Knowledge and symptom management in palliative care: perspectives of medical students and residents

Conhecimento e manejo de sintomas em cuidados paliativos: perspectivas de estudantes e residentes médicos

Conocimiento y manejo de síntomas en cuidados paliativos: perspectivas de estudiantes y residentes de medicina

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RESUMO

Objetivo: Avaliar o conhecimento e o manejo de sintomas em cuidados paliativos entre estudantes e residentes de medicina em um hospital no Submédio São Francisco. **Métodos:** Estudo transversal, realizado no hospital regional de Juazeiro, com coleta de dados realizada de janeiro a junho de 2023, envolvendo residentes e estudantes no último ano de medicina. Foram aplicados dois instrumentos: autoavaliação sobre cuidados paliativos e o Palliative Care Knowledge Test. Os dados foram analisados usando o Microsoft Excel 2010® e apresentados em estatísticas descritivas. A pesquisa foi aprovada pelo Comitê de Ética. **Resultados:** A amostra incluiu 40 participantes, sendo 14 residentes e 26 estudantes de medicina, com a maioria entre 20 e 30 anos (82,5%) e 52,5% do sexo masculino. Entre os residentes, 71,4% cursavam clínica médica. Todos os participantes concordaram que a habilidade de comunicação pode ser aprendida, e 97,5% reconheceram que as demandas de informação mudam conforme o curso da doença. Entretanto, 70% discordaram que informações incertas não devem ser dadas ao paciente ou à família. **Conclusão:** Observou-se formação insuficiente sobre o manejo dos cuidados paliativos. Recomenda-se uma maior inclusão desse conteúdo nos currículos médicos para melhorar a preparação dos futuros profissionais no cuidado de pacientes em fim de vida.

Descritores: Cuidados Paliativos; Assistência Terminal; Faculdades de Medicina.

ABSTRACT

Objective: To assess knowledge and symptom management in palliative care among medical students and residents at a hospital in the Submédio São Francisco region. **Methods:** Cross-sectional study, carried out at the regional hospital of Juazeiro, with data collection carried out from January to June 2023, involving residents and students in their final year of medical school. Two instruments were applied: self-assessment on palliative care and the Palliative Care Knowledge Test. Data were analyzed using Microsoft Excel 2010® and presented in descriptive statistics. The research was approved by the Ethics Committee. **Results:** The sample included 40 participants, 14 residents and 26 medical students, with the majority between 20 and 30 years old (82.5%) and 52.5% male. Among the residents, 71.4% were studying internal medicine. All participants agreed that communication skills can be learned, and 97.5% recognized that information demands change as the disease progresses. However, 70% disagreed that uncertain information should not be given to the patient or family. **Conclusion:** Insufficient training on palliative care management was observed. Greater inclusion of this content in medical curricula is recommended to improve the preparation of future professionals in the care of end-of-life patients.

Descriptors: Palliative Care; Terminal Care; Schools, Medical.

RESUMEN

Objetivo: evaluar el conocimiento y el manejo de los síntomas en cuidados paliativos entre estudiantes y residentes de medicina de un hospital del Sub-medio São Francisco. **Métodos:** Estudio transversal, realizado en el hospital regional de Juazeiro, con recolección de datos realizada de enero a junio de 2023, involucrando a residentes y estudiantes del último año de medicina. Se aplicaron dos instrumentos: la autoevaluación sobre cuidados paliativos y el Palliative Care Knowledge Test. Los datos se analizaron utilizando Microsoft Excel 2010® y se presentaron en estadística descriptiva. La investigación fue aprobada por el Comité de Ética. **Resultados:** La muestra estuvo compuesta por 40 participantes, 14 residentes y 26 estudiantes de medicina, la mayoría entre 20 y 30 años (82,5%) y 52,5% hombres. Entre los residentes, el 71,4% estudiaba medicina clínica. Todos los participantes coincidieron en que las habilidades comunicativas se pueden aprender y el 97,5% reconoció que la información exige cambios a medida que avanza la enfermedad. Sin embargo, el 70% no estuvo de acuerdo con que no se debe dar información incierta al paciente o a la familia. **Conclusión:** Se observó una formación insuficiente en el manejo de cuidados paliativos. Se recomienda una mayor inclusión de estos contenidos en los currículos médicos para mejorar la preparación de los futuros profesionales en el cuidado de pacientes al final de la vida.

