

Awareness of Palliative Medicine among Dental Students and Practitioners

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Abstract

Background: In this era of chronic illnesses, curing of the disease is not always possible and often possess as a challenge for a physician. In such conditions, achieving the main goal of providing comfort and pain relief for patients can be achieved through palliative and hospice care.

Aim and objectives: The role of palliative care in patients has an undeniable role in improving the patient's quality of life. So, the aim of the present study is to assess the awareness, knowledge, and attitude towards palliative medicine among those studying and practicing dentistry.

Materials and methods: A structured questionnaire with 22 questions was prepared in Google forms to assess the knowledge, attitude, and awareness of palliative medicine and 8 questions were aimed to investigate awareness, 7 at knowledge, and 7 at attitude among the dental students and practitioners.

Results: A total of 534 responses were received of which 82% were undergraduate students, 13.9% were postgraduates, and 22% were general practitioners. Descriptive analysis was done and we observed proper knowledge about palliative care in about 48% and awareness in 63.5% and around 89.7% had a positive attitude towards palliative care.

Conclusion: The survey results indicated a positive attitude and awareness among the dental students and practitioners on palliative care whereas a slightly reduced information on knowledge on palliative care.

Keywords: Palliative care, Hospice care, Quality of life, Palliative medicine, Pain

Date of Submission: 18-08-2022

Date of Acceptance: 02-09-2022

I. Introduction

The term Palliative is derived from the Latin word *palliare*, which means "to cloak". Palliative care approach is a specialized medical care for patients with serious illness. It is an interdisciplinary approach to medical care which is aimed toward the quality enhancement of life and easing suffering in people with serious, complex illnesses. Palliative medicine is defined by the World Health Organization, Geneva, Switzerland as 'the active total care of patients whose disease is not responsive to curative treatment'. The goal of palliative care is to improve the optimal quality of life for terminally ill patients and their families. In some cases, with patients undergoing anti-cancer treatment, many aspects of palliative care are also applicable in addition to the treatment received^[1].

Palliative care can address a broad range of issues such as physical and emotional needs into care. A palliative medicine consultation consists of assessment and management of physical symptoms, spiritual and psychological needs, assessment of patient's support system, assisting patients to identify personal goals for end-of-life care, estimated prognosis, and discharge planning issues.^[2] And the term hospice refers to comfort care without any curative intent as the patient no longer has any curative options or is not willing to the management due to any complications or side effects.

The role of the dentist in palliative care often goes unnoticed. Although dentists infrequently interact with dying patients, they play a requisite role in the palliative care team. Often the community is also unaware of the role that a nearby dentist can play.^[3] Wisemann defined palliative care in dentistry as the study and management of patients with active progressive and far advanced disease in whom the oral cavity has been

compromised either by the disease directly or by its treatment; the focus of care is quality of life.^[4] Health care professionals including dentists lack knowledge and confidence in their ability to care for palliative patients.^[5] The dental approach in palliative care can be done as extended dental care with a central goal of providing feasible oral care to progressive and terminally ill patients, where the oral lesions have a huge impact on quality of remaining life.^[6]

Although the knowledge, path, and experience exist to alleviate the pain of the patients, it is a sad truth that palliative care is not available for most of them.^[7] Even though oral physician has adequate knowledge to diagnose and treat oral manifestations, their competency level and knowledge in the field of palliative medicine is often very less.

The aim of the present study is to evaluate the knowledge and awareness of palliative medicine among those practicing and studying dentistry.

II. Materials and methods

A cross sectional observational study was conducted among those practicing and studying dentistry in Tamil Nadu, India. A convenience sampling method was used and the samples were recruited by the snowball sampling method. The students and practitioners who are studying and practicing dentistry in Tamil Nadu, India were included in the study. Students and practitioners in other states and areas and non-practicing teaching faculties in teaching hospitals were excluded. The study was developed in the department of oral medicine and radiology in a dental college in Chengalpattu, TamilNadu,India, and Institutional Ethical committee clearance approval was obtained (**Institutional Ethical Committee clearance NO.: KIDS/008/2021/II dated 01.07.2021**), and **Helsinki declaration**(2013) was followed. A structured questionnaire survey consisting of 22 questions was done (ANNEXURE 1).

The survey was generated using free online software from Google Forms for a period of 1 month. The questionnaire was developed by our department faculties and was validated by a pain and palliative care physician. Out of those, one was an open-ended answer question and others were multiple choice questions. The link was generated for the questionnaire survey along with informed consent and was sent to those who are practicing and studying dentistry using social media platforms – WhatsApp, Facebook, and Instagram. They were also encouraged to pass on the link to others. Their consent was taken again before the start of the survey. Care and efforts were taken to avoid questions that may reveal the participant's identity to maintain anonymity and confidentiality. The questionnaire consisted of three sections – informed consent, qualification details, and survey questions.

