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"Knowledge of General Practitioners in Rural area of Pune towards Palliative Care."

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ABSTRACT:

Introduction: The present study was planned to assess the knowledge of palliative care amongst general practitioners in rural area of Pune and to correlate socio-demographic characteristics of general practitioners with their knowledge of palliative care.

Methods: A structured pretested self administered questionnaire was used to obtain information about palliative care from 203 general practitioners from randomly selected villages in Haveli Taluka of Pune District, Maharashtra. Out of 20 questions in questionnaire, 16 were assigned scoring system. The data was entered in Microsoft office excel sheet and analyzed using Chi-square test.

Observations and Results: Sixteen (7.88%) practitioners could mention the names of palliative care centres in India. More than half of GPs (53.20%) felt there is a need for palliative care services in their region. Only fourty six (22.66%) GPs had experience in treating terminally ill patients at home. Statistically significant association was not observed between GP's knowledge about palliative care and their age ($\chi 2$ = 2.21, df = 1, p = 0.529), sex ($\chi 2$ = 2.98, df =1, p = 0.084) and work duration ($\chi 2$ = 0.519, df = 1, p = 0.470)

Conclusion: The study revealed inadequacies in the knowledge of general practitioners pertaining to palliative care.

Key words: general practitioners, knowledge, palliative care

Introduction:

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by addressing physical, psychosocial and spiritual issues. [1] Various studies have shown that majority of patients prefer to go to private health sector to seek medical services than government health sector.[2] Also the private health sector has provided useful contribution in improving health care provision.[2]

The ability of general practitioners to provide quality palliative care is naturally dependent upon their knowledge of palliative care principles and symptom management. [3]

Several studies have shown that general practitioners have inadequate knowledge of pain control and the use of adjuvant therapies [4] as well as palliative care principles and philosophies.[5] Therefore they need to be oriented towards various aspects of palliative care for improving an access of people to palliative care. The present study attempted to understand the knowledge of general practitioners pertaining to various aspects of palliative care.

Material and Methods:

The study was conducted amongst 203 general practitioners from randomly selected villages in Haveli Taluka of Pune District, Maharashtra. A Written informed consent was obtained from every practitioner participated in study. Each general practitioner was interviewed individually with their convenient time at their respective clinics by trained investigators possessing postgraduate degree in social sciences. The interview was conducted by using a structured pretested

self administered questionnaire. Each questionnaire consisted of 20 questions. Out of 20 questions, 16 questions were close ended and remaining four were open ended type. The time taken for each interview varied between 15-20 minutes.Out of four open ended questions; only 16 (7.88 %) practitioners could mention the names of palliative care centres in India while only 12 (5.91%) practitioners had attended workshop or seminar or any other activity on palliative care before.More than half of GPs (53.20%) felt there is a need for palliative care services in their region. Only fourty six (22.66%) GPs had experience in treating terminally ill patients at home. For these four questions, no scoring was given.

The remaining 16 questions were assigned scoring system. One score was given for correct response and zero for incorrect response. The data was entered in Microsoft office excel sheet and analyzed using Chi-square test.

Results and Discussion:

The mean age of general practitioners was found to be 39.41 years in present study with 38 (18.71%) GPs were below the age group of 30 years while 80 (39.40%) were from age group of 31-40 years. Fifty eight (28.57%) GPs were in age bracket of 41-50 years and 27(13.30%) were of 51 years of age and above. Of 203 general practitioners, 168(82.75%) GPs had allopathic qualifications while remaining (17.24%) were with qualifications in indigenous systems of medicine.

Amongst 203 general practitioners, 146(71.92%) GPs were males and 57(28.07%) were females of which 183(90.14%) GPs were doing practice on full time basis and 20(9.85%) GPs were practicing on part time basis. The work duration of 69(33.99%) GPs was less than 5 years while work duration of 91 (44.82%) GPs and 37(18.22%) GP was 6-15 years and 16-25 years respectively. Six (2.95%) GPs were practicing since more than 27 years.

Palliative medicine is now perceived as an integral part of medical care rather than 'elite medicine'. [6] Palliative care, even though is a growing scientific base, is often perceived as not important. Many health care personnel do not consider palliative care skills as core clinical competencies.