Descriptores: Cuidados Paliativos; Asistencia Terminal; Facultades de Medicina.

ORIGINAL

Introduction

Each year, it is estimated that about 56.8 million people need palliative care, and this number tends to increase exponentially in the coming decades.[1] From this perspective, Arantes (2016) emphasizes the importance of medical knowledge about palliative care within hospitals, as it is in these institutions that, in moments of fear and suffering, the physician, together with other professionals, it can provide comfort to patients.[2]

Even in the face of medical advances, suffering caused by illness and death are still a present reality. With the emergence of more complex chronic diseases, which demand increasing resources for their approach, the need for medicine aimed at promoting quality of life, capable of providing a dignified end of life has also emerged.[4]

Due to this challenge imposed by contemporary society, the need for health promotion entities capable of acting in palliative care has arisen. These are defined as care provided by a multidisciplinary team, which aims to improve the quality of life of patients and their families in the face of a life-threatening disease, through the prevention and relief of suffering, early identification, careful evaluation and treatment of pain and other physical, social, psychological and spiritual.[5]

Symptom management is essential in the palliative care approach, and it is crucial that the professional is trained to identify these symptoms and masters basic management techniques and skills to communicate bad news.[6]

The teaching and learning process on the subject should begin during the undergraduate period, since studies carried out with medical students have shown deficiencies in content on palliative care. This exposes the fragility with which the topic is debated, both among health professionals and in the general population, as many are reluctant to talk about death and the care to be provided at the end of life.[6]

In view of the above, the present research aimed to evaluate the knowledge and management of symptoms in palliative care among students and medical residents in a hospital in the Lower São Francisco.

Method

This is a cross-sectional study, of a quantitative nature, of the described nature. It was held at the Juazeiro Regional Hospital (HRJ), located in the Lower São Francisco Hospital.

The research population was composed of students in the last period of medical school and resident physicians duly enrolled in the National Medical Residency Program (PNRM), linked to the HRJ. Resident physicians linked to the hospital unit were included, as well as medical students who took some rotation of learning at that institution in their last year of graduation in the medical course. Participants who did not sign the informed consent form (ICF) and participants who presented difficulties or discomfort while filling out the questionnaires were excluded from the study.

The members of the research were informed about the objectives, risks and benefits of the research, granting consent through the ICF. After signing the document, the participants had access to the research instruments that were

made available in printed form, applied in a reserved room, lasting approximately 30 minutes, conducted by the main researcher.

Data collection took place from January to June 2023. Two instruments were used, the first refers to the self-assessment of palliative care, based on an instrument validated in Colombia;[7] while the second instrument, called the Palliative Care Knowledge Test,[8] assesses the degree of knowledge regarding symptom management in palliative care, consisting of twenty-four evaluative items, grouped into six domains: philosophy, pain, dyspnea, psychiatric problems, gastrointestinal problems, and communication of bad news.

The data were tabulated and analyzed with the aid of Microsoft Office Excel 2010®, being presented from simple descriptive statistics with frequency and percentage, and discussed in the light of the theoretical framework.

The study respected the ethical aspects in research, and the project was approved by the Ethics Committee for research on human beings of the Professor Fernando Figueira Institute of Integral Medicine, under opinion number: 5.723.325 (CAAE No.: 61937822.1.0000.5201), approved in October 2022.

Results

It obtained a sample of 40 participants, 14 resident physicians and 26 medical interns. Most of them (82.5%) were aged between 20 and 30 years, with a prevalence of males (52.5%). Among the resident physicians, 71.4% were in internal medicine residency.

