Print ISSN 2319-2003 | Online ISSN 2279-0780

IJBCP International Journal of Basic & Clinical Pharmacology

doi: 10.5455/2319-2003.ijbcp20141024

Research Article

Perception and attitudes of medical students toward communication, chronic disease and death

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Received: 05 August 2014
Accepted: 23 August 2014

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ABSTRACT

Background: Medical students of today's world found difficulty in communication when they faced with dying patients, how they would feel, what are their perception about caring of patients with chronic disease. These are often unspoken and neglected issues.
Methods: It was a cross-sectional comparative questionnaire based survey of the 2nd year medical students and interns. Students were evaluated using a questionnaire consisting of 15 Likert type statements.
Results: Completed questionnaire received from 89 out of 100 students. All students strongly agreed upon the commutation with patients. Interns (37.03%) were strongly disagreed ($p=0.001$) on not curing the patient is a failure of doctors. Interns (32.58%) were significantly more likely to be less worried ($p<0.01$) about death of the patient and to indicate cancer is a non-curable disease ($p<0.001$) when compared to 2nd MBBS. Students from both the groups distressed, while communicating with dying patients and relatives of dying patients.
Conclusion: Perception of students regarding caring of chronically ill-patients and death related issues needs improvement. We believe that integrating different teaching strategies and training programs regarding this issue should begin at early stages of undergraduate medical curriculum.

Keywords: Communication, Death, Dying patients, Medical students

INTRODUCTION

A doctor's communication with patient and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions and establish caring relationships with patients.[1-3] These are the core clinical skills in the practice of medicine, with the ultimate goal of achieving the best outcome and patient satisfaction, which are essential for the effective delivery of health care.[4,5] These essential skills students must acquire in order to make progress through their education and training to become qualified doctors.[6] Students entering medical school today face with an ageing population and an increased incidence of diseases affecting the elderly-for example, chronic respiratory and cardiac disease, cerebral degeneration, and malignancy. With the aging of society, deaths due to chronic diseases have outnumbered those due to acute diseases.[7,8] Where over 90% of hospital beds are occupied with patients suffering from chronic disease or illness.[8,9] For these patients, the control of symptoms and supportive care or palliative care is important. Patients with chronic diseases, who must live with lifelong medical problems caused by the disease, have difficulty building sufficient relations with physicians due to insufficient time and literacy barriers.[10] Social, psychological, and family problems begin to have a negative effect in the patient's life.[10] Death is something that every living being will encounter. It must be regarded as a natural event, even though it is an unwanted situation that causes suffering to both the dying individual and family, the other hand, in some cases death can be a wanted situation to end suffering.[11] Most medical students state that the main reason for them to be a physician is to cure patients; medical education prepares physicians this way.[7,10] For these students, it may be difficult to accept that all diseases may not be curable, death is sometimes inevitable and more so to communicate the same to patients/patients relatives. This dynamic situation has changed physicians- patient relationship and requirements,[12] to address these issue's recently, much attention has been directed toward death-

related topics, including the role of the physician in caring for terminally ill patients and communicating with patients and their families about death and dying.[13] Physicians, whatever their specialty, frequently may have to bad news to patients and their families,[14] and students need to be trained for this.

In light of the report by the "General Medical Council, Tomorrow's Doctors," the undergraduate medical curriculum has tried to take these factors into account by placing increased emphasis on sociological and community aspects of medicine, with students spending more time working in primary care teams, community-based health initiatives, and community hospitals. There is emphasis on students gaining clinical exposure during the preclinical years and building on that during subsequent clinical attachments. There were scanty studies,[7-9,12,15] undertaken to assess the perception of medical graduates regarding communication, chronic diseases and death in the western world. However, few studies have been conducted in Indian setup.[16] With this point of view the present study was undertaken to assess the comparative perception of 2nd year medical students and interns regarding doctor-patient communication, chronic disease and death.