Medical students, interns, residents and other health care professionals need to able to deal with end of life care in professional and sensitive way that meets the needs of medical team, family and the most essentially the patient.

In present study, out of 20 questions, 16 were assigned scoring system. The mean score equal or below eight marks was classified as having poor knowledge and mean score of 9 and above was considered to have good knowledge.

The questions were grouped under two broad categories: Basic concepts and Communication skills in palliative care and Management of pain and other symptoms.

In present study, good knowledge was observed amongst GPs regarding comprehensive approach of palliative care as 179 (88.17%) GPs correctly stated that palliative care approach promotes not only medical but also physical and psychosocial care also. Twenty (9.85%) GPs did not consider social care as well as 4(1.97%) GPs did not consider physical care as a component of palliative care.

A study carried out in physicians in Lebanon by Huda Abu-Saad Huijer and Hani Dimassi [7] revealed that 7(2.9%) physicians thought medical care and 13(5.7%) physicians thought social care are not components of palliative care. Physical care was also not considered as palliative care component by 2(0.9%) physicians.

However 153 (75.36%) GPs said that palliative care is indicated in HIV/AIDS, neurological disorder as well as end stage renal disease. Thirty (14.77%) GPs thought that

renal disease only while 18(8.86%) GPs believed that palliative care can be given only in HIV/AIDS. Two (0.98%) GPs did not give any response. In present study, 86 (42.36%) GPs correctly mentioned that HIV/AIDS is a not a palliative care emergency. Delirium and spinal cord compression were not considered as palliative care emergencies by 28.57% and 15.76% of GPs respectively while 27 (13.30%) GPs believed that haemorrhage is also not palliative care emergency.

Hundred and eight (53.20%) GPs felt there is a need for palliative care services in their region. Luminita Dumitrescu et.al. [8] reported 82% of general practitioners in Romania with opinion that palliative care services are needed in their region.

In present study, 171(84.23%) GPs said appropriately that palliative care is needed for patients with end stage heart failure. However misconceptions regarding basic concepts of palliative care were found in present study as 16(7.88%) GPs thought that palliative care is required three days after gall bladder surgery with pain while 12(5.91%) believed that palliative care is indicated only in cancer patients. Four (1.97%) GPs thought that palliative care is needed only for geriatric population.

The palliative care is an approach different from euthanasia, the practice of abbreviating the life of an incurable patient in a controlled manner assisted by a specialist which is considered a crime by the Medical Code of Ethics.[9] The knowledge of GPs pertaining to this was found to be good as 191(94.08%) GPs answered it correctly while 12 (5.91%) GPs said that euthanasia is to let one die without any kind of medical assistance. Comparatively low level of knowledge was observed in physicians in Brazil [10] where only 63.3% of them were aware about the concept of euthanasia.

In present study, 109(53.69%) GPs could accurately define the term autonomy i.e. patient's right to ask for whatever they choose. However knowledge of GPs pertaining to components of good communication skills was found to be good as vast majority (93.59%) of GPs rightly pointed out that judgemental attitude is not a part of good communication skills.

Medical social worker, Nurse and Occupational therapist were correctly identified as a part of palliative care multidisciplinary team by 122 (60.09%) GPs. Eighty one (39.90%) GPs thought radiotherapist who is seldom part of multidisciplinary palliative care team.

Management of pain and other symptoms:

In present study, 84 (41.37%) GPs knew about WHO 3 step analgesic ladder pattern. High level of knowledge regarding this fact was observed in present study as compared to knowledge of general practitioners in Iran [11] where only 22% of them were aware of WHO three step analgesic ladder pattern.

Among the general practitioners participated, three fourth of them (70.44%) acknowledged respiratory depression is common side effect of morphine. Although clinically significant respiratory depression can be side effect of oral opioids, it is very uncommon when opioids are titrated to pain relief. [12] Mette L Rurup et.al [12] reported high level of knowledge pertaining to this fact amongst Dutch general practitioners where 83% of them agreed that respiratory depression is less likely to occur when morphine is given to relieve pain.

However in present study, 36(17.73%) GPs acknowledged constipation as common morphine side effect. Drowsiness and rash were chosen by 20(9.85%) and 3(1.47%) GPs respectively as common side effects of morphine. One (0.49%) general

practitioner did not give any response.

