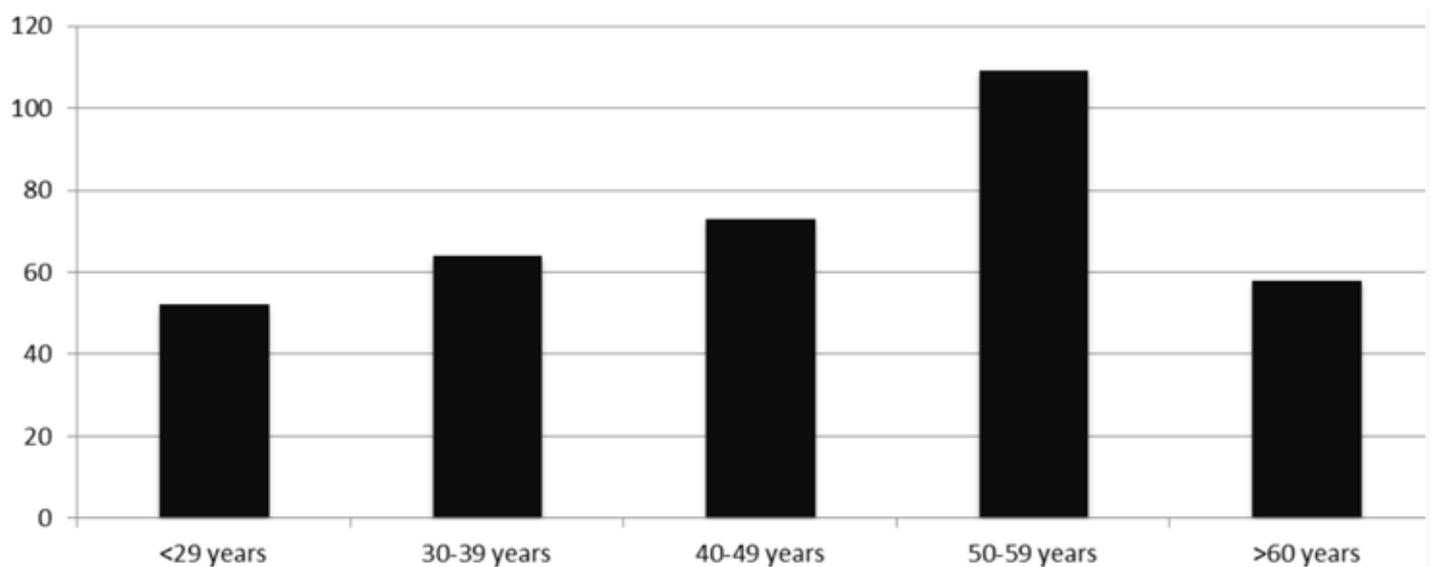
Specialty	Number	Percentage of total (N=356)
General Practice	160	44.9%
Medicine *	49	12.4%
Surgery**	45	11.4%
Anaesthesia	21	5.9%
Geriatrics	12	3.4%
Gynaecology	18	5.1%
Paediatrics	21	5.9%
Psychiatry	7	2.0%
Other***	23	5.8%

* Includes general medicine; neurology; cardiology; respiratory medicine; oncology, palliative medicine

** Includes general surgery, orthopaedics, ENT surgery, neurosurgery, ophthalmology

*** Includes dermatology, radiology, public health

Figure 1: Age distribution of respondents



With respect to their (past) training in PC, 31.1% of respondents stated that they did not have any training in PC. The remaining 68.9% had a variety of training opportunities/exposure in the past as summarized in Figure 2.

Moving on the second question, 37.4% did not agree that their training in palliative medicine be extended. Of the 62.6% who agreed, various options were put forward as to how the training should be extended and this is highlighted in Figure 3.

C. Further Analysis

On further analysis, female doctors and younger doctors were found to be statistically ($p < 0.05$) more likely to agree to extend training in PC. The two responses are summarized together in Table 2. Further to this, past training in palliative medicine is significantly associated with views on euthanasia as summarized in Figure 4. No other significant associations were noted. However, a table listing the relation between specialty and training in palliative medicine has been included (Table 3).