Table 1 describes the results of the answers to the first questionnaire, which sought information about the knowledge about palliative care acquired during the training of the participants. Most respondents (75.0%) said they had not received information about patients in the terminal phase of life, as well as not knowing the most prevalent symptoms (57.5%). However, a considerable percentage answered positively when asked about their knowledge of the definition of palliative care by the WHO (82.5%) and stated (90%) that they had acquired techniques for communicating "bad news".

Table 1 - Data regarding the evaluation of knowledge about palliative care presented by medical students and residents at the Regional Hospital of Juazeiro, BA. 2024.

Variables	Alternative	%	N
I received enough information about terminally ill patients during graduation	Yes	25,0	10
	No	75,0	30
I know the WHO definition of palliative care	Yes	82,5	33
	No	17,5	07
I received sufficient information for the management of patients with pain	Yes	40,0	16
	No	60,0	24
I received information about the management of the most common symptoms in patients in palliative care	Yes	42,5	17
	No	57,5	23
I learned communication techniques and medical posture to give "bad news"	Yes	90,0	36
	No	10,0	04
	Total	100,0	40

Regarding knowledge about symptom management (Table 2), the majority (77.5%) could not adequately identify that palliative care should be provided to patients who do not have curative treatments. Even so, 97.5% of the respondents were correct that the two therapeutic proposals can be offered to the patient together.

Regarding the assessment of the pain domain, 95.0% of the participants failed to identify as true the statement that the use of opioids can lead to dependence. Regarding the primary initiation of opioids for pain in cancer patients, 85.0% correctly chose the alternative. In addition, the majority (92.5%) stated that the use of antidepressants or anticonvulsants can be used for pain management and that the use of laxatives is an effective therapy in the prevention of opioid-induced constipation (80.0%).

In the dyspnea domain, it was observed that about 60% of the research participants were able to correctly identify that oxygen saturation levels are not correlated with dyspnea. In addition, 72.5% of the participants were able to properly identify that morphine can be used for the relief of the referred symptom. Regarding the management of secretions and the use of anticholinergic medications such as scopolamine, most participants (77.5%) are aware of the use of these medications for the relief and reduction of secretions. However, it is important to highlight that 45.0% of the participants did not know how to answer the alternative, as well as 40% of the respondents did not know how to answer whether temperature interferes with dyspnea.

Regarding psychiatric problems, 80.0% of the participants were able to identify that benzodiazepines are not effective for the treatment of delirium. However, regarding the question of morphine being a frequent cause of delirium in terminally ill patients, it was evidenced that 30.0% identified that morphine would be related to delirium and 30.0% did not know how to answer the question. In addition, 66.7% misidentified that delirium often occurs in patients who are prone to mental symptoms.

In the gastrointestinal domain, 35.0% of the participants did not know how to answer, and 22.5% answered the question related to the use of steroids to increase appetite in patients with advanced cancer. In addition, 45.0% indicated erroneously and 27.5% could not answer that in patients with ileus, the use of metoclopramide can worsen symptoms such as stomach pain and vomiting. On the other hand, 82.5% were able to adequately recognize as false the statement that in the terminal stages of cancer a higher caloric intake is necessary in relation to the initial stages.

Finally, regarding communication skills, 100.0% of the participants were able to correctly identify that these skills can be learned. In addition, 97.5% correctly stated that the degree of participation of patients and family members in decision-making, depending on the evolution of the disease, is essential in palliative care. However, 70.0% of the respondents could not adequately recognize that uncertain information should not be given to the patient or family, as it can cause additional anxiety.

Table 2 - Data regarding the evaluation of knowledge about symptom management in palliative care presented by medical students and residents at the Regional Hospital of Juazeiro, BA. 2024.

