

**For the Office-based Teacher of Family Medicine****Teaching Palliative Care to Residents and Medical Students**

**Thais Raquel P. Pinheiro, MD; Maria Auxiliadora C. De Benedetto, MD; Marcelo R. Levites, MD; Auro del Giglio, MD, PhD; Pablo González Blasco, MD, PhD**

Human suffering and death are a constant presence in medical practice. Even so, many health care professionals have difficulty dealing with this subject.<sup>1</sup> Physicians do not feel comfortable dealing with incurable patients, because their medical knowledge and technical skills are not enough.<sup>1</sup> Nevertheless, clinical experiences with such patients is essential in medical education.<sup>2</sup> In Brazil, palliative care is an emergent specialty that is performed by few clinicians, typically oncologists or family doctors. We believe that, because of the inherent characteristics of family medicine, the training of students and residents in palliative care is indispensable.

### **The Palliative Care Ambulatory Clinic**

In 2004, the Brazilian Society of Family Medicine (SOBRAMFA) in partnership with the Oncology Department of ABC School of Medicine, created a Palliative Care Ambulatory Clinic (PCAC). The PCAC is a free clinic that provides medical assistance to patients who

are referred by oncologists. The clinic takes place once a week and is staffed by family physicians, residents, and medical students. Family members are usually present at the encounters, but both patients and relatives have the opportunity to talk individually to members of the team.

The learners are orientated to the principles of narrative medicine<sup>3</sup> and have required readings<sup>4,5</sup> related to these issues. A reflective writing session, in which patients' stories and doctors' and students' feelings and concerns are shared in a narrative perspective, closes the clinic each day.

We decided to look at the educational impact of the PCAC using a qualitative method of thematic analysis. The research had the approval of SOBRAMFA's Ethics Committee. The data were collected from three sources: a journal composed by the preceptors who acted as participant observers, a questionnaire given to the residents and students at the end of their rotation (Table 1), and the reflective papers written by students and residents.

### **Themes**

#### *Keep the Focus on the Patient*

Students and residents realized that patients seen in palliative care settings have a lot of symptoms, some of them due to cancer and others not related to it. "We had the

opportunity of managing terminal patients' main symptoms, such as pain, dyspnea, constipation, depression, anxiety, insomnia, and so on." For students and residents, to be familiar with the patient's world and to be aware of their context, vision of life and beliefs were considered important for good care. This attitude allowed them to treat some conditions that were not so evident at the first contact. "During all her life, MES preferred being treated by alternative and complementary medicine. Now, she experiences great pain relief with acupuncture."

#### *Learning to Deal With Families*

The residents and students could understand the importance of allowing family members to talk about patients' feelings and about their own feelings and difficulties.

"It is necessary to spend additional time with family members. As a result of that special attention, they can provide better care to the patient at home." Residents and students noticed that even when patients had difficulty visiting the office, the family would still come. Some family members would express their gratitude through letters, calls, or even visiting the clinic after the patient's death. Occasionally, they came back because they had a need to share experiences and feelings from the patient's final moments.

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Table 1

## The Palliative Care Ambulatory Clinic

1. Which was the most important aspect for you?
2. In which way did this ambulatory experience contribute to your traineeship as a future doctor?
3. Did you have any negative experiences?
4. Which was your best experience?
5. Please write down a patient's story that has drawn your attention.

*From Fear to Comfort*

The first encounters with terminal disease were usually frightening for our residents and students. "I think I will be useless here." "During training we are taught to solve medical problems. Subjects such as pain, suffering, and death are almost ignored, as if they don't represent important elements of daily medical practice." "I panic just thinking that I won't know how to behave." Such reactions denote the lack of preparation to approach the usual issues related to terminal patients.

Nevertheless, step by step, the trainees have acquired more and more ability to deal with the issues that they considered difficult. They realized that by listening to the patients and relatives it is possible to detect their real needs. "I could see that my patient did not want to be seen as a special person whose death is inexorable but as a patient like any other. He became calm when I listened to him with attention and was very satisfied with the prescription of the medicines." "Often, the solutions are simpler than we can imagine." "For me, this is something new. I saw the whole team trying to do their best to alleviate suffering and get the family involved in the care. I realized that, even if healing is no longer possible, we can help patients feel they are not alone because there is somebody with them, very interested in helping them."

*Narratives for Teaching and Healing*

At the beginning of the training, the residents and students had no knowledge of narrative medicine and after being introduced to the concept, they had some scepticism of its application. "I don't believe that just listening can be useful." Even so, they tried to be receptive to patients' and families' narratives, listening to them with empathy and attention. They soon realized that by doing that, the nature of medical patients' and families' encounters acquired a new and larger dimension. "I just looked at his eyes and listened to him and, then, it was like those blockages that prevented a good patient-doctor relationship had suddenly broken." "When patients have the chance to talk freely about feelings and difficulties during the encounter, they frequently leave the office better than they arrived."

One student, after his second time at the clinic, wrote: "I was tired at the end of the last encounter and wanted to go home. But writing about my own pain and suffering before leaving gave me unexpected relief. It was a good thing to share my feelings."

**Discussion**

The PCAC provided a unique training apprenticeship for medical students and residents. The teaching involved specific issues like controlling pain symptoms but went beyond to include the more subtle aspects of caring for dying patients.

The students learned that when doctors act with goodwill, humility, compassion, and honesty, patients and their families always benefit.<sup>6</sup> Residents learned that family physicians need skills in palliative care since they frequently encounter dying patients. They realized that family members play an important role in a patient's end of life period and must also receive support.

Medical students do not learn how to deal with the feelings that emerge when caring for dying patients. On the contrary, they are told to keep a certain distance from the patient and their relatives.<sup>7</sup> Realizing that this attitude does not work, the trainees were receptive to the new approaches that we presented. They could learn to face death, pain, and suffering as naturally as possible as events that are part of human life but without losing a respectful attitude.

The outcomes described were, in some way, a consequence of the application of a narrative approach at the PCAC. By listening to terminal patients with empathy and compassion, we can make them feel that they are not alone, a frequent sentiment. When a terminal patient finds an attentive listener, they have the opportunity to organize the chaos in their life and to find a meaning in which their illness becomes a teaching condition for all involved. The students learned that when there is apparently nothing to do, one can still listen.<sup>8</sup> The journal writing<sup>9</sup> was effective in promoting reflection and an excellent tool for dealing with chaos stories. Writing in prose or poetry to express feelings that one has difficulty dealing with can have a healing effect.<sup>10</sup>

The students' experiences were for a short time. Even so, the activities were essential for promoting reflection about difficult themes and breaking barriers that prevent them from dealing properly with terminal patients. Our learners had the opportunity to learn how to manage terminal patients in a

holistic way. The idea that palliation is a failure of treatment was quickly abolished.

*Corresponding Author:* Address correspondence to Dr Pinheiro, Brazilian Society of Family Medicine (SOBRAMFA), Rua Sílvia, 56-01331-010, São Paulo, SP, Brazil. thaisraquel@sobramfa.com.br.

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