DISCUSSION

A recent poll of 4,024 doctors in the British Medical Journal highlighted that the area which needs to be prioritized most to make the biggest clinical difference for people is end of life care (Murray & Aziz, 2008). The current study being presented formed part of a greater review on End of Life decision making amongst doctors. The focus of this particular paper is training in palliative medicine, especially with respect to past training and perceived need to extend the said training. As far as is known, this is the first study locally to analyze this area.

In this study it is significant that both age and gender showed a statistically significant relation with extending training in palliative training. It can be argued that older females are more likely to be sensitive to end of life care than older males and that younger doctors are also more cognizant of the importance of the area. Alternatively, it can be the case that these particular age groups feel

somewhat 'inept' in palliative medicine and yearn to fill in a perceived void in knowledge or skills.

In addition to demographic details of respondents, the authors also analyzed difference in responses between specialties. The largest represented specialty was general practice. Although there were differences in attitudes and responses between specialties, these did not reach significance levels. There might be various explanations for the observed differences between specialties. PC is likely to interest different specialties in a different way. Dermatologists, for example, may meet with EoL cases less often than those doctors doing internal medicine. Conversely the way PC is done in hospital may differ significantly than how it is done at a community level. The primary intention of this paper however is an across-the-board analysis of perceptions of doctors and the majority are in agreement with the need to have more training in PC. The fact that there was a statistical significant

Figure 2: Training received in palliative medicine

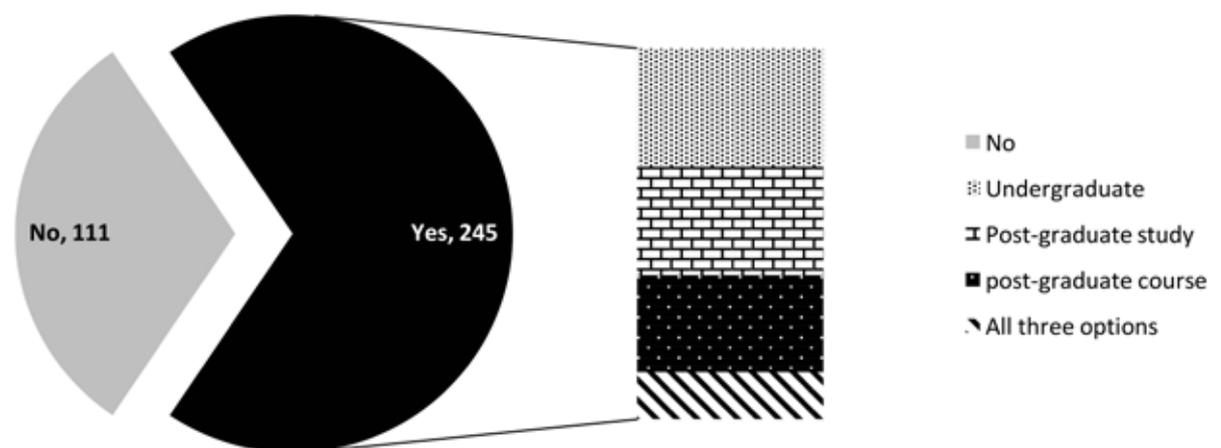


Table 2: Association between extending training and age/gender of doctors

Extend Training in PM	AGE (p=0.021)					GENDER (p=0.019)	
	<29 years (N=52)	30-39 years (N=64)	40-49 years (N=73)	50-59 years (N=108)	>60 years (N=58)	Male (N=233)	Female (N=122)
YES	78.8%	78.1%	61.6%	49%	56.8%	57.1%	72.9%
NO	21.2%	21.9%	38.4%	51%	43.2%	42.9%	27.1%

Figure 3: Doctors who agreed to extend training in palliative medicine and options chosen

(KEY - Undergrad. Ed: Undergraduate Education; PG Educ: Postgraduate education; PG Course: Postgraduate course)