Statistical analysis

The responses and data were directly downloaded from Google forms into a Microsoft Excel spreadsheet and graphs were made. The data were then converted and expressed into percentage and absolute numbers. The data was compiled in a Microsoft excel sheet and transferred to version 21 of Statistical Package for the Social Sciences (SPSS) software. Descriptive analysis was done and the final results were obtained.

III. Results

Link for the questionnaire was sent to those who were practicing and studying dentistry with voluntary participation. About 534 responses were received, of which 438 respondents were undergraduate students (82%), 74 were postgraduate students (13.9%), and 22 were general dental practitioners (22%). Statistical analysis of the responses to those 22 questions was done in Microsoft Excel and SPSS software. The questions were divided into 3 groups – 7 on knowledge in which 1 is an open ended question, 7 on attitude, and 8 on awareness. Knowledge, attitude, and awareness among dental students and practitioners of palliative medicine were assessed. 63.5% of the respondents were aware of palliative care (Table 1) while only 48% had proper knowledge of it (Table 2). Around 89.7% of them had a positive attitude towards palliative care (Table 3). Out of these 22, one question was an open-ended one, which was designed to know the knowledge about the first palliative care center in India. 29.4% answered the question and out of that 4.5% had the proper knowledge of that and the knowledge about the history is very low.

Results show that although dental practitioners have an adequate positive attitude and substantial awareness of palliative medicine, there is a minimal level of knowledge about it in them (Figure 1).

IV. Discussion

The first pain and palliative care center was developed in 1980 in Gujarat cancer and research institute under the department of Anesthesiology and the first hospice care center was first developed in 1986 by Professor D'Souza in Shanti Avedna Ashram, in Mumbai, Maharashtra.^[8] In patients with end-of-life stage, hospice care with interdisciplinary co-operation has become a trend.^[9] Literature review on the palliative awareness in oral care suggests that a patient's physician or nurse usually gives a little less attention to a

patient's mouth than other parts of his body which leads to limited report of oral problems and their management^[10]. With a thorough screening and appropriate care, dental practitioners can help minimize the complications and maintain their oral health.

Maintaining a good oral health as a fundamental for oral integrity is the basic principle of palliative care^[11]. Common oral manifestations encountered in patients in palliative care are mucositis, dry mouth, halitosis, angular cheilitis, excess salivation, oral thrush, altered taste sensation, and denture stomatitis. They may occur as a result of poor oral hygiene, local irradiation, or chemotherapy. Early clinical diagnosis and appropriate medical management must be done to reduce the pain and suffering of the patients.

Palliative care is emerging in India and its awareness among medical professionals is increasing^[12]. In our study, the awareness of palliative care is about 63.5% and the knowledge is about 48%. So, the knowledge of palliative care is important for dental professionals as they are the important members of extended palliative team. The first hospice care in Mumbai city was started in 1986 by Professor D'Souza. Along with that, it was then established in Kerala and Karnataka^[13]. In 1990, Jeevodaya Hospice first introduced Palliative care in South India. An integrated health services delivery model was developed in Kerala with the help of Institute of Palliative Medicine^[11]. Nowadays, home base and community-based palliative care is also available for those in need.

The current pandemic situation has also increased the pain and palliative care physicians to provide quality health care.^[14] An article by Singhai et al.,^[15] in 2020 stated that the present pandemic poses significant challenges to delivery of palliative care at home and hospital level.

One of the major drawbacks of palliative care is that their expenses are not covered by insurance policies. So, it occurs as a financial burden for most patients and their families. Even though with its drawbacks, palliative care is emerging health care in our country, so a considerable amount of knowledge is essential for all undergraduate and postgraduate students as budding dentists.

Limitations and future prospects

Since this study was conducted as an online questionnaire study, it was only targeted at the dental students and professionals using social media platforms within a selected area of interest. Also, the dental students and practitioners who are present across the country should be included and the sample size of the study should be broadened to include nation-wide dental students and professionals as much as possible. The future prospects should include and ensure to create awareness on palliative care and the role of dentist in palliative care among the dental students and include the same in the curriculum of the students.