METHODS

This was a cross-sectional comparative questionnaire based survey of the 2nd year medical students and medical interns; the study has been approved by Institutional Ethics committee and conducted in the month of April 2014. 50 students of 2nd MBBS (Batch-2013) and 50 students from intern (Batch-2009) were enrolled after obtaining written informed consent. The questionnaire was specifically designed for the study, based on previous studies.[7,9] To make it suitable to our objectives. The content of the questionnaire was validated before study. Demographic variable, such as the year in which student was studying, age, gender were included in the questionnaire. Questionnaires were distributed and collected within closed envelopes that students had filled out anonymously 89 students completed the questionnaire. Questionnaire consisted of five descriptive questions and 15 Likert-type statements and ordinal scale. Scale contained five ordinals, strongly disagree (0), disagree (2.5), neutral (5), agree (7.5), strongly agree (10) with corresponding weighted and scored data was collected, tabulated and analyzed.

RESULTS

Students were given enough time to complete the questionnaire and questionnaires were received from 89 students in closed envelopes. Table 1 shows 37% (33) were males and 63% (56) were females. The data were analyzed using Statistical Package for Social Sciences-version 17-0 (SPSS Inc. Chicago IL). Descriptive analyses were carried out for all the data. The perception of the 2nd MBBS and interns toward communication, chronic disease and death were compared using a Chi-square test. Statistical significance was fixed at the level of $p<0.05$.

Effective doctor-patient communication is a central clinical function in building a therapeutic doctor-patient relationship, which is the heart and art of medicine. All students were strongly agreed with the importance of effective communication. Statistically significant ($p<0.05$) number of interns (44.9%) strongly agreed with talking to patients and patients relative is important, (Tables 2 and 3, Figure 1).

There were statistically significant differences as far as perception of students with respect to chronic disease is concerned. Interns (37.03%) were strongly disagreed

Table 1: Characteristics of study population.

Batch	Male	Female	Average age in years	Total
2nd MBBS	10	37	19.65±1.4	47
Interns	23	19	23.58±2.7	42

Table 2: Students responses (mean score) to statements about communication, chronic diseases and deaths.

Statement	Mean Likert score
Communication	
Talking to patient is important	9.58
Talking to patients relative is important	8.56
Communication between doctor-doctor is important	9.19
I enjoy Listening to patients reminisce	6.47
Chronic disease	
Cancer is a non-curable disease	4.55
Caring for dying patient may be a rewarding job for a physician	4.15
Not curing patients is failure for doctors	3.76
Death	
Patient should allowed to die at home if he/she wants to	4.82
Caring for dying patient may be rewarding job for a physician	6.73
Doctors should not worry when patient die	3.94
Talking to relative dying of a patient is distressing	5.57
I feel distressed while communicating with dying patients	4.63
Very little can be done by doctors for patients who are dying	4.08
Patients should be told they are dying	5.02
I avoid talking with dying patients	2.60

Table 3: Perception of students regarding communication, chronic disease and death.

