Thoughts of Emergency Physicians about Palliative Care: Evaluation of Awareness

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Abstract

Aim: Palliative care is an increasingly important issue in emergency departments worldwide. The present study aimed to evaluate the perspectives and experienced problems of emergency physicians about palliative care.

Materials and Methods: A questionnaire that includes main topics of palliative care was prepared, and it was sent through internet access to all emergency physicians who work in Turkey. The whole data were statistically analyzed by Predictive Analytics Software (PASW) 18 and Statistical Package for the Social Sciences (SPSS) software 15.0 for Windows.

Results: Ninety-five emergency physicians participated in the study. Most respondents reported reported getting no training about palliative care (77%). Most agreed that special training is required to acquire palliative care skills (91%), and 69% of emergency physicians want to get training on palliative care.

Conclusion: Increasing awareness about palliative care is important in emergency departments and makes it possible for an early recognition and appropriate management of palliative care patients. The present study not only indicates the importance of education about palliative care but also contributes to increasing awareness on this issue. *(JAEM 2015; 14: 75-8)*

Keywords: Emergency department, palliative care, education

Introduction

Palliative care (PC) is basically a medical approach that aims to provide pain relief in patient and to improve their life quality (1). In PC, patients with advanced and still progressing diseases are diagnosed early; approaches to prevent symptoms are applied. Further, PC not only includes patients but also the patients' relatives in order to help them overcome the disease processes (2). In 2006, PC is defined by World Health Organization (WHO) as "Palliative care 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 using early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual" (3). There has recently been a growing interest in the field of palliative care both in Turkey and the world in parallel with the increase in the number of patients who require palliative care (4). A comprehensive set-up called Pallia-Turkish (Palya-Türk) project has been started in this field by Republic of Turkey Ministry of Health. Emergency department (ED) is frequently admitted by palliative care patients. The perspective of palliative care does not match up with emergency medicine, whose main perspective is to find rapid and exact solutions to problems (5). These two different perspectives are on the basis of the possible problems of palliative care patients in the emergency services. Although there is a rapid circulation of patients in emergency services, ED physicians can provide necessary care to this special patient group with sufficient knowledge and skills (1, 6). Despite the differences in health care systems of the countries and differences in the emergency service approaches depending on the hospital based palliative care teams and services, it is quite important to diagnose these patient groups early in ED to properly apply symptomatic approaches and to provide guidance afterwards. There are several studies, which aim to integrate palliative care knowledge and skills into the training of emergency medicine (4, 7, 8). Several methods, such as providing first guidance to the PC patients via phone calls and intervention to these patients by emergency PC units founded in ED have been tried (9-11). As there are no adequate palliative care units in our country, this patient group will continue to be prior and high in number in

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ED. Therefore, the significance of palliative care in emergency medicine, the implementation of effective and proper approaches, and the need of providing these patients quality service will always remain important. Although in literature there have been several studies about the quality of palliative care services ED, there is no study about the awareness of palliative care in ED in Turkey. The present study aimed to evaluate the perspectives and experienced problems of emergency physicians about palliative care and their competence in the treatment of symptoms with a survey.

Materials and Methods

The protocol of this study was approved by the Ethics Committee of Gaziosmanpasa University. A survey was designed in order to evaluate the perspectives of emergency medicine physicians about PC. This survey was sent to all emergency medicine physicians in Turkey via internet. In all, 95 emergency physicians participated in this survey out of 650 emergency physicians contacted via e-mail. The whole data were statistically analyzed by Predictive Analytics Software (PASW, Quarry Bay, HK) 18 and Statistical Package for the Social Sciences (SPSS Inc. Chicago, IL, USA) software 15.0 for Windows.

Statistical analysis

Chi-square test was used to evaluate the categorical variables in the study. Categorical variables were expressed as number (n) and percentage (%). Kolmogorov-Smirnov test was used to examine whether continuous variables had a normal distribution. Continuous variables were expressed mean (M)±standard deviation (SD). P values less than 0.05 were considered statistically significant. PASW 18 and SPSS 15 were used for statistical analysis.

Results

Seventy-two (76%) out of 95 emergency medicine physicians were male, 23 (24%) were female; the mean age was 37.5 (SD±5.15). In all, 43 of the participants work in a university hospital, 29 (31%) participants work in education and research hospitals, and state hospitals (n=18, 19%) and private hospitals (n=5, 5%) take the third and fourth place. Further, 54 (57%) of the participants were emergency medicine specialists, 20 (21%) were assistant professors, 13 (14%) were associate professors, 4 (4%) were professors and 4 (4%) were chief assistants.