V. Conclusion

Though many severe illnesses lead to serious complications in patients, advancements in treatment modality in addition to palliative and hospice care, may increase the quality of life and reduce physiological and psychological distress in patients. The role of dentist in palliative care is not only limited to oral cancers but also in patients with cancers affecting other parts of the body as post treatment side effects are unavoidable in cancer management and each and every mode has its own manifestations in the mouth. In our study, there was a positive attitude and proper awareness but a limited knowledge on palliative care among the dental students and practitioners. The role of dentist is always anticipated and should be included in palliative care to improve the patient's quality of life. So, a curriculum on pain and palliative care should be included in the student's syllabus to ensure that they have an adequate knowledge about it.

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Annexure – 1

Awareness on palliative medicine among dental students and practitioners

SECTION A – INFORMED CONSENT

All of my questions concerning this study have to be answered. Your consent is required before you can participate in this study and you have the right to refuse / withdraw from this study.

- a. Willing
- b. Not willing

SECTION B

Qualification details

- a. UG
- b. PG
- c. General practitioner

SECTION C

Survey questions

1. Have you heard of the word 'Hospice'?
 - a. Yes
 - b. No
2. Are you familiar with the WHO (World Health Organization) definition of Palliative Care?
 - a. Yes
 - b. No
 - c. Not sure
3. Do you think "Pain Relief" is important for your patients?
 - a. Very important
 - b. Helpful
 - c. Not essential
4. Have you heard about the "WHO (World Health Organization) Analgesic Ladder"?
 - a. Yes
 - b. No
 - c. Not sure
5. Do you agree that pain has more components than just a physical component?
 - a. Yes
 - b. No
 - c. Not sure
6. Do you think that a physician's responsibility goes beyond the cure of a disease?
 - a. Yes
 - b. No
 - c. Not sure
7. Do you think that a physician has a responsibility towards the patient's family also?
 - a. Yes
 - b. No
 - c. Not sure
8. Do you think that a patient's autonomy has to be respected?
 - a. Yes
 - b. No
 - c. Not sure
9. How do you rate the importance of the good communications with your patient?
 - a. Very important
 - b. Important
 - c. Not so important
10. Do you think that the communication skills should be taught to medical professionals?
 - a. Yes
 - b. No

- c. Not sure
- 11. Have you ever felt the need for specialist help in managing your patients in the advanced/terminal Phase of their disease?
 - a. Yes
 - b. No
- 12. Do you think that palliative care should be included in the medical curriculum?
 - a. Yes
 - b. No
 - c. Not sure
- 13. Do you think that practicing doctors will benefit by being introduced to the fundamentals of Palliative care?
 - a. Yes
 - b. No
 - c. Not sure
- 14. Will you be interested in attending a course in fundamentals of Palliative care?
 - a. Yes
 - b. No
- 15. Do you know which institutions were the first to introduce palliative care in India? If Yes, Name of the institutions?
- 16. Do you have access to palliative care in your area?
 - a. Yes
 - b. No
- 17. Do you think good patient care is enhanced by a multidimensional care (Doctors/Nurses/Social Worker/Therapist)?
 - a. Yes
 - b. No
- 18. Do you believe the QOL [Quality of Life] should be given importance while treating a Patient?
 - a. Yes
 - b. No
- 19. Patients with advanced stage of disease need symptomatic treatment only.
 - a. Yes
 - b. No
 - c. Not sure
- 20. Palliative care is meant only for cancer patients. Do you agree?
 - a. Yes
 - b. No
 - c. Not sure
- 21. Oral symptoms are common in advanced stage of disease.
 - a. Yes
 - b. No
- 22. Routine mouth care is required in patients receiving palliative care.
 - a. Yes
 - b. No

TABLES

Table 1: Distribution of participants based on awareness

S. No.	Questions based on awareness	Options	Frequency	Percent
1.	1. Have you heard of the word "Hospice"?	Yes	191	35.8
		No	343	64.2
2.	7. Do you think that a physician has a responsibility towards the patient's family also?	Not sure	111	20.8
		Yes	362	67.8
		No	61	11.4
3.	12. Do you think that palliative care should be included in the medical curriculum?	Not sure	114	21.3
		Yes	411	77
		No	9	1.7

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4.	13. Do you think that practicing doctors will benefit by being introduced to the fundamentals of Palliative care?	Not sure	103	19.3
		Yes	425	79.6
		No	6	1.1
5.	16. Do you have access to palliative care in your area	Yes	127	23.8
		No	407	76.2
6.	17. Do you think good patient care is enhanced by a multidimensional care (Doctors/Nurses/Social Worker/Therapist)?	Yes	514	96.3
		No	20	3.7
7.	18. Do you believe the QOL [Quality of Life] should be given importance while treating a Patient?	Yes	508	95.1
		No	26	4.9
8.	19. Patients with advanced stage of disease need symptomatic treatment only.	Not sure	183	34.3
		Yes	172	32.2
		No	179	33.5

