

Assessing the Knowledge Pattern Regarding the Palliative Care among the Non-Medical Life Science Students in Bangladesh

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ABSTRACT- Palliative care aims at alleviation of physical symptoms with relieving psychological, social, and spiritual distresses in patients with severe or life-threatening illness. In Bangladesh palliative care is not significantly implemented yet. According to 2015's Quality of Death Index by the Economist Intelligence Unit (EIU) Bangladesh held the position of 79 out of 80 nations providing palliative care. There were only few medical institutions providing this care and also building advanced curriculum on palliative care. However, there is no curriculum on palliative care in non-medical life science departments in this country. Thus the people, who are educated not even aware of this care. Therefore, the main objective of this study is to assess the knowledge level of the students with importance of including curriculum of palliative care among the non-medical life disciplines students of Bangladesh. The present study was an online cross sectional survey, where 307 respondents from non medical life science discipline were participated. According to the study, 58% of the respondents believe terminal patients were not having proper care in Bangladesh and 78% of the respondents mention that palliative care should be added as a course material in life science discipline. Thus to have a clear knowledge of palliative care was very necessary to involve in the academic curriculum as a course in non-medical life science disciplines.

Key-words- Bangladesh, Education, Non Medical Life science, Palliative Care

INTRODUCTION

Palliative care is the way to improve the quality of life of patients and their families in life threatening diseases like cancer, stroke or other terminal illness and give relief from symptoms, pain and stress^[1]. The ultimate goal of palliative care is to ensure the quality of the lives of the patients and to fulfill the needs of patients' families^[2]. Knowledge of palliative care is very important for the health care providers. Normally medical providers are trained to investigate and diagnose of diseases of the patients which are followed by treatments. But palliative care providers ensure improved quality of life (QoL) of the patients by controlling the symptoms and alleviating the physical, mental, social and spiritual pain^[3].

The World Health Organization (WHO) emphasizes on the importance of palliative care in developing countries as the patients in of these countries, visit the medical treatment providers only when they are in serious stages of illness. WHO recommended home based palliative care services to those whose countries have less resource of palliative care facilities^[2]. Globally, there are some misconceptions about palliative care. This misconception is usually found more in developing countries because the patients and health care professionals' in developing countries have less opportunity to get such knowledge and education. The people in developing countries can't differentiate between palliative care and hospice or end life care. Palliative care is far different from the hospice care because it assures prevention and relieving patients from pains due to seriously patients including terminal illness. But hospice care set up is needed when the patient is incurable and at the end of life stage. Another misconception about the palliative care is that the people think it as an approach which is similar to disease-direct treatment. However, disease direct treatment and palliative care should continue simultaneously for seriously ill patients^[4].

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A very important part of palliative care is to manage the pain of the patients. It was found from other studies that people suffering from chronic pain have four times more suffering from depression or anxiety ^[5]. WHO has recommended medications, depending on the severity of pain ^[6]. Globally, about 80 percent of the population lives in such countries where either they have less access to palliative care or have no opportunity of this care. A significant number of patients suffer from pain mismanagement, especially in underdeveloped or developing countries. Palliative care givers mainly attempted to make sure the availability of palliative care in the country by increasing awareness, training of care givers, developing the guidelines for palliative care including improvement of clinical and other health focused rights ^[2]. Developed countries, like USA, Canada, Australia and UK have more positive history of palliative care ^[7]. The very notable history of Canada is that they started palliative care curriculum in medical studies since 1993. Australia also organized undergraduate curriculum and research opportunity for palliative care practice ^[4]. Recently universities of different countries have included palliative care study in the academic curriculum. University of California of San Diego, Scripps Green, Scripps Mercy and Balboa Naval have included palliative care study in residency program under the internal medicine department, where others like Camp Pendleton and Scripps Chula Vista have enrolled palliative care study in Family Medicine as academic courses. These institutions assigned curriculum hours from 32 to 144 ^[8]. In India the approval of medical specialization on palliative care is one of the notable ones. In 2011 the Medical Council of India had approved the curriculum on palliative care ^[2]. Council of Europe emphasized palliative care for the elderly to promote the human right of these populations ^[9].

The options and opportunities of palliative care are not available in Bangladesh. "Centre for Palliative Care" in Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh is one of the leading palliative care providers in Bangladesh ^[10]. This centre has been established on 2007. Although there are other organizations to provide palliative care but they do not have the significant functions. This may be due to the lack of knowledge of the people in Bangladesh. Although in medical science Palliative care topics are studied by the students, however, these practices are not included in other life science curriculums so far. Therefore, it is necessary to have such course in our academic curriculum in Life Sciences disciplines. Including the course in the curriculum in the Life Science department will help the non-medical health care professionals, general people and patients to know about this care properly which ultimately benefit the patients suffer from the severe and terminal diseases. So far no study has been carried out to examine the knowledge pattern regarding the Palliative Care in Bangladesh. Therefore, we conducted this study to examine the minimal knowledge of Palliative Care in students of non-medical

life science discipline.