Forty-two (44.2%) of the emergency medicine specialists had an experience for 6-10 years, 32 (33.7%) had an experience for 11-15 years, 11 (11.6%) had an experience for 1-5 years and 10 of them (10.5%) had an experience for 16 and more years. Moreover, 77 (81%) of the specialists were certificated as specialist in a university hospital and 18 (19%) of them were certificated as specialist in education and research hospital. We evaluated whether the participating specialists took any training about palliative care. Accordingly, without any explanation, 73 (77%) of the physicians reported that they had not got any training; however, 22 (23%) of them reported that they had received training. The management competence of persistent nausea and vomiting in the trained group was significantly higher than the untrained group (chi-square: 8.06; p<0.005). There was no statistical difference in the other parameters measuring competence in terms of getting training or not. In the survey when the physicians were asked whether they should get training on palliative care; 66 (69%) of them agreed, whereas 11 (12%) of them disagreed and 18 (19%) of them were indecisive. While 73 (77%) of the emergency physicians reported that there was no PC unit or team in the institution where they work, only 13 (14%) of them reported that they had a PC unit or team; 9 (9%) of the participants did not know anything on this issue.

Elaborating on the idea that palliative care centers decrease the crowding in emergency services, the participants were asked whether they agree or not. Most of the participants (n=80, 84%) agreed (Chi-Square: 62.41; p<0.001). When the palliative care patients were cardiovascular arrested and they were asked about "do not resuscitation order" (DNR), most of them (60%) agreed with the idea above (chi-square; 33.50; p<0.001) (Table 1).

Most of the participants (91%) agreed that special training is necessary for PC (chi-square; 120.78; p<0.001), and most of them (69%) agreed that emergency physicians should get special training on palliative care (chi-square; 139.97; p<0.001). Moreover, 56% of the participants corroborated that EDs meet the need in the absence of PC centers (chi-square: 22.57; p<0.001) (Table 1).

The problems was that the PC patients come across in ED were listed under major topics and the participants were asked to select the problems they often came across. The results are presented in Table 2.

Considering the general level of knowledge about palliative care, the majority of participants stated that they had moderate level knowledge (n=46, 48%). While 29 (31%) participants stated their level of knowledge as well, 17 (18%) of participants stated that they had a poor level of knowledge. Furthermore, 2 (2%) of them evaluated their knowledge level as very good, 1 (1%) participant stated that he/she did not have any knowledge.

Participants were asked about their competence levels in pain management, persistent nausea and vomiting, feeding problems, and providing bad news. In all, 19 (20%) of the physicians stated their competence in pain management as very good, 60 (63%) of them stated as good, and 16 (17%) of them stated as moderate. The job experience of emergency physicians in ED was divided in two groups as 1-10 and 11 and more, and their competence in pain management was accordingly evaluated. There was no statistical significance between job experience and pain management.

Competency in persistent nausea was assessed, and 13 (14%) participant stated as very good, 63 (66%) stated as good, and 19 (20%) stated as moderate. There was a correlation between job experience and competence (chi-square: 7.52; p<0.005).

Oral nutrition deficiency assessment and treatment competency was stated as very good by 17 participants (18%), good by 54 (57%), moderate by 22 (23%), and bad by 2 (2%) participants. Similarly, job experience was significantly associated with competence (chi-square: 8.87; p<0.005).

The competency in giving bad news was assessed, and 32 of the participants (34%) stated their competence as very good, 51 (54%) stated as good, and 12 (13%) stated as moderate. There was no statistical significance between job experience and giving bad news.

Discussion

Approximately half of the surveyed emergency medicine specialists stated that they had moderate knowledge about palliative care, yet only one quarter of the participants received training on PC. Considering the level of competence in symptoms with regard

Table 1. Evaluation of assertions about palliative care

Assertions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Chi-square Value	df
It is a necessity to have PC services in the hospitals in Turkey	49 (51.6%)	33 (34.7%)	10 (10.5%)	2 (2.1%)	1 (1.1%)	56.62*	2
All emergency physicians should receive formal training in palliative care	18 (18.9%)	48 (50.5%)	18 (18.9%)	10 (10.5%)	1 (1.1%)	139.97*	2
In-hospital PC services contribute to decreasing ED overcrowding	36 (37.9%)	44 (46.3%)	14 (14.7%)	1 (1.1%)	0	62.41*	1
When PC patients are incardiac arrest, DNR should be performed	25 (26.3%)	32 (33.7%)	26 (27.4%)	8 (8.4%)	4 (4.2%)	33.50*	2
The special education is needed for palliative care	30 (31.6%)	56 (58.9%)	6 (6.3%)	2 (2.1%)	1 (1.1%)	120.78*	2
If there are no PC services, the ED provide PC to patient in need	18 (18.9%)	35 (36.8%)	17 (17.9%)	22 (23.2%)	3 (3.2%)	22.57*	2

