

ORIGINAL ARTICLE

Awareness of Palliative Care among Healthcare Providers in Pakistan: A Survey

Sanum Kashif

ABSTRACT

Objective: To assess the awareness of palliative care among healthcare providers in Pakistan.

Study Design: Cross-sectional descriptive study.

Place and Duration of Study: The study was conducted in healthcare providers from various healthcare setups in Pakistan, from 20th March 2021 to 21th May 2021.

Materials and Methods: A total of 134 responders from various hospitals answered a questionnaire-based survey on the knowledge and palliative care practice among healthcare providers. The questionnaire was made according to guidelines given By Shaheen Palliative Care Project, United Kingdom.

For data collection, convenience sampling was used and to present distribution of responses percentages and frequencies were used. Data were entered and analyzed using SPSS 17.

Result: In 134 responders, about 128 (95.5%) responders were involved in palliative care, but only 55 (41.0%) were satisfied with palliative care given. Majority of responders 118 (88.0%) had idea regarding members of palliative care team. About 124 (73.4%) responders knew that, palliative care should start at the time of diagnosis and 123 (91.7%) gave correct response regarding the goal of palliative care. Most of the responders 124 (92.5%) were convinced that palliative care should be the part of curriculum at all health care levels.

Conclusion: Among healthcare providers across Pakistan, the majority have fair idea regarding palliative care but a more than half of the responders were not satisfied with palliative care they are providing which is mainly due to the lack in palliative medicine training. Palliative care should be the part of curriculum at all health care levels with more online programs and workshops.

Keywords: Healthcare Provider, Life-Threatening Illness, Palliative Care, Palliative Medicine.

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Introduction

According to WHO, palliative care deals with the active total care of patients whose disease is not responsive to curative treatment.¹ Palliative medicine is holistically involved with healthcare across all ages with critical diseases, mainly life-threatening diseases. The aim of palliative medicine is to improve the quality of life, that can be achieved by relieving distressing symptoms of critically ill patients. That is why it is the responsibility of primary

care doctors to start palliative management timely.²

According to Lynch and Connor, the ratio of palliative services to population is 1:90 million globally. Moreover, the load of chronic diseases is quite high in Pakistan. According to Global Burden of Diseases 2010, in Pakistan mortality between 30 to 69 years will be 3.9 million by 2025 because of non-communicable diseases i.e cardiopulmonary diseases, cancers, diabetes mellitus and mental health problems. Factors that hamper the development of palliative services in Pakistan are lack of awareness, resources and qualified personnel.³

Currently, in developed countries cancer services provision is not without a Palliative Medicine team. To address the needs of cancer patients and their attendants, a multidisciplinary approach is applied. According to WHO 2011, the dearth of awareness

Department of Anesthesia

Combined Military Hospital, DI Khan, Pakistan

Correspondence:

Dr. Sanum Kashif

Associate Professor, Anesthesia

Combined Military Hospital, DI Khan, Pakistan

E-mail: sanumdr@gmail.com

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and training of palliative medicine among health care workers creates a big hurdle to better care.⁴ Nursing staff connects various health care levels and also acts as a link between doctor and family, which helps to ensure provision of quality of care to every patient.⁴ Currently, Interdisciplinary Palliative Care (IPC) Seminar, involves students from various setups (pharmacy, nursing medicine, social work, and chaplaincy).⁵ The performance of a palliative care team as a whole is basically dependent on the caring working atmosphere made through effective communication, leadership qualities and respect.⁶ Timely integrated palliative care enhances quality of life in cancer patients. Early palliative care proved to be highly effective, in relation to requirements of every patient.⁷ Pain and symptomatic management and creating a supportive system for family of the patient are the main goals of palliative care in any population. The hurdles in application of palliative care to a child with cancer are usually at the time of diagnosis and at any point throughout the management i.e. parental awareness that the child is critical, challenges to nursing staff and insufficient pediatric research.⁸

This article is the result of a survey, among healthcare providers, to assess the awareness of palliative care in Pakistan.