Item	RC	V	F	NS
		n (%)	n (%)	n (%)
Philosophy				
1.1 Palliative care should only be provided to patients who do not have curative treatments.	F	31 (77,5)	8 (20,0)	1 (2,5)
1.2 Palliative care should not be provided along with cancer treatments.	F	0 (0,0)	39 (97,5)	1 (2,5)
Pain				
2.1 When opioids are taken on a regular basis, steroidal anti-inflammatory drugs should not be used.	F	7 (17,5)	30 (75,0)	3 (7,5)
2.2 Long-term use of opioids can often induce dependence.	F	38 (95,0)	1 (2,5)	1 (2,5)
2.3 Opioid use does not influence survival time.	V	14 (35,0)	18 (45,0)	8 (20,0)
2.4 When a cancer patient has pain, opioids should be started first.	F	3 (7,5)	34 (85,0)	3 (7,5)
2.5 Some antidepressant and anticonvulsant medications help relieve cancer pain.	V	37 (92,5)	1 (2,5)	2 (5,0)
2.6 The use of laxatives is effective in preventing opioid-induced constipation	V	32 (80,0)	5 (10,0)	3 (7,5)
2.7 Opioid dosage increases should be limited because respiratory depression may occur as a side effect.	F	20 (50,0)	17 (42,5)	3 (7,5)
Dyspnoea				
3.1 Morphine should be used to relieve dyspnea in cancer patients.	V	29 (72,5)	9 (22,5)	2 (5,0)
3.2 Oxygen saturation levels are correlated with dyspnea.	F	14 (35,0)	24 (60,0)	2 (5,0)
3.3 Anticholinergic drugs or scopolamine hydrobromide are effective for the relief of bronchial secretions.	V	31 (77,5)	3 (7,5)	6 (15,0)
3.4 If the ambient temperature is kept higher (warm), patients with dyspnea often experience relief.	F	6 (15,0)	18 (45,0)	16 (40,0)
Psychiatric problems				
4.1 Benzodiazepines should be effective for delirium.	F	5 (12,5)	32 (80,0)	3 (7,5)
4.2 Some terminally ill patients will require continuous sedation to relieve suffering.	V	35 (87,5)	3 (7,5)	2 (5,0)
4.3 Morphine is often a cause of delirium in terminally ill patients or	F	12 (30,0)	16 (40,0)	12 (30,0)

in cancer patients.				
4.4 Delirium often occurs in patients who are prone to mental symptoms.	F	27 (67,5)	9 (22,5)	4 (10,0)
Gastrointestinal problems				
5.1 In the terminal stages of cancer, higher caloric intake is required compared to the early stages	F	2 (5,0)	33 (82,5)	5 (12,5)
5.2 Steroids Are Expected to Improve Appetite Among Advanced Cancer Patients	V	17 (42,5)	9 (22,5)	14 (35,0)
5.3 When patients with ileus use metoclopramide, stomach pain and vomiting may worsen.	F	18 (45,0)	11 (27,5)	11 (27,5)
5.4 Intravenous infusion will not be effective in relieving dry mouth in terminally ill patients.	V	19 (47,5)	6 (15,0)	15 (37,5)
Communicating bad news				
6.1 Communication skills can be learned.	V	40 (100,0)	0 (0,0)	0 (0,0)
6.2 Information that patients and families request and the degree to which patients and families participated in decision-making may change according to the course of the disease and condition.	V	39 (97,5)	1 (2,5)	0 (0,0)
6.3 Uncertain information should not be given to the patient or family as it may cause additional anxiety.	F	28 (70,0)	8 (20,0)	4 (10,0)

Legend: RC= correct answer; V= true, F = false, NS= I don't know.

Discussion

In the present study, it was found that a portion of resident physicians and intern students obtained insufficient knowledge about the management of patients in palliative care, demonstrating the gap in Brazilian medical education.

The pain domain showed a significant oscillation of correct answers. Pain is one of the most common and severe symptoms experienced by patients seeking palliative care. For example, 80% of patients with AIDS or cancer, and 67% of patients with cardiovascular disease or chronic obstructive pulmonary disease experience moderate to severe pain at the end of their lives.[1]

The lack of this knowledge can lead to the non-prescription of opioids in patients who need these substances for pain control.[9] In addition, only 42.5% of the participants were able to correctly identify that increasing the dose of opioids does not lead to respiratory depression, which is a myth that contributes to the non-prescription of opioids or to the fear of increasing the dose. It is also worth noting that the risk of dependence on morphine use is high only when administered in high doses for a prolonged period and without medical supervision.[10-11]