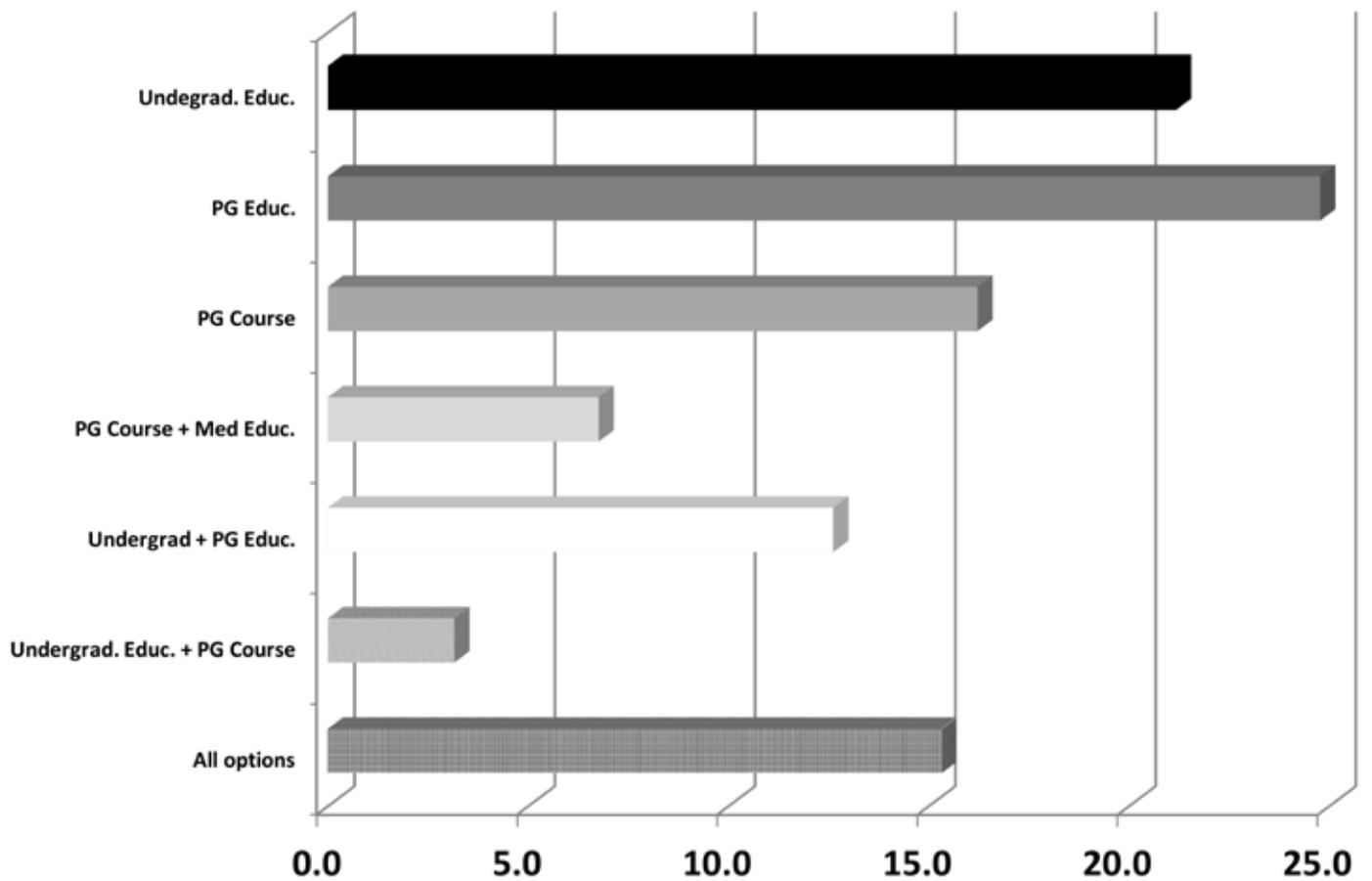
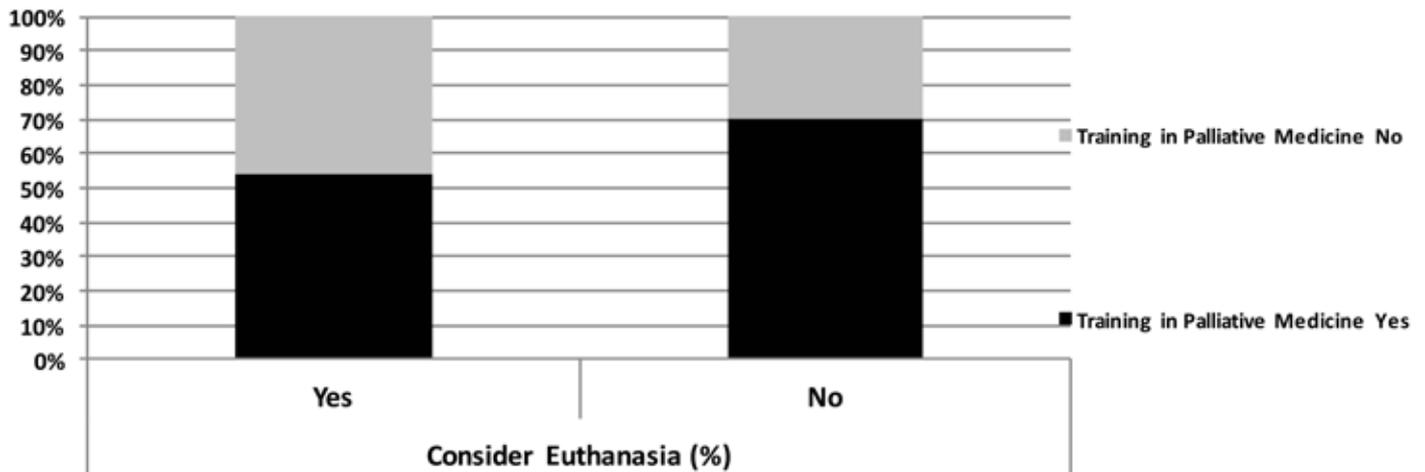