Materials and Methods

After Institutional Review Board approval, 134 healthcare providers, from different hospitals, across Pakistan, completed a questionnaire, on the knowledge and practice regarding palliative care among healthcare providers. Sample size¹⁹ was calculated by using OpenEpi software.

Questionnaire was designed as per guidelines of Shaheen Palliative care Project and each item response was according to the Likert scale. Cronbach's alpha was 0.8 and validity was checked by Pearson Correlation. For data collection convenience sampling was used and to present distribution of responses, percentages and frequencies were used. Data was entered in MS Excel and for descriptive statistics SPSS 17 was used.

Results

According to our study, among 134 responders, 124 (94.7%) were aware of the term of palliative care. Among health care providers, 55 (41.0%) were male and 79 (58.8%) were female, mainly from 35-45 years

(55.2 %) age group. Majority of responders were specialists i.e. 74 (56.5%), followed by residents 21 (15.6%), medical officers 16 (11.9%) and nursing staff 19 (14.1%) (Table 1).

Table 1: Participants' characteristics with frequency and percentages

Participants' characteristics	n (%)
Sex	
Male	55 (41.0%)
Female	79 (58.8%)
Age in years	
18-35	31 (23.1%)
35-45	74 (55.2%)
Above 45	29 (21.6%)
Level of health care provider	
Allied health care providers	3 (2.2%)
Paramedical staff & Nurses	19 (14.1%)
House officer	1 (0.7%)
Medical officer	16 (11.9%)
Resident	21 (15.6%)
Specialist	74 (56.5%)

About 128 (95.5%) responders were involved in palliative care, but only 55 (41.0%) were satisfied with the palliative care given. Majority of responders 118 (88.0%) had idea regarding members of a palliative care team. About 124 (73.4%) responders knew that palliative care should start at the time of diagnosis and 123 (91.7%) given correct regarding goal of palliative care team. Most of the responders, 124 (92.5%), were convinced that palliative care should be the part of curriculum at all health care levels (Table 2).

Table 2: Questions with frequency & percentages of correct responses n (%)

Q. No	Questions	Response	n (%)
1	Have you heard about palliative care	Very often	20 (14.9%)
		Often	50 (37.3%)
		Sometimes	26 (19.4%)
		Rarely	28 (20.8%)
		Never	10 (7.4%)
2	Have you ever been involved in palliative care?	Very often	15 (11.1%)
		Often	60 (44.7%)
		Sometimes	38 (28.3%)
		Rarely	15 (11.1%)
		Never	6 (4.4%)
3	Are you satisfied with palliative care given?	Very satisfied	15 (11.1%)
		Satisfied	40 (29.8%)
		Dissatisfied	65 (48.5%)
		Very dissatisfied	14 (10.4%)

4	Are you familiar with term "Palliative care team"	Not at all	16 (11.9%)
		familiar	25 (18.6%)
		Slightly	30 (22.3%)
		familiar	50 (37.3%)
		Somewhat	13 (9.7%)
		familiar	
5	Are you aware when to start palliative care in seriously ill patients	Moderately	
		familiar	
		Extremely	
		familiar	
		Not at all	10 (7.4%)
		aware	15 (11.1%)
6	Do you agree with the goal of palliative care	Slightly aware	20 (14.9%)
		Somewhat	55 (41.0%)
		aware	34 (25.3%)
		Moderately	
		aware	
		Extremely	
7	Do you agree that palliative care should be part of curriculum	aware	
		Strongly agree	75 (55.9%)
		Agree	48 (35.8%)
		Disagree	7 (5.2%)
		Strongly	4 (2.9%)
		disagree	
		Strongly agree	99 (73.8%)
		Agree	25 (18.6%)
		Disagree	7 (5.2%)
		Strongly	3 (2.2%)
		disagree	

Discussion

In the current era, palliative care is the main part of medical care. Training in Palliative Medicine, like other sub-specialties, is a part of internal medicine training program.