*p<.001
PC: palliative care; ED: emergency department; DNR: do not resuscitation

Table 2. Evaluation of problems about palliative care patients

Possible Problems of PC patients	Count (%)
They stay for a long time in ED	90 (94.7)
They come frequently to ED	82 (86.3)
Other departments do not want to admit them	73 (76.8)
Patient relatives often have unrealistic hopes or expectations	58 (61.6)
It is not provided to require enough physiological support to patients	30 (31.6)
Often, there are a lot of unnecessary tests on palliative care patients	16 (16.8)
Pain management is difficult	11 (11.6)

PC: palliative care; ED: emergency department

to training background, receiving training was found to increase the competency only in persistent nausea and vomiting.

In the study, as the scope of training, qualifications and issues, such as at what stage this training was taken could not be evaluated, we believed that it would not be right to standardize and comment on the impact of this training. In the present study, the majority of the specialists argued that there should be a training program about PC. We think physicians should be given special training on PC both in medical education and in emergency medicine education.

In the United States PC and end of life care training has been designed for only emergency service providers (12). In a survey study of Lamba et al. (13) including emergency physicians and specialists, majority of the participants noted that it is very important to be competent in PC skills for emergency service residents. Participants argued that emergency medicine education is inadequate in terms of PC competency in pain management, approach to hospice patients, and withdrawing from the life support unit.

Considering the competency with regard to job experience, the specialists experienced for over 10 years stated that they were more competent in the management of persistent nausea and vomiting, and oral nutritional deficiency.

In a survey study, it was found out that senior residents and specialists feel more relaxed and competent in pain management, approach to sudden death and giving bad news than the others (13). As our study support, although adequate training in PC is not received, the fact that competency in this issue is associated with job experience indicates that some skills can be gained through experience.

There should be PC centers in Turkey, there is a need for special training for PC, and emergency service specialists should receive training on PC; PC centers could decrease the crowding in emergency departments and emergency services meeting the requirement in the absence of PC centers were mostly supported by the participants.

It has been reported that PC can be improved in parallel with training and, particularly lack of training related to communication causes problems (6). In another study, emergency service physicians claimed that their emergency medicine knowledge and skills are not adequate for PC, and they should be given additional training on this issue (13). Further, it has been reported that it could be only possible through training to decrease communication-related problems in EDs and to integrate PC into emergency medicine (14). In our country as well as abroad, discussions about DNR are always on the agenda with the increase in the number of advanced age patients who require long-term intensive care. In abroad, usually every hospital has their own procedure about DNR; however, in Turkey, there has not been a clear approach in this issue (15). In our study, majority of the emergency medicine specialists support DNR order of the PC patients when they are arrested (15). There was no PC unit or service in most of the hospitals where the participants worked. Therefore, this increases the emergency medicine specialists' responsibility in the early diagnosis of PC patients and in the provision of proper approaches. Further, awareness about PC should be raised at once in emergency medicine specialists. The absence of the PC units causes several problems, for example, patients have difficulty when hospitalization is necessary; therefore, they stay in EDs longer. It has also been reported that having PC units in hospitals is one of the factors decreasing the crowding in EDs (11). Grudzen et al. (12) have mentioned that among the problems in the management of the PC patients in ED are the absence of psychological support and that the relatives of the patients are in high expectation, thereby creating

trouble. Moreover, it has been reported that the physical condition and the crowding of EDs prevent the proper communication with the patients and their relatives. In the study by Stone et al. (6), emergency medicine physicians divide the problems that they have in the approach to PC patients into three groups, such as environmental, educational, and cultural. The detected environmental problems are in parallel with our study. Having interruption in patient follow-up, lack of trust as there is not long-term relationship, and the limited time allocated to each patient are reported as the main titles of the determined problems. Similar to our study, unnecessary and redundant examination of the PC patients in ED has been detected as a problem; it was asserted that the patients are consulted to PC teams early in ED and that evaluation by PC teams can solve this problem (16).

Study limitations

The sample size may be small according to all emergency medicine specialists. The number of participants was only 95 (14.6%). Future researches with large sample sizes will better reflect the thoughts of specialists.

Conclusion

To the best of our knowledge, this is the first study to evaluate emergency medicine specialists' perspectives on palliative care; in our opinion, this study will shed light on future planning. Results of the study reveal that in the developing world, emergency medicine specialists should become more competent in palliative care. Despite several environmental problems, it would be possible only through good education to provide the palliative care patients with the best approach and treatment. With more comprehensive and inclusive studies, steps can be taken to integrate a special training program on palliative care into emergency medicine education and to set clinical guidelines designed for emergency service providers.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Gaziosmanpaşa University Faculty of Medicine.

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