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Incorporating Palliative Care Training in Medical Curriculum: A Step Towards Social Accountability

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Abstract

The escalating burden of "serious health-related suffering" due to long-term illness, especially in Low Middle-Income Countries, is a matter of serious concern. It points towards strengthening the health system at the primary, secondary, and tertiary care levels in the provision of palliative care services. There has been a palliative care policy for the State of Kerala, India, since 2008, which has mandated the establishment of nurse-led community-based palliative care units enlisting community participation and volunteerism integrated with Primary Health care under the stewardship of local self-governments in every district. Between 2008 and 2018, the primary and secondary palliative care services were functioning well in all districts, but it was lagging behind at the tertiary care level (Medical College). Hence, the Revised Palliative Care Policy of 2019 has brought forth an action plan to establish palliative care units in a phased manner in medical colleges starting in 2023. The inclusion of concepts of palliative care in the medical curriculum and the training of students in community-based palliative care are steps towards the social accountability of medical colleges in Kerala in the current context. Major domains under "Action Areas" may include capacity building, curriculum implementation, commencing palliative care units, linking students with community-based home care, administrative/financial support, review/monitoring for quality and research for evidence generation to be set out as short, mid and long term plans with targets A policy directive through Kerala University of Health Sciences and roping in WHO demonstration centers for palliative care in the State may be an opportunity to overcome the threats of competing priorities and constraints in time.

Problem Statement

Globally and in India, an increase in life expectancy led to an epidemiological transition and an increase in noncommunicable diseases.[i] This led to a greater proportion of people with long-term illness/life-threatening illness in communities, especially in Lower Middle-Income Countries (LMIC)[ii] People with long-term conditions like cancers, cardiovascular diseases, chronic respiratory diseases, geriatric conditions, mental ill health require palliative care and their numbers have been increasing.[iii] The Global Report of the Lancet Commission on Pain Relief and Palliative Care 2017 envisages that the burden of serious health-related suffering due to long-term illness will double by 2060, with the fastest increase occurring in LMIC countries.[3] This escalating burden can only be assuaged by strengthening the health systems with the provision of home-based palliative care at primary, secondary, and tertiary care through trained personnel.[iv]

The palliative care approach "improves the quality of life of patients and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering

through the early identification, correct assessment, and treatment of pain and other problems, whether physical, psychosocial, or spiritual".[v]

Palliative care is a human right. It should be tailored to each individual's specific needs and preferences and integrated with the health services.[vi]

Sustainable Development Goal 3 (SDG 3), established by the United Nations in 2015, aims to achieve universal health coverage and equitable access to healthcare services for all. **Universal health coverage** (UHC) means that "all people have access to the full range of quality health services they need, when and where they need them, without financial hardship." These essential health services include palliative care services.[vii] Hence, to achieve universal health care, palliative care is an essential facet, and the needs of the community need to be met through a trained and skilled health workforce.[viii]

The National Medical Commission of India, in its Competency-Based Medical Education curriculum of 2019, recommended the competencies for palliative care in medical education. However, the essentials of palliative care are not taught in the medical curriculum.[ix] **Social accountability** of medical schools obligates them to direct their **education**, research, and service activities toward addressing the priority health concerns of the community they serve.[x]

Hence with larger number of people with long term illness in communities requiring palliative care , it is a matter of social accountability that the curriculum incorporates concepts and principles of palliative care in the curriculum of medical education .

Current Policy

Kerala's model of community-based palliative care has been acknowledged as a successful model in the developing world.[xi,xii]

In Kerala, the Palliative Care Policy was enunciated in 2008, and its goal is to ensure that every person in Kerala has access to effective palliative care services of good quality with a focus on community-supported home-based care without getting exposed to hardships-financial, social, or personal.[xiii] The Kerala model places a strong emphasis on community participation and volunteerism integrated with the Primary Health Care system, especially through dedicated nurses under the overall leadership of local governments.[xiv]

In order to achieve that, government orders for Local Self Government and Health services were issued in order that community-based palliative care units may be established jointly by the local self-government and health institutions at primary, secondary, and tertiary care levels along with the capacity-building of health personnel.[xv]

Currently, in Kerala, including all Local self-government establishments and Non-Governmental Organizations, there are 1700 community-based palliative care units[xvi] in 14 districts community-based palliative care unit functioning and catering to the general population of Kerala (34 million) IE 1 unit for every 20000 population. Community-based palliative care units evolved from the needs of patients.[xvii]

However, at the tertiary care level, including Medical Colleges, palliative care units have not been established. Hence, newly graduated health personnel are not equipped to meet the needs of community-based palliative care while working in primary and secondary settings. This gap between the priority needs of the community and what is taught in the curriculum needs to be bridged.

Policy Solution

Kerala's state palliative policy was revised in 2019.[xviii] In order to address the existing gaps, an action plan for primary, secondary, and tertiary care centers was released by the State