Adverse reactions arising from the use of opioids, in fact, may arise mainly in the first administrations in opioid-naïve patients.[12] However, pain is a

powerful antagonist of the depressant action, which is why this situation rarely occurs in severe pain. In addition, respiratory depression is always associated with sedation, so careful observation by the companions is sufficient to avoid this situation.[11]

Dyspnea, another domain analyzed in the research, appears both in patients with lung disease and due to the interaction of other factors, such as physical (cachexia, muscular asthenia), psychic (anxiety and depression), and socio-environmental.[13]

The initial management of this symptom should be through the control of the underlying cause. Priority should always be given to optimizing the use of bronchodilators, volume optimization, control of pleural effusion, and the use of oxygen therapy, as well as rehabilitation and the use of noninvasive ventilation (NIV).[14]

When investigating issues related to psychiatric disorders, it was found that most participants associate delirium with patients susceptible to mental symptoms. In addition, 30% of the volunteers attributed morphine as the cause of delirium and another 30% did not know how to answer, which is a mistake, since alterations such as delirium are uncommon effects with the use of opioids.

Delirium is an organic brain syndrome, defined by an acute alteration in the level of consciousness accompanied by attention deficit and alteration in cognition. This is a common diagnosis in patients in palliative care, especially the elderly, and is related to multiple underlying medical conditions, such as infections, medications, electrolyte disturbances, environmental factors, among others. It is also known that delirium, in principle, is potentially reversible.[15]

In the treatment of delirium there are a series of pharmacological and non-pharmacological measures. Among the non-pharmacological measures, the suspension of medications that potentially cause delirium, the presence of family members with the patient, as the patient wants to be called, maintaining the use of glasses and hearing aids, an environment with natural light, among other measures, can be highlighted. In pharmacological measures, haloperidol is the most studied drug for control in the chemical containment of hyperactive delirium.[15]

The correct answers were also less frequent in areas related to gastrointestinal problems. Appetite and food intake are important factors in the quality of life of patients and are described as common symptoms in patients with advanced cancer. In the face of a terminal patient with anorexia, for example, the first conduct is to stimulate intake, offering fractionated meals in small quantities and at regular intervals, with foods of greater preference to the patient. In addition, it is beneficial to encourage meals together with the family, without establishing strictness in relation to the caloric goal.[16]

In addition, the literature demonstrates beneficial evidence regarding the use of some classes of drugs, such as corticosteroids, with dexamethasone as the main drug.[17] However, the antianorexic effect of corticosteroids is considered brief and decreases after a few weeks, in the presence of myopathy and immunosuppression, in addition to adverse effects. They are more suitable when used in patients with a shorter life expectancy, especially if they have other associated symptoms, such as nausea or pain.[18]

A high rate of correct answers was obtained by the participants, demonstrating better knowledge in the field of communication, which is the main tool for good health care practice. For the patient and their families to

have a better understanding of the disease and receive humanized care, it is necessary for professionals to learn specific technical communication skills. It is important to carefully evaluate who will receive the information, who will pass it on and the amount of information that will be transmitted, considering that patients and family members in a situation of illness are usually vulnerable.[19]

In 2022, the Ministry of Education approved the amendment to the National Curricular Guidelines for the Undergraduate Course in Medicine, establishing the mandatory study of palliative care at the undergraduate level. As it is a recent change, this fact may have contributed to an insufficient approach during training. The National Council on Education recognizes, through various presentations by palliative care physicians, that medical students should be educated and trained in specific skills, including compassionate and effective communication with patients.[20]

Conclusion

Thus, there is still a need to improve the technical-scientific knowledge acquired in relation to palliative care among medical students and medical residents. Although, in recent years, there has been an advance in relation to this theme, at the theoretical and practical level, in undergraduate courses and medical residencies.

In this context, it is essential to build more consolidated knowledge regarding the health-disease process of people, families, groups and communities in different contexts, phases and courses of life in palliative care and end-of-life care, so that there are improvements in the quality of care, dignified, multidimensional and humanized care.

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