Palliative medicine deals with all serious diseases, but as far as referrals are concerned, cancers are always at the top. Other life threatening illnesses are neurological illnesses e.g., multiple sclerosis and motor neuron disease. Infective diseases includes AIDS, tuberculosis etc.

According to one of the local study, conducted by Shah S et al, doctors mentioned rehabilitation, counselling and pain management, as main components, in improving quality of life.⁹ Similar results were also demonstrated by multiple studies on general population in United Kingdom. The main component in delivering good palliative care is the improvement in patient's quality of life. The findings of the survey indicate that out of 250 doctors of tertiary care hospital in Pakistan, only 45% (95% C.I.: 39.03, 51.37%) had reasonable knowledge regarding palliative care. While palliative care is usually provided in health care setups, it can also be delivered at home and hospices.⁹ Furthermore, there are no formal courses or any protocol at any health care level. According to our questionnaire, majority (99.1%) of health care providers agreed that

palliative medicine should be included in curriculum at all levels of health care providers. A mentally competent patient has the right to knowledge and that is also a legal and ethical requirement in most of the countries. In western countries, attitudes are usually individualistic and it is valid there, but in countries including Pakistan, family members are usually allowed to share disease related information. It is a reasonable fact if followed for the betterment of the patient. However, treating physician should not hide the truth. This is also evidence based that patients who had information regarding their illnesses, are better compliant to the treatment and its results and had better life quality. According to some school of thoughts, patients may not continue their treatment if they come to know the diagnosis of terminal disease. However literature showed that this can be more harmful to the patient and by following models available, patients can be treated better. The basic aim of palliative care is to improve the routine life. Past literature showed data, that mostly supported palliative medicine in terms of management of cancer patients. In patients with metastatic lung carcinoma, prompt integrated palliative care, improved quality of life, better end-of-life care and as a result decreased mortality.¹⁰ According to registered death data, about 69–82% of dying patients in England, required palliative care.¹¹ Prompt application of palliative care can control disease symptoms better, reduce the chances of inadequate terminal care and also reduce the burden on the family.¹² Studies at different levels of health care providers in US, found that students had inadequate knowledge and no training in palliative medicine.¹³ A questionnaire-based study, conducted among residents in ICU setup, found that the main hurdle, as per residents (19%) was the goal of patient care between patients, family members and treating team and residents also stated that consult for palliative care was most commonly asked when the patient was critically ill (23%) instead of initial course of terminal disease.¹⁴ According to the study conducted by Pieters J et al, which included 222 medical students, 59.6% students were not found satisfactory in giving palliative care.¹⁵ Sujahata R et al, found that in the study, involving 200 students, from medicine, nursing, physiotherapy and pharmacy, less than 20% of nurses were unaware of palliative care

as compare to students of pharmacy, among which about 50% had no knowledge regarding palliative care.¹⁶ Kassa H et al., showed in the study that about 76% of the nursing staff had appropriate knowledge and attitude regarding palliative care and found that it might be due to their training program to deal with critical patients.¹⁷ Literature found that family satisfaction score, among family members of patients with advanced stage cancer is 76.87 ± 1.14 .¹⁸ A local study showed that 59% health care providers were comfortable in dealing with terminally ill patient and 54% had fair knowledge of palliative medicine and 64% willing to be involved in palliative care.¹⁹ Development of palliative care unit in collaboration with non-governmental organizations, with trained team members in all setups that treat oncology and other critically ill patients will definitely be required in future.²⁰

Conclusion

Among health care providers across Pakistan, the majority have a fair idea regarding palliative care but more than half of the responders were not satisfied with palliative care they are providing mainly due to the lack in palliative medicine training. Palliative care should be the part of curriculum at all health care levels with more online training programs and workshops.

