

Palliative and Quality End-of-Life Care Education in Canadian Medical Schools

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In March 2006 Senator Sharon Carstairs delivered the Second Annual Cardinal Ambrozic Lecture, hosted by the Canadian Catholic Bioethics Institute. Senator Carstairs spoke on the “State of Palliative Care in Canada: End-of-Life Care”, based on her 2005 Senate Report “Still Not There, Quality End-of-Life Care: A Progress Report.”

In the 1990s a Senate Committee was established to look into the state of palliative and end-of-life care in Canada, producing reports in 1995 and 2000. Many recommendations were made and Canadians began to see and understand the need for palliative and quality end-of-life care.

In June 2005 another report, “Still Not There, Quality End-of-Life Care: A Progress Report,” was released under the leadership of Senator Carstairs. It updated the status of palliative and end-of life care in Canada, noting what progress had been made in implementing previous recommendations, and what still needed to be done.

Here were ten recommendations from this new report. They include such things as a national strategy for palliative and end-of-life care, patient and caregiver support, training and education for formal and informal health-care providers, how governments and citizens should work together, and planning for the future.

In her address at the Cardinal Ambrozic lecture, Senator Carstairs addressed, among other Senate recommendations, the issue of training and education of medical students in palliative and end-of-life care. She said that there was no mandatory training in these areas. Some medical schools give several hours of instruction, some none at all. The Senator hoped that a national standard would be in place by the fall of 2008 so that every medical student would receive a prescribed number of hours of instruction in palliative medicine and end-of-life care.

Following up on this, this article will examine what is currently being offered by the medical schools in Canada in this area.

There are seventeen medical schools in Canada, and information about their curriculum was obtained for most schools via their websites. The curriculum of the following medical schools were examined: University of British Columbia (UBC), University of Alberta (U of A), University of Saskatchewan (U of S), University of Manitoba (U of M), University of Ottawa (U of O), Queen’s University (Queen’s), University of Toronto (U of T), McMaster University (MAC), University of Western Ontario (UWO), Northern Ontario School of Medicine at Lakehead University (NOSM), McGill University (McGill), University of Sherbrooke (Sherbrooke), Memorial University of Newfoundland (MUN), and Dalhousie University (DAL).

When looking at the curriculum of a medical school the amount of instructional hours for a given topic is often not indicated. Issues concerning palliative and end-of-life care are sometimes addressed in lectures on ethics. At some medical schools palliative and end-of-

life care rotations can be taken as electives by students during their clerkship years (third and fourth year). Some medical schools do not offer any electives in this area. A problem faced in trying to determine what is offered by a school is whether the information is on the website and if one can access it. Access to the list of electives is often restricted only to enrolled students.

At the University of British Columbia there is no mention of instructional hours on palliative and end-of-life care for students in first and second year. In fourth year students are given lectures on palliative care to understand when it is indicated in practice. Through various electives it is hoped that the student will be exposed to issues pertaining to palliative care.

University of Alberta students in second year have a four-week lecture series in oncology. In these lectures there is a section on patient-centered care and how palliative care assessments are done. Third and fourth year medical students may take an elective in palliative care which is a minimum of two weeks. This elective introduces the student to the pathophysiology, assessment, and treatment of pain, nausea, dyspnea and other symptoms of advanced cancer. The student also learns how to do a psychosocial assessment and how to manage the patient and family.

The University of Saskatchewan medical school website does not provide any information regarding oncology, palliative or end-of-life care. It is unclear whether the U of S does not list this information on their website or if these topics are not offered.

University of Manitoba medical students in first and second year take courses in the “Clinical Skills Program.” This program is divided into further sections including one called “Medical Humanities.” Medical Humanities is divided into several modules

and cover such subjects as law, integrative medicine and palliative care. The goals of the palliative care module are to familiarize the student with some of the medical, spiritual, and psychosocial issues associated with dying and to understand that palliative care is active holistic care. Students also learn how to manage pain, anxiety, depression, delirium, gastrointestinal symptoms and respiratory symptoms in dying patients. There are lectures on understanding bereavement and how to discuss bad news with patients and families. All courses in the “Clinical Skills Program” are mandatory including the palliative care module.

At the University of Ottawa medical students in second year take a course called an “integrated unit.” It is nine weeks in length and is intended to integrate previously acquired knowledge with more complex cases. The course focuses on the pediatric patient, the geriatric patient, the management of pain, and palliative care.

U of O third and fourth year medical students can take electives in palliative care. There are two types of palliative care electives: one is an in-patient experience and the other a community-based experience. Both are four weeks in length. The objectives of the in-patient experience include developing communication skills with terminally ill patients and their families, and experiencing a holistic approach to care within an interdisciplinary team.