MATERIALS AND METHODS

Study Population

This study was conducted on the students of different public and private universities in Dhaka, Bangladesh. This was an anonymous, web-based study sent to 500 participants among those 344 participants responded. From the responded population accepted sample was 307 and remaining 37 data was rejected due to their aberrant responses. Among the accepted participants the ratio of male and female was 1: 1.2 (Male 139 and Female 168). The age range was in between 18 to 30, where students from undergrad and masters participated. All of the students were from life science discipline except medical students like pharmacy, Genetic engineering, Biotechnology, Biochemistry and Public health.

Study Duration

Data collection was performed in 2016 from June 21st to September 21st in the total 3 months the online form was available 24 hours in a day to submit the response of the participants. After the collection of data, it was recorded in data store.

Study Type

The study was a cross sectional study where people responded within the given 3 months, and both the open end and close end questions were in the question form.

Study Tool: Questionnaire

The research team developed a self-administered web-based questionnaire, where 20 questions were designed among those 17 questions was directly related to palliative care knowledge and population was asked to give their opinion on palliative care knowledge through these questions. Another 3 questions were the basic information about population age, gender and discipline. In questionnaires, there were both the open ended and close ended questions.

Questions Development

In the study it was critically evaluated both the theoretical and methodological issues associated with questionnaire design and development and different journal papers relevant to this study were studied to develop the questioners.

Statistical Analysis

The statistical analysis was done with Microsoft Excel 2007 and presented by Table.

RESULTS

This survey was conducted on 307 students from non medical life science discipline. There were 139 male and 148 female participated in the survey. The responses of the primary questions of the respondents are shown in the Table 1.

Table 1: Responses of the participants on different questions regarding palliative care

Question	Yes (%)	No (%)	Not Sure (%)
Familiarity with the word Palliative Care	75.21	24.79	–
Feel comfortable when talking on death	63.19	18.25	18.56
Terminal patients are not having proper care in Bangladesh societies	57.60	25.40	7.26
Palliative Care is reducing the pain of Patient	68.07	9.5	22.43
Hospital setting is compulsory to get Palliative Care	48.20	51.79	–
Palliative Care should be added as course material in life science discipline	78	18.24	4.20

In Table 1 above illustrates 78% of the respondents mention that palliative care should be added as a course material in life science discipline. According to the study, 58% of the respondents believe terminal patients are not having proper care in Bangladesh society.

Table 2 shows the reply from the respondents (n=307) regarding the recipients of Palliative Care. About 60% respondents reply that only the cancer patients should be the recipients of palliative care. About 10% of the respondents think that any patients during their illness can receive the care. Only 15% and 20% respondents select the recipients of palliative care as terminally ill patients and elderly patients, respectively.

Table 2: Reply from the respondents (n=307) regarding the recipients of Palliative Care

	Any Patient	Termina Patient	Cancer Patient	Aged Population
Recipients of Palliative Care	8.5	12	59.5	20

Table 3 shows the main barriers for building, the development of awareness of palliative care. With given three main obstacles of building the palliative care awareness, 56% respondents reply that the people do not have the proper idea of the palliative care. About 17% select the lack of institutional efforts is the barrier to improving the awareness of palliative care.

Table 3 Reply from the respondents (n=307) regarding the main barriers to improving the awareness of Palliative Care

	Poor Infrastructure to know Palliative Care	Lack of Proper Idea	Lack of Institutional effort
Main barriers to improving the awareness of Palliative Care	27.03%	56.35%	16.62%

DISCUSSION

In this study, we were found that about one fourth of the population is not so familiar with the term Palliative care and more than half of the population is agreed that terminally ill patients don't receive proper care in the society of Bangladesh. In the case of both terminal and incurable diseases the reduction of pain, other symptoms, psychological and emotional elements are very important where palliative care can play a crucial role. In this survey about 68% respondents answered that palliative care can reduce the pain; 75% responded that they were aware about the palliative care. However, 60% respondents mentioned that the cancer patients were only the receiver of palliative care. These respondents even do not know that the Palliative care can be provided for the patients suffering from any severe including incurable diseases. It reflected that majority of respondents have the mis-concept about the palliative care as the end life care. The majority of the participants (56.35%) in this survey mentioned that lack of proper knowledge is the main barrier to improving the awareness of palliative care in patients who suffer from incurable diseases. This study shows that 78% of participants expect that palliative care study should be included as a course in the life science departments.

CONCLUSIONS

Bangladesh is one of the most densely populated developing countries in the world. Here, one of the major concerns of health sector is to prevent or treat the disease. But the question arises, when the disease is not curable and the terminally ill patients cannot be given comfort by providing palliative care. These patients suffer often because of the unavailability of this care. As a result the quality of life of the patient and the family members are affected at any point of the illness of the patient. In addition to control the pain and other symptoms, psychological and emotional needs are very essential elements for these patients. There is limited understanding of the people in this country about this palliative care. This is now the time

for Bangladesh to focus on palliative care for terminally ill patients in parallel with other care. It can only be achieved to educate people by providing the knowledge related to this subject matter. Through this study it has been confirmed that Palliative Care topic should be added as a course material in life science discipline.

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