Table 3: Specialty of Doctors and Training in Palliative Medicine

	Past Training in Palliative Medicine (p=0.74)			Extend Training in Palliative Medicine? (p=0.43)		
	YES	NO	Total	YES	NO	Total
<i>Anaesthesia</i>	76.19% (16)	23.18% (5)	100% (21)	66.67% (14)	33.33% (7)	100% (21)
General Practice	71.25% (114)	28.750% (46)	100% (160)	60.38% (96)	39.62% (63)	100% (159)
Geriatrics	66.67% (8)	33.33% (4)	100% 1(2)	66.67% (8)	33.33% (4)	100% (12)
Gynaecology	50.00% (9)	50.00% (9)	100% 1(8)	77.78% (14)	22.22% (4)	100% (18)
Paediatrics	76.19% (16)	23.81% (5)	100% 2(1)	52.38% (11)	47.62% (10)	100% (21)
Psychiatry	42.86% (3)	57.14% (4)	100% (7)	57.14% (4)	42.86% (3)	100% (7)
Other	52.17% (12)	47.83% (11)	100% (23)	73.91% (17)	26.09% (6)	100% (23)
Medicine	71.25% (39)	28.75% (10)	100% (49)	63.27% (31)	36.73% (18)	100% (49)
Surgery	66.67% (28)	33.33% (17)	100% (45)	60.00% (27)	40.00% (18)	100% (45)

Figure 4: Association between past training and views on euthanasia ($p=0.05$)



difference in age, with younger doctors perceiving the need more than older ones, also shows the increasing importance and relevance of this emerging field. PC was not a specialty a few decades ago and was previously conceived in a purely physical sense rather than a broader biopsychosocial approach.

There was a very significant association between past training in palliative medicine and views on euthanasia (Figure 4). This trend resonates with other similar studies on professionals abroad (Zenz, Tryba & Zenz, 2015). It can be argued that the increased awareness (through training) on symptom control and also the complex interplay of physical-psychosocial-spiritual at EoL counters the support for euthanasia.

Overall, this study should also entice the Malta Medical School to train undergraduates in PC with perhaps an approach which takes into consideration both hospital care and home care. In addition, local specialist training programmers possibly need to address any lacunae in the training programmes with respect to palliative medicine. In particular, besides challenges of symptom control, doctors will need to be comfortable with the moral and medico-legal aspects of medical care, which might differ between hospital and home care, and which include the issues of futility and artificial nutrition/hydration. In this regard, an Erasmus + project currently being run by the Bioethics Research Programme at the University of Malta EndCare project intends to study further this area of practice. In particular,

it will focus on the fears and moral dilemmas, and provide an appropriate curriculum for EoL decisions for professionals.

