**Title**: Do medical students expect palliative care will be satisfying?

**Corresponding Author**: Ruth Diver, University of Cambridge Department of Public Health and Primary Care, Institute of Public Health, Forvie Site, Cambridge Biomedical Campus, University of Cambridge, Cambridge, CB2 0SR, UK. [ruthdiver@doctors.org.uk](mailto:ruthdiver@doctors.org.uk), 07801 843396.

**Authors**: 1. Ruth Diver, The Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge, Cambridge, UK.

2. Thelma Quince, The Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge, Cambridge, UK.

3. Stephen Barclay, The Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge, Cambridge, UK.

4. John Benson, The Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge, Cambridge, UK.

5. James Brimicombe, The Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge, Cambridge, UK.

6. Diana Wood, School of Clinical Medicine, University of Cambridge, Cambridge, UK.

7. Pia Thiemann, The Primary Care Unit, Department of Public Health & Primary Care, University of Cambridge, Cambridge, UK.

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Do medical students expect palliative care will be satisfying?

**ABSTRACT**

**Objectives**

During their careers, all doctors will be involved in the care of the dying, and this is likely to increase with current demographic trends. Future doctors need to be well-prepared for this. Little is known about medical students’ expectations about providing palliative care. Our aim was to investigate how satisfying students expect palliative care to be, and any attitudes towards palliative care associated with a negative expectation.

**Methods**

Fifteen UK medical schools participated in the study, with 1898 first and final year students completing an online questionnaire which investigated how satisfying they expect providing palliative care to be and their attitudes towards palliative care.

**Results**

At both the beginning and end of their training, a significant proportion of students expect palliative care to be less satisfying than other care (19.3% first year, 16% final year). Students expecting palliative care to be less satisfying were more likely to be men, and their attitudes suggest that while they understand the importance of providing palliative care they are concerned about the potential impact of this kind of work on them personally.

**Conclusions**

Medical student education needs to address not onlywhy palliative care is important and how to deliver it effectively, but also strategies for dealing positively with the impact of this work on future clinicians.

**INTRODUCTION**

Caring for the dying forms a significant part of the work of many doctors, and is likely to increase into the future. With an ageing population and an increasing length of survival from many common conditions, people coming towards the end of life will have increasingly complex comorbidities and medical needs. National palliative care organisations anticipate growth of palliative and end of life care, with a need for more specialist palliative care physicians, and increasing provision of palliative care by those in other specialities. [1]

There is, therefore, a need for a greater focus on palliative care in the training of future doctors. Junior doctors are likely to care for a large number of dying patients [2]; if these doctors have negative attitudes towards palliative care, they may provide inappropriate and poor quality care for those at the end of life. [3, 4] There may also be a negative impact on these junior doctors themselves, exacerbating levels of stress and burnout, which may be particularly high for those who care for the dying. [5] Furthermore, clinicians who perceive clinical intervention to be non-beneficial or futile, including poor end of life care decisions, have been found to express a higher intention to leave the profession. [6] Therefore poor palliative care provision may also have a wider effect on the whole medical workforce.

In order to address these challenges, medical students need to maintain or develop positive attitudes towards palliative care. All UK undergraduate medical courses include some teaching on palliative care, and engagement with this kind of training improves students’ knowledge and skills and impacts on their attitudes towards this work. [7] To date, little is known about students’ expectations of palliative care or how satisfying they expect it to be compared with other forms of care.

In view of this, we developed three research questions:

1. What proportion of UK medical students expect to find providing palliative care satisfying?

2. Is this expectation influenced by gender, type of entry to medical course, or experience of bereavement?

3. Are attitudes towards palliative care associated with an expectation of such work being less satisfying than other care?

**METHOD**

**Setting**

All 32 UK medical schools were approached to participate in the study, of which 15 did. Each school invited medical students in their first and final years to complete an online questionnaire with questions relating to; attitudes towards palliative care, empathy, psychological wellbeing, death anxiety, experience of recent personal bereavement and biographical details. [4,8] Participating schools provided both 5–6 year “standard entry” courses and 4 year accelerated “graduate entry” courses.

Student participation was voluntary. Ethical approval for the overall study was obtained from the University of Cambridge Psychology Research Ethics Committee (reference number 2012.44) and from the relevant committee in each participating medical school.

**Measures**

Students were asked to indicate whether they anticipated finding palliative care “less satisfying” (‘LS’), “more satisfying” (‘MS’) or “the same” (‘Same’) compared to providing other forms of care once qualified doctors. For analysis, MS and Same were combined into (‘Others’) giving a binary measure.

The 8 attitude statements towards palliative care developed for medical students and doctors by Sullivan et al. were used, and were grouped under three domain headings: the doctor’s responsibility, psychological aspects, and negative personal impact (**Table 1**). [9] Students responded using a five-point Likert scale (1- completely disagree, 3 - neither agree nor disagree, and 5 - completely agree), with binary categories created: not agree (1-3) or agree (4-5).

**Data analysis**

Statistical analyses were carried out using SPSS, version 21 (SPSS, Inc., Chicago, IL). Students who anticipated finding caring for the dying less satisfying (‘LS’) were compared with those who had a neutral or positive view (‘Other’), with separate comparisons for first and final year students. Chi-squared tests investigated differences in categorical variables.

**RESULTS**

In total 1132 first year (females 61%) and 780 final year (females 61.9%) students completed the survey (response rates 30.4% and 21.3% respectively). Response rates varied between schools and within schools between years, ranging from 7% to 76%. The majority of students (1645, 86%) were on ‘standard’ entry courses, and 267 (14%) on graduate entry courses.