Table 2: Distribution of participants based on knowledge

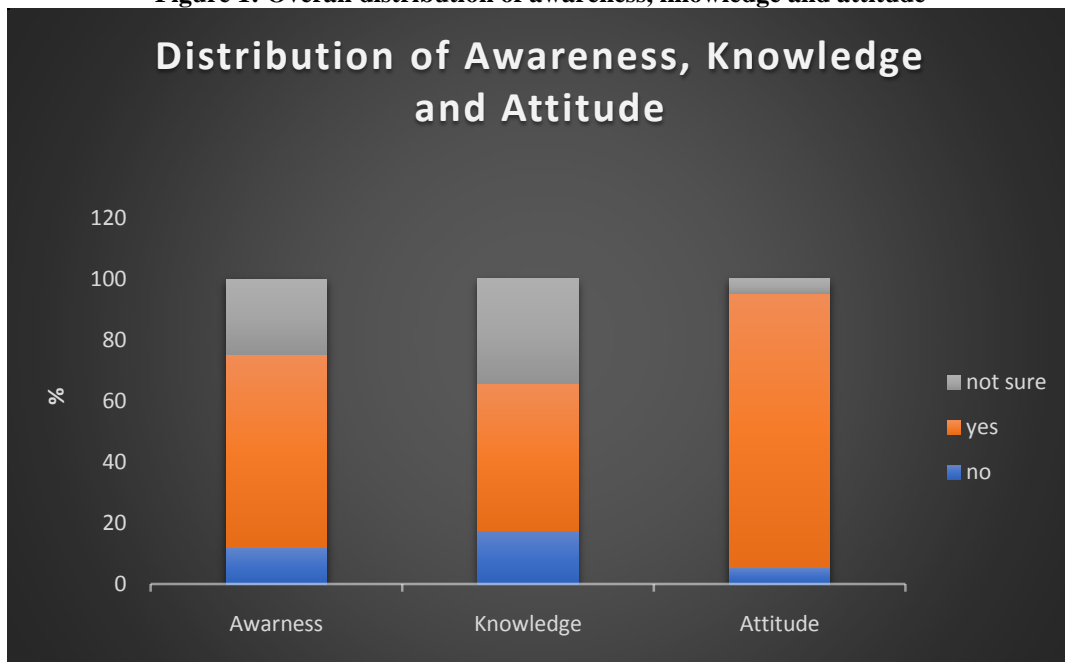
S. No	Questions based on knowledge	Options	Frequency	Percent
1.	2. Are you familiar with the WHO definition of Palliative Care?	Not sure	170	31.8
		Yes	179	33.5
		No	185	34.6
2.	3. Do you think "Pain Relief" is important for your patients?	Very Important	440	82.4
		Helpful	94	17.6
3.	4. Have you heard about the "WHO Analgesic Ladder"?	Not sure	126	23.6
		Yes	94	17.6
		No	314	58.8
4.	14. Will you be interested in attending a course in fundamentals of Palliative care?	Yes	483	90.4
		No	51	9.6
5.	20. Palliative care is meant only for cancer patients. Do you agree?	Not sure	173	32.4
		Yes	79	14.8
		No	282	52.8
6.	21. Oral symptoms are common in advanced stage of disease.	Yes	447	83.7
		No	87	16.3

Table 3: Distribution of participants based on attitude

S. No	Questions based on attitude	Options	Frequency	Percent
1.	5. Do you agree that pain has more components than just a physical component?	Not sure	62	11.6
		Yes	456	85.4
		No	16	3
2.	6. Do you think that a physician's responsibility goes beyond the cure of a disease?	Not sure	55	10.3
		Yes	454	85
		No	25	4.7
3.	8. Do you think that a patient's autonomy has to be respected?	Not sure	34	6.4
		Yes	492	92.1
		No	8	1.5
4.	9. How do you rate the importance of the good communications with your patient?	very important	470	88
		important	62	11.6
		Not so important	2	0.4

5.	10. Do you think that the communication skills should be taught to medical professionals.	Not sure	22	4.1
		Yes	497	93.1
		No	15	2.8
6.	11. Have you ever felt the need for specialist help in managing your patients in the advanced/terminal Phase of their disease?	Yes	455	85.2
		No	79	14.8
7.	22. Routine mouth care is required in patients receiving palliative care.	Yes	520	97.4
		No	14	2.6

Figure 1: Overall distribution of awareness, knowledge and attitude



Dr. Thalaimalai Saravanan, et.al. "Awareness of Palliative Medicine among Dental Students and Practitioners." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 21(08), 2022, pp. 19-25