REFERENCES

- Mulji NP, Sachwani S. Palliative care: an alien concept in Pakistan. *Journal of Clinical Research and Bioethics*. 2017; 8: 1.
- Radbruch L, De Lima L, Knäul F, Wenk R, Ali Z, Bhatnagar S, et al. Redefining palliative care—A new consensus-based definition. *Journal of pain and symptom management*. 2020; 60: 754-64.
- Lynch T, Connor S, Clark D. Mapping levels of palliative care development: a global update. *Journal of pain and symptom management*. 2013; 45: 1094-106.
- Sekse RJ, Hunskaar I, Ellingsen S. The nurse's role in palliative care: A qualitative meta-synthesis. *Journal of clinical nursing*. 2018; 27: e21-38.
- Gierach M, Brechtelsbauer D, Serfling J, Bloom K, Strickland G, Heins J. Students practicing interprofessional collaboration in the context of hospice and palliative care. *American Journal of Hospice and Palliative Medicine*. 2020; 37: 1062-7.
- Fernando GV, Hughes S. Team approaches in palliative care: a review of the literature. *International journal of palliative nursing*. 2019; 25: 444-51.
- Temel JS, Greer JA, El-Jawahri A, Pirl WF, Park ER, Jackson VA, et al. Effects of early integrated palliative care in patients with lung and GI cancer: a randomized clinical trial. *J Clin Oncol*. 2017; 35: 834-41.
- Ranallo L. Improving the quality of end-of-life care in pediatric oncology patients through the early implementation of palliative care. *Journal of Pediatric Oncology Nursing*. 2017; 34: 374-80.
- Shah S, Qaisar F, Azam I, Mansoor K. Perceptions, knowledge and attitudes towards the concept and approach of palliative care amongst caregivers: a cross-sectional survey in Karachi, Pakistan. *BMC Palliative Care*. 2020; 19: 1-9.
- Temel JS, Greer JA, Muzikansky A, Gallagher ER, Admane S, Jackson VA, et al. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med*. 2010; 363: 733-42.
- Murtagh FE, Bausewein C, Verne J, Groeneveld EI, Kaloki YE, Higginson IJ. How many people need palliative care? A study developing and comparing methods for population-based estimates. *Palliative medicine*. 2014; 28: 49-58.
- Wittenberg-Lyles E, Goldsmith J, Parker Oliver D, Demiris G, Rankin A. Targeting communication interventions to decrease caregiver burden. *Semin Oncol Nurs*. 2012; 28: 262-70.
- Aldridge MD, Hasselaar J, Garraida E, van der Eerden M, Stevenson D, McKendrick K, et al. Education, implementation, and policy barriers to greater integration of palliative care: a literature review. *Palliative medicine*. 2016; 30: 224-39.
- Kamel G, Paniagua M, Uppalapati A. Palliative care in the intensive care unit: are residents well trained to provide optimal care to critically ill patients? *Am J Hosp Palliat Care*. Epub. 2015; 32: 758-62.
- Pieters J, Dolmans DH, Verstegen DM, Warmenhoven FC, Courtens AM, van den Beuken-van MH. Palliative care education in the undergraduate medical curricula: students' views on the importance of, their confidence in, and knowledge of palliative care. *BMC palliative care*. 2019; 18: 1-7.
- Sujatha R, Jayagowri K. Assessment of palliative care awareness among undergraduate healthcare students. *Journal of clinical and diagnostic research: JCDR*. 2017; 11: Jc06.
- Kassa H, Murugan R, Zewdu F, Hailu M, Woldeyohannes D. Assessment of knowledge, attitude and practice and associated factors towards palliative care among nurses working in selected hospitals, Addis Ababa, Ethiopia. *BMC Palliat Care*. 2014; 13: 6.
- Ozcelik H, Cakmak DE, Fadiloglu C, Yildirim Y, Uslu R. Determining the satisfaction levels of the family members of patients with advanced-stage cancer. *Palliative & supportive care*. 2015; 13: 741-7.
- Abbas SQ, Muhammad SR, Mubeen SM, Abbas SZ. Awareness of palliative medicine among Pakistani doctors: a survey. *Journal-Pakistan Medical Association*. 2004; 54: 195-8.
- Shad A, Ashraf MS, Hafeez H. Development of palliative-care services in a developing country: Pakistan. *Journal of pediatric hematology/oncology*. 2011; 33: S62-3.