Perception of students	2nd MBBS		Interns		p value	Chi-square value
	Number	Percentage	Number	Percentage		
Talking to patient is important						
Agree	47	52.8	42	0	0.060	3.24
Disagree	0	0	0	0		
Talking to patients relative is important						
Agree	30	30.7	40	44.9	0.043	6.28
Disagree	0		0			
Communication between doctor-doctor is important						
Agree	46	51.6	37	41.5	0.184	3.37
Disagree	0		0			
I enjoy listening to patients reminisce						
Agree	22	24.7	28	31.4	0.184	4.66
Disagree	5	5.6	2	2.2		
Cancer is a non-curable disease						
Agree	14	15.7	40	44.9	0.0003	20.51
Disagree	15	16.8	6	6.7		
Caring for dying patient may be a rewarding job for a physician						
Agree	20	22.4	23	25.8	0.254	5.33
Disagree	6	6.7	2	2.2		
Not curing patients is failure for doctors						
Agree	19	21.3	4	4.4	0.001	18.21
Disagree	8	8.4	33	37		
Patient should allowed to die at home if he/she wants to						
Agree	18	20.2	9	10.1	0.514	3.26
Disagree	13	14.6	15	16.8		
Caring for dying patient may be rewarding job for a physician						
Agree	24	26.9	34	38.2	0.041	8.37
Disagree	2	2.2	10	11.2		
Doctors should not worry when patient die						
Agree	11	12.3	29	32.5	0.003	15.79
Disagree	17	19.1	11	12.3		
Talking to relative dying of a patient is distressing						
Agree	17	19.1	16	17.7	0.599	2.76
Disagree	9	10.1	13	14.6		
I feel distressed while communicating with dying patients						
Agree	26	29.2	24	26.9	0.987	0.34
Disagree	11	12.3	17	19.1		
Very little can be done by doctors for patients who are dying						
Agree	23	25.8	27	30.3	0.257	5.31
Disagree	6	6.7	7	7.8		
Patients should be told they are dying						
Agree	18	20.2	17	19.1	0.02	17.32
Disagree	9	10.1	19	21.3		
I avoid talking with dying patients						
Agree	7	7.8	5	5.6	0.127	3.24
Disagree	27	30.3	26	29.2		

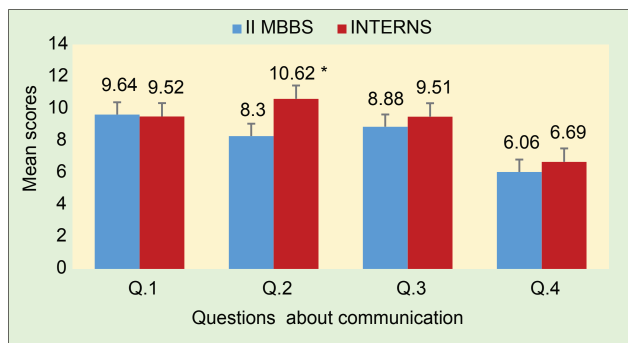

Figure 1: Comparison of mean score of two groups about communication. *p<0.05 versus 2nd MBBS.

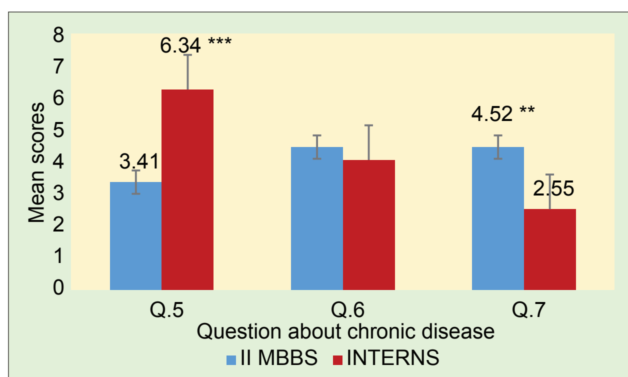

Figure 2: Comparison of mean score of two groups about chronic disease. **p<0.01 versus interns, ***p<0.001 versus 2nd MBBS.

(p=0.001) on not curing the patient is a failure of doctors and indicated that cancer is a non-curable disease (p=0.0003) when compared to 2nd MBBS (Table 3, Figure 2).

Table 3 shows interns (32.58%) were significantly more likely to be less worried (p=0.003) about death of the patient and to the majority of students (37.03%) from both groups were agreed on talking to relatives of patients is distressing and that they (57.30%) felt distressed, while communicating with dying patients. There was a statistically significant difference among where interns more likely to be agreed upon caring for dying patients is a rewarding job for a physician. Interns (32.5%) strongly agreed on the view that doctor shouldn't worry when patient die (p<0.001). Interns disagreed (p=0.02) with the statement "patient should be told that they are dying compared to 2nd MBBS students." Student (59.55%) from both the groups disagreed upon avoiding talking to dying patients (Table 3, Figure 3).

