

# Importance of Education in Palliative Care



Laís Záu Serpa de Araujo<sup>1\*</sup> and Carolina Záu Serpa de Araujo<sup>2</sup>

<sup>1</sup>Professor of Bioethics and Medical Ethics, Universidade Estadual de Ciências da Saúde de Alagoas, Brazil

<sup>2</sup>Clinical Oncologist and Palliative Care Specialist, Hospital Santa Casa de Misericórdia de Maceió, Brazil

**Submission:** November 12, 2018; **Published:** December 06, 2018

**\*Corresponding author:** Laís Záu Serpa de Araujo, Professor of Bioethics and Medical Ethics, Universidade Estadual de Ciências da Saúde de Alagoas, Condomínio Aldebaran Área Alfa Quadra A Lote 2, Jardim Petrópolis, Maceió, Alagoas, Brazil

**Keywords:** Demographic; Palliative care; Medical courses; Physicians; Critical

## Mini Review

Demographic change indicates a significant increase in the number of patients who will need palliative care, thus, training professionals to meet this demand is necessary and urgent. However, not all medical courses have the discipline, others do not even teach the subject. Although Palliative Care is positioned to become a recognized medical specialty, it is still largely omitted from university curricula [1]. This lack of Palliative Care education and training opportunities has been identified as a barrier to the development of the discipline [1]. Education in the practice of palliative medicine for all future clinicians are of critical importance as changing demographics indicate that a significant increase in the number of patients with palliative care needs will surface across all medical specialties [2].

The Medical courses in Europe generally have the subject palliative care, because improving quality of life in serious illness is an international priority [3]. Palliative care focuses on improving quality of life and reducing suffering for seriously ill patients and their families [3]. However, in Latin America the situation is different, most medical schools do not have Palliative Care discipline and many other schools the subject is not quoted. In many countries, physicians have received no training in palliative medicine even when they have completed their undergraduate studies [1]. This situation is alarming, because if there are no professionals qualified to work with Palliative Care, we can conclude that many patients with life-threatening illness are suffering because they do not receive the necessary and adequate attention to their case. A necessary condition of Palliative Care is to be multidisciplinary, for this, the other courses in the health area should also include Palliative Care in the curriculum. However, in Latin America this does not happen, so there is a shortage of specialists in Palliative Care and professors. Lack of knowledge of palliative care among health professionals is one of the most common barriers to quality palliative care [4]. Therefore, education on palliative care for health professionals is needed [4].

Since the recognition of palliative medicine as a sub specialty of Medicine, there has been an increasing awareness, in addition to specialist registrar training, palliative medicine should be integrated to undergraduate medical curricula [2]. The process of teaching and learning in palliative care should take place especially in the boarding school, possibly focusing on scenarios clinics/internal medicine wards (and sub specialties) and home care [5]. The Palliative Care subject matter should also be included in the specialization courses and medical residency [5]. In Japan, the Residents learn palliative care during the entire course of illness, and the contents of the course range from training in making accurate pain diagnoses and treating the pain to training in home-based palliative care. The purpose of the course was to learn various kinds of palliative treatment for residents from the early phase of cancer to the terminal phase [6]. Adequate training of professionals is also important to ensure that patients and family members understand the principles of Palliative Care to reduce the perspective that still exists between members of the lay public view palliative care negatively due to an unfounded belief that it may shorten survival, it is important to note that no trial showed a decrease in survival from palliative care [3].

Palliative Care should be part of the integral health policy and ethically justified by the principles of quality of life and non-maleficence, because the goal of health care can not only be to heal people, but also to relieve pain and other symptoms, alleviating suffering and not causing further damaging for patients whose life-threatening illness. Giving the patient what is best for his situation, also ensures that another ethical principle is respected, the principle of beneficence, that is, maximize the benefits. The principle of justice that is expressed, in this case, through equity, give each one according to necessity. This principle indicates what should be done for the patient and should be according to the needs of the patient. One of the most obvious ways of ensuring the principle of equity is that palliative care is as close as possible to the patient's home [7]. And to ensure the principle of autonomy,

respect the desire and the will of the patient, it is necessary for the patient to receive all the information about his case, to understand what Palliative Care is and to accept this kind of attention. The information as a basis of the autonomous decision and it is the responsibility and obligation of the physician to give all the necessary information so that the patient decides autonomously and that he receives the best and adequate attention for his case.

### References

1. Carrasco J, Lynch T, Garralda E, Woitha K, Elsner F, et al. (2015) Palliative medical education in European universities: A descriptive study and numerical scoring system proposal for assessing education development. *J Pain Symptom Manage* 50(4): 516-523.
2. Mason SR, Ellershaw JE (2008) Preparing for palliative medicine; evaluation of an education programme for fourth year medical undergraduates. *J Palliat Med* 22(6): 687-692.
3. Kavalieratos D, Corbelli J, Zhang D, Dionne-Odom JN, Ernecoff NC, et al. (2016) Association Between Palliative Care and Patient and Caregiver Outcomes: A Systematic Review and Meta-analysis. *JAMA* 316(20): 2104-2114.
4. Nakazawa Y, Miyashita M, Morita T, Umeda M, Oyagi Y, et al. (2009) The palliative care knowledge test: reliability and validity of an instrument to measure palliative care knowledge among health professionals. *Palliat Med* 23(8): 754-766.
5. Lemos C, Barros G, Melo N, Amorim F, Santana A (2017) Avaliação do Conhecimento em Cuidados Paliativos em Estudantes durante o Curso de Medicina. *Rev Bras Edu Méd* 41(2): 278-282.
6. Oya H, Matoba M, Murakami S, Ohshiro T, Kishino T, Satoh Y, et al. (2013) Mandatory Palliative Care Education for Surgical Residents: Initial Focus on Teaching Pain Management. *Jpn J Clin Oncol* 43(2): 170-175.
7. Mendes, Ernani Costa e Vasconcellos, Luiz Carlos Fadel de (2015) Cuidados paliativos no câncer e os princípios doutrinários do SUS. *Saúde em Debate* 39(106): 881-892.



This work is licensed under Creative Commons Attribution 4.0 License  
DOI: [10.19080/PMCIJ.2018.01.555557](https://doi.org/10.19080/PMCIJ.2018.01.555557)

### Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats  
( Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>