The community-based elective has several objectives. They include a general knowledge of palliative care, knowledge of what resources are available in the community, an understanding of how to manage physical and psychosocial symptoms of a patient in the home, increasing one’s knowledge of the bereavement process of both the patient and the family, and understanding the continuity of care from the

home to the institution and the challenges that can be encountered.

Medical students at Queen's University in their first and second year take courses in oncology, palliative care, and geriatrics.

McMaster University medical students receive lectures on end-of-life issues covered in the "Moral Reasoning and Ethical Judgments" module. This is covered in the pre-clerkship years. Access to the list of electives was not available at MAC.

The Northern School of Medicine includes lectures on end-of-life issues in the second year. Students have the opportunity to choose electives in geriatrics, palliative care and oncology during their clerkships (third and fourth year of medical school).

At the University of Toronto medical students take a course in medical ethics over a three-year period. The course is divided into various sections. In the foundations section (18 hours of lecture) topics include: breaking bad news, end-of-life care, limits to care at the end of life, euthanasia, and assisted suicide.

There is also a course in third year (Year III-Phase I Clerkship) which focuses on end-of-life care medicine. These are mandatory courses. Through their various courses students are exposed to issues in palliative and end-of-life care.

By the end of second year students should be able to address and manage pain and symptoms, assess psychosocial and spiritual issues as they pertain to end-of-life care, be able to address and plan for end-of-life care, effectively communicate with terminally ill patients and their family about what is happening, be able to collaborate as part of an interdisciplinary team, and understand the elements of suffering for patients, family members and caregivers.

Clerkship includes rotations in family medicine, medicine, surgery, psychiatry, pediatrics, emergency room medicine and electives, using skills learned in pre-clerkship course work.

At the University of Western Ontario first year medical students take a course in "Oncology and Blood," and in third year their clerkship includes a unit of oncology. In this unit students learn various aspects of palliative care including what options are available for various types of cancers. They also learn the role of the palliative care team and when they should request their involvement in their cases.

All students at UWO are expected to complete at least one "Palliative Care Worksheet" each year of clerkship. This worksheet helps the senior resident evaluate the student to see if the student has learned to identify a patient at risk of dying, understands the transition from acute care to palliative care, and if the student knows how to care for dying patients and their family.

The University of Sherbrooke requires medical students in their second year to take a course in geriatrics worth five credits. In third and fourth year students can take further courses in geriatrics. Each course is worth five credits. Students take a course called "Profession MD IV" which addresses end-of-life issues. This course is worth two credits and is mandatory, thus ensuring that students receive some education in end-of-life care.

Medical students at McGill University receive lectures on palliative care in their first year. In second year the course called "Introduction to Clinical Medicine" includes a section in oncology. During their first year of clerkship students are required to complete a geriatric rotation. In their senior clerkship year they can elect to take a four week rotation in palliative care service as well as in oncology and geriatrics.

At Memorial University of Newfoundland second year medical students take a series of courses titled “Humanities, Ethics and Law in Medicine.” Within this series a variety of topics is covered including palliative care and end-of-life issues.

The end-of-life section discusses quality end-of-life care, euthanasia, assisted suicide and the doctrine of double effect. The palliative care section looks at the definition of palliative care, advance directives, withholding and withdrawing of treatment in terminally ill patients, what is meant by futility, the limits of medical treatment, and resource allocation. At the end of second year, the students take further lectures on geriatrics and palliative care.

Dalhousie University medical students in their second year take a core course called “Population Health, Critical Appraisal and Community Service Unit.” In it problems associated with aging are explored. All fourth year students must complete a three week unit called “Care of the Elderly” as part of their clerkship. Unfortunately not much detail is given about the unit.

Overall, the information obtained about the curriculum from the medical schools is not very detailed and leaves much to be desired. One cannot accurately determine how many (if any) instructional hours are given in palliative and end-of-life care. Some schools offer electives in these areas, some hope students will receive exposure thorough other rotations such as oncology and/or geriatrics.

What is clear is that there is no national standard and that palliative care and end-of-life issues need more attention. Electives and mandatory courses in oncology and geriatrics at least have the possibility of palliative care issues being addressed, but this is not adequate.

The Canadian population is aging and baby boomers are looking after aging parents in increasing numbers. In doing so, they are discovering problems in meeting their needs. In order for Canadians to have palliative and quality end-of-life care, improvement is needed.

All health-care workers and students should have a basic understanding of palliative care and the issues involved. We cannot expect to receive quality end-of life care if our physicians lack training in palliative medicine.

As Senator Carstairs pointed out, a national standard for instructional hours needs to be set. Opportunities to take electives in palliative care should also be available at every medical school. There are not enough palliative care physicians (for example, there are only 102 geriatricians in Ontario) and new ones will not be attracted to this specialty if they are not exposed to it.

The Senate recommendations are of vital importance to all Canadians, and the time to act on them is now! ■

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