DISCUSSION

Effective doctor-patient communication is a central clinical function, and the resultant communication is the heart and art of medicine and a central component in the delivery of health care.[16-18] In the present study majority of students (37.03%) from both groups agreed on the item that talking to relatives of patients is distressing and that they (57.30%) felt distressed while communicating with dying patients. Both the study groups strongly agreed with the importance of effective doctor-patient communication. Maximum number of interns (44.9%) strongly believed that talking to patients, and patients relative is important (p<0.05), these findings were in agreement with Lloyd-Williams et al. (2004); Lloyd-Williams and Dogra, (2003). As interns are more in contact with the patients as they are posted in each Clinical Department during complete 1 year of internship these results be a reflection of the influence of exposure as well as the level of responsibilities.

Recently, due to aging and associated chronic diseases, physicians see more patients with diseases at terminal stages, as well as more patients with incurable and life-limiting diseases. Physicians are aiming to save the lives of patients not only feel discomfort Seeing dying patients and those facing death,[19,20] but also feel unprepared to provide good care for the dying.[15] This occurs because of insufficient knowledge and skills regarding death, chronic diseases and communication to the patient's relatives. Regarding these sensitive issues. Therefore, many medical schools have added courses to their medical curriculum focusing on caring at the end-of-life and dying patients.[21]

In our study, There were statistically significant differences among 2nd MBBS students and interns (p=0.001) as far as perception of students with respect to chronic disease was concerned. Interns (37.03%) as compared to 2nd MBBS strongly disagreed on "not curing the patient is a failure of doctors" (p=0.001). Interns (32.58%) were significantly less likely to be to be worried (p=0.003) about death of the patient and to indicate cancer was a non-curable disease (p=0.0003) when compared to 2nd MBBS students. Llollyd-Williams and Dogra (2003) found positive attitudes of students towards chronically ill and dying patients, When studying the influence of age on attitudes, It was found that increasing age was associated with a more positive view of caring for patients with chronic or terminal illness, listening to patients reminisce and a more positive view of patients dying at home. This perception of interns toward chronically ill and dying patients can be perhaps explained by the acceptance of death and viewing it as a normal event. Students who began the study of medicine as they go to a higher class showed sensitivity towards chronic diseases and caring of dying patients. This study indicates that cultural differences between medical students may have an effect on the teaching of care for patients with life-limiting illness. Such differences in findings may be due to their differing life experiences,[22] There was a statistically significant difference where interns were more likely to be agree that caring for dying patients is a rewarding job for a physician. These findings were contradictory to the findings of Llollyd-Williams and Dogra (2003) their results demonstrated that students significantly less likely to believe that caring for dying patients could be rewarding (p<0.001). Interns 32.51% strongly agreed on the view that doctor shouldn't worry when patient die (p<0.001). These findings were in concordance with the results of Buss