The commonest cause of diarrhoea in Palliative Medicine is imbalance use of laxatives.[1] However in present study only 26(12.80%) GPs rightly specified that imbalance of laxative therapy is most common cause of diarrhoea in palliative care settings.

There is no place for use of pethidine in palliative care because of its short duration of action and toxic profile of its metabolite i.e. nor-pethidine. [13] In present study, 139 (68.47%) GPs considered that pethidine should not be used in palliative medicine. However, 36(17.73%), 16(7.88%) and 12 (5.91%) GPs opted for Fentanyl, Tramadol and Morphine respectively.

Haloperidol was selected as a first line of drug for opioid induced nausea and vomiting by only 40(19.70%) general practitioners. Hundred and twenty eight (63.05%) GPs preferred metaclopramide and 35(17.24%) opted for domperidone as a first line drug for opioid induced nausea and vomiting. Similarly Haloperidol is also preferred drug of choice in management of delirium. This was correctly identified by 75(36.94%) GPs. However, 64(31.52%), 37(18.22%) and 27(13.30%) GPs opted for Diazepam, Lorezapam and Olanzapine respectively.

In present study, statistically significant association was not observed between GP's current knowledge about palliative care and their work duration, age ($\chi 2 = 2.21$, df = 1, p = 0.529) as well as sex ($\chi 2 = 2.98$, df =1, p = 0.084). The present study findings are comparable with study findings of Luminita Dumitrescu et.al. [8] who reported significant correlation between GP's experience in palliative care provision and their age, sex and place of work in Romania.

Conclusion:

Our study reiterates the need for active incorporation of palliative medicine education in general practitioners to strengthen their knowledge and skills regarding palliative care. They should be trained adequately in palliative medicine by renowned palliative care institutes.

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Table 1: Basic Concepts and Communication Skills in Palliative Care (n=203)

Sr.No	Question	Correct Option	No of correct responses (%)
1.	The palliative care approach aims to promote	Physical, psychological and medical aspects (all of the above)	179 (88.17%)
2.	Palliative care is indicated in following disease	HIV/AIDS, neurological disorders, end stage renal disease (all of the above)	153 (75.36%)
3.	Following is not a palliative care emergency	HIV/AIDS	86 (42.36%)
4.	In palliative care, autonomy refers to	Patient's right to ask for whatever treatment they choose	109(53.69%)
5.	Following is not a part of good communication	Judgemental attitude	190(93.59%)
6.	Palliative care is needed for	End stage heart failure	171(84.23%)
7.	Palliative care multidisciplinary team generally consists of all except	Radiotherapist	122 (60.09%)
8.	Euthanasia is	It is to induce death by giving, for instance, a medication with lethal effect	191(94.08%)

Table 2: Management of Pain and other Symptoms (n=203)

Sr.No	Question	Correct Option	No of correct responses (%)
1.	WHO step analgesic ladder consists of three steps	True	84 (41.37%)
2.	The right prescription dose of morphine is	5mg q4hr	24(11.82%)
3.	Commonest cause of Diarrhoea in Palliative Care setting is	Imbalance of laxative therapy	26(12.80%)
4.	First line of drug for Opioid induced Nausea and Vomiting is	Haloperidol	40(19.70%)
5.	Drug of choice in Delirium is	Haloperidol	75(36.94%)
6.	Following Opioid drug is not recommended in Palliative Care	Pethidine	139 (68.47%)
7.	Following is not a true about Morphine	Morphine is a poor oral analgesic	93(45.81%)
8.	Common side effect of morphine	Constipation	36(17.73%)

Table 3: The association of work duration with knowledge of GPs about palliative care (n=203)

Years of work duration	Good knowledge (%)	Poor knowledge (%)	Total (%)
≤5	27(13.30%)	42(20.68%)	69(33.99%)
6-15	46(22.66%)	45(22.16%)	91(44.82%)
≥16	15(7.38%)	28(13.79%)	43(21.18%)
Total	88(43.34%)	115(56.65%)	203(100%)

$\chi 2 = 0.519$, df = 1, p = 0.470

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