Among the 1123 first year students stating their expectations about caring for the dying, 217(19.3%) indicated that they expected to find caring for the dying less satisfying and 273 (24.3%) expected to find it more satisfying. Among first year students 102 men (23.2%) and 115 women (16.8%) were in the LS group. Among the 775 final year students stating their expectations, 124 (16.0%) were in the LS group, and 243 (31.4%) were in the more satisfying group. Respective figures for final year men and women were men 58 (19.7%) women 66 (13.7%).

The focus of this paper is on those who expect palliative care to be less satisfying than other forms of care (19.3% first year, 16% final year). However, it is striking that a high proportion of students described palliative care as at least as satisfying as other care at both the beginning and end of their training. Respondents were significantly more likely to reply that they would find palliative care less satisfying if they were men in first year (p = 0.008) or final year (p = 0.034) or first year “standard entry” course students (p = 0.009). No significant differences were found between LS students and Others in either first or final years with respect to experience of personal loss.

In the LS group, both first and final year students held significantly more negative views for statements 6, 7, and 8 (personal impact) and 4 (bereavement care). First year LS students were significantly less likely to agree with S5 (possible to tell truth and maintain hope) and final year LS students were significantly less likely to agree with S3 (depression is treatable). (**Table 1**)

Table 1: Numbers of students agreeing with the Sullivan statements about palliative care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Years  n = 1123 | | Final Years  n =775 | |
| LS Group  n=217  (19.3%) | Others  n = 906  (80.7%) | LS Group  n = 124  (16%) | Others  n = 651  (84%) |
| **Doctors Responsibility**  S1.Doctors have a responsibility to help patients at the end of life prepare for death.  S4.Doctorshave a responsibility to provide bereavement care to the patient’s family members after death. | 206 (94.9%)  p = 0.579  138 (63.6%)  p = 0.006 | 868 (95.8%)  662 (73.1%) | 123 (99.2%)  p = 0.704  87 (70.2%)  p = 0.009 | 639 (98.2%)  525 (80.6%) |
| **Psychological aspects**  S2.Psychological suffering can be as severe as physical suffering.  S3.Depression is treatable among patients with terminal illnesses.  S5.It is possible to tell patients the truth about a terminal prognosis and still maintain hope. | 214 (98.6%)  p = 0.6  121 (55.8%)  p = 0.192  109 (50.2%)  p≤ 0.001 | 885 (97.7%)  549 (60.6%)  639 (70.5%) | 118 (95.2%)  p = 0.003  81 (65.3%)  p = 0.035  88 (71.0%)  p = 0.309 | 644 (98.9%)  485 (74.5%)  492 (75.6%) |
| **Negative personal Impact**  S6.Caring for dying patients is depressing  S7.I dread having to deal with the emotional distress of family members of a patient at the end of life.  S8.I think that I may feel guilty after the death of a patient I am caring for. | 118 (54.4%)  p≤0.001  127 (58.5%)  p≤0.001  159 (73.3%)  p≤0.001 | 220 (24.3%)  339 (37.4%)  542 (59.8%) | 73 (58.9%)  p≤0.001  60 (48.4%)  p≤0.001  68 (54.8%)  p = 0.030 | 153 (23.5%)  161 (24.7%)  288 (44.2%) |

**DISCUSSION**

**Summary of main results**

At both the beginning and end of their training, a significant minority of medical students anticipate finding palliative care ‘less satisfying’ than other patient care. These students are more likely to be men, and have attitudes suggesting that while they recognise the importance of palliative care, they are concerned about its negative personal impact. That this view is more prevalent amongst first years on standard entry courses, but with no difference between course types amongst final years, suggests that more positive views might come with increasing age and personal maturity.

**Comparison with other literature**

Medical students’ expectations of how satisfying palliative care will be have been little investigated to date: one study of Turkish medical students found only 65.3% expected palliative care to be ‘fairly or very satisfying’, a lower proportion than found in the present study. [10] Other studies using the Sullivan statements have found that medical students have positive attitudes about the importance of palliative care, but negative attitudes about the potential personal impact. [11] This might be expected; they are concerned about confronting suffering and death, some being extremely distressed by the prospect. [12] Despite recent increases in medical student palliative care training, many newly qualified doctors consider themselves poorly prepared to care for the dying, with addressing psychological and spiritual distress a particular concern. [13]

Doctors working in oncology with higher levels of resilience have lower levels of distress [14] ; caring for the dying is a major part of their work, and those trained in palliative care have lower burnout scores. [15] Resilience, a person’s ability to thrive and succeed despite stress and adversity, is increasingly recognised to be important in medical education, with evidence of benefit from educational interventions. [16] Such training in the context of confronting death and dying could become a useful part of palliative care education, and may help to alleviate the barrier to effectively caring for the dying arising from students’ concerns about the personal impact of this work.

**Strengths and weaknesses**

Our study comprised a large sample of UK undergraduate medical students, drawn from medical schools offering a variety of course style and structure. The overall response rates for both first and final year students were at best modest; the potential for non-response biases is recognised. As described in the methods section, questions about palliative care were part of a broader survey of medical students’ attitudes, and it is acknowledged that those who did respond might have more positive attitudes to any of the areas investigated than those who chose not to respond.

**Implications and conclusions**

Current medical student education in palliative care does not appear to be fostering positive attitudes in all students; students are particularly concerned about the negative personal impact of providing palliative care. In addition to the knowledge and skills necessary to provide good palliative care, medical school curricula need to better address strategies for positively dealing with the impact of this work as future doctors.

Competing interests: none declared

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TQ and PT and interpretation by RD, JB,SB, TQ and PT. RD undertook the   
preliminary drafting of the paper, which JB, SB, PT, JBr, DW and TQ   
revised critically for intellectual context. All authors have read and approved   
the final version of the manuscript.

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