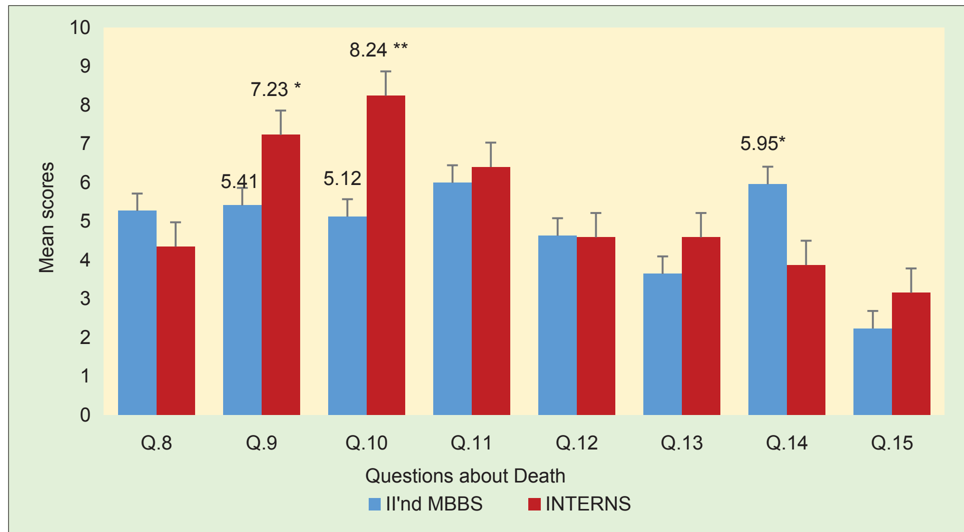

Figure 3: Comparison of mean score of two groups about death. *p<0.05 versus interns, **p<0.01 versus 2nd MBBS.

et al. (1998), where almost all students (99%) recognized the importance of advance directives and anticipated discussing end-of-life issues with patients in their practices (84%). Statistically significant number of interns disagreed (p=0.02) with the statement "patient should be told that they are dying" compared with 2nd MBBS students. This finding is contrary to the results of the study in United Kingdom by Lloyd William and Dogra (2003), where fewer students had positive attitudes toward patients being informed of a terminal prognosis (p<0.01). Majority of students (44.91%) from both the groups agreed that talking to relatives of patients was distressing, and they (57.30%) feel distressed while communicating with dying patients. They responded less favorably than those in the study done by Lloyd-Williams et al. (2004) Lloyed-Williams and Dogra (2003), Where medical students from South Africa had significantly fewer positive attitudes than their U.K. counterparts toward patients being informed of a terminal prognosis (p<0.001). Past research has shown that physicians find themselves inadequate in their approach to dying patients.[23] Offering undergraduate and graduate training about death and dying care, breaking bad news and communication with dying patients and their families can prove useful.[24] Training students about death and dying, approaches to patients who are close to death, communication with chronic and terminally-diseased patients at the beginning of their medical education, and continuing this throughout the curriculum, will be useful to both students and their future patients. Gaining insight into student opinions and attitudes about death-related issues at an early stage in their training can inform the curricula in this subject area. Medical Council of India has taken initiative to attain reforms in current medical education curriculum by preparing vision 2015 document in which there is a foundation course of 2 months and which aims to orient themselves with national health scenario, ethics communication. Early clinical exposure is starting from 1 year with foundation course focusing on communication, basic clinical skills and professionalism. This would impact medical graduate with the requisite knowledge; skills and attitudes to assume his/her role as a healthcare provider.[25]

Since we included only 2nd MBBS and interns in this study, our results are not representative of all medical students of each year. Moreover, data were collected from one medical college in one part of the India. Our future endeavor would be, to include more number of students and also resident doctors from the different colleges from various part of the country, this would help us to understand better influence of medical education on perception and attitudes of medical graduates in this important area.

CONCLUSION

Communication skills and caring of chronically ill diseased, breaking the bad news are vital skills that should be inculcated among medical students in their formative years of clinical training. Results of the study showed that the perception of students on death related issues like breaking the bad news to the relatives and communication with dying and relatives of dying patients need to be improved. Therefore, training programs regarding these issues should be included in the medical curriculum.

We believe that, based on these results appropriate interventions at level of student, college, university and regulatory bodies can be planned.

ACKNOWLEDGMENTS

We acknowledge Mr. Pandurang Thatkar (Biostatistian Department of Community Medicine) who had provided his valuable guidance in the tabulation and statistical analysis of the study data of this manuscript.

Funding: No funding sources
Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee.

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doi: 10.5455/2319-2003.ijbcp20141024
Cite this article as: Ghodke BV, Ray-Mohanty I, Wagh AR, Deshmukh YA. Perception and attitudes of medical students toward communication, chronic disease and death. Int J Basic Clin Pharmacol 2014;3:854-9.