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Family medicine residents in end-of-life care: are they up for it?

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Introduction: Residents are expected to convey unfavorable news, discuss prognoses, relieve suffering, and address do-not-resuscitate orders, yet some report a lack of competence in providing this type of care. Recognizing this need, Family Medicine residency programs are incorporating end-of-life care from symptom and pain control, counseling, and humanistic qualities as core proficiencies in training.

Objective: This study determined the competency of Family Medicine Residents from various institutions in Metro Manila on rendering care for the dying.

Materials and Methods: Trainees completed a Palliative Care Evaluation tool to assess their degree of confidence in patient and family interactions, patient management, and attitudes towards hospice care.

Results: Remarkably, only a small fraction of participants were confident in performing independent management of terminal delirium and dyspnea. Fewer than 30% of residents can do the following without supervision: discuss medication effects and patient wishes after death, coping with pain, vomiting and constipation, and reacting to limited patient decision-making capacity. Half of the respondents had confidence in supporting the patient or family member when they become upset. Majority expressed confidence in many end-of-life care skills if supervision, coaching and consultation will be provided. Most trainees believed that pain medication should be given as needed to terminally ill patients. There was also uncertainty as to the most appropriate person to make end-of-life decisions.

These attitudes may be influenced by personal beliefs about dying rooted in cultural upbringing as well as by personal experiences with death in the family, which may also affect their participation and confidence in caring for the dying.

Conclusion: Enhancing the quality and quantity of end-of-life care experiences during residency with sufficient supervision may lead to knowledge and skill improvement to ensure quality of care. Fostering bedside learning opportunities during residency is an appropriate venue for teaching interventions in end-of-life care education.