STRENGTHS AND LIMITATIONS

As far as is known, this study was the first cross sectional survey of all Maltese doctors with respect to their experiences and views on training in PC. The authors used a previously validated questionnaire. On the other hand, the response rate to the questionnaire, though comparable to other local studies (Ingunez & Savona Ventura, 2005), was low. This was a primarily quantitative study, aimed at describing the current local situation. Its findings could be augmented/confirmed with a qualitative study which could be more focused on the actual needs of doctors.

CONCLUSION

The majority of Maltese doctors are in favour of extending their training in PC and a greater majority had some form of training in the past. Younger doctors and female were (significantly) more resonant to training in palliative medicine. Previous training/exposure to PC was found to significantly influence the views of doctors on euthanasia, i.e. the more a doctor is trained in PC, the lesser is the chance they would consider it for their patients. The findings of this study should influence educators at undergraduate and postgraduate levels to consider amending their curricula in this regard.

References

- Abela, J., 2015. GPs and end of life decisions: views and experiences. *M Med J*, 27(2), pp. 31-36.
- Abela, J and Mallia, P., 2010. Evaluation of palliative care education in the specialist training programme in family Medicine. *M Med J*, 22(4), pp. 26-31.
- Abela, J. and Mallia, P., 2016. Maltese doctors and End of Life Decisions: views and experiences. *M Med J*, 28(2) [In Press].
- Charlton, R., editor, 2002. *Primary Palliative Care*. 1st ed. Oxon: Radcliffe Medical Press.
- Emanuel, E. and Fuchs, V., 2012. Shortening Medical training by 30%. *JAMA*, 307(11), pp. 1143-1145.
- European Society of Cardiology, 2012. Guidelines for the Management of acute and chronic Heart Failure. *European Heart Journal*, 33, pp. 1787-1847.
- General Medical Council UK, 2010. Treatment and care towards the end of life: good practice in decision making.
- GOLD Strategy, 2015. Global Strategy for the management and prevention of COPD – Guidelines of the prevention and management of COPD. *GOLD – Documents and Resources* [online]. Available at: <http://www.goldcopd.org> [Accessed 23 March 2016].
- Inguanez, J. and Savona Ventura, C., 2005. *Not a Euthanasia*. 1st edition. DISCERN, Malta: Gutenberg Press.
- Kellerman, S.E. and Herold, J., 2001. Physician Response to Surveys - A review of the Literature. *Am J Prev Med*, 20(1), pp. 61.
- Kirschen A, Roff S. (2011) Defining palliative care competencies in Canadian Geriatric Medicine Subspecialty training. *J Am Geriatr Soc*, 59(10), pp. 1981-2
- Lofmark, R., Milstun, T. and Cartwright, C., EURELD Consortium, 2008. Physicians experiences with end-of-life decision-making: Survey in 6 European countries and Australia. *BMC Palliat Care*, 6(4).
- Mallia, P, Abela, J. and Galea, D., 2016. Harmonisation and Dissemination of Best Practice - Educating and alleviating the concerns of Health Care Professionals on the proper practice of End of Life care. [online] *University of Malta*. Available from: www.um.edu.mt/ms/endcare [Accessed 23 March 2016].
- Murray, S. and Aziz, S., 2008. Care for all at the end of life. *Br Med J*, 336, pp. 958-959.
- Ostgathe, C., Voltz, R., Nauck, F. and Klaschik, E., 2007. Undergraduate training in palliative medicine in Germany: what effect does a curriculum without compulsory palliative care have on medical students' knowledge, skills and attitudes? *Palliat Med*, 21, pp. 155-156.
- Royal College of Physicians, 2015. *MRCPUK(UK)* [online]. Available from: <https://www.mrcpuk.org> [Accessed 30 Jan 2016].
- Seale, C., 2009. End-of-life decisions in the UK involving medical practitioners. *Palliat Med*, 23(3), pp. 198-204.
- Shoenberger, G., DeSandre, P., Jubanyik, K., Aberger, K., Bigelow, S., Brandtman, T. et al., 2015. Palliative care Domains for Emergency Medicine Resident Training: An Expert Consensus. *Ann. Emerg. Med.* 66(4S), p S83.
- Zenz, J., Tryba, M. and Zenz, M., 2015. Palliative care professionals' willingness to perform euthanasia or physician assisted suicide. *BMC Palliative Care*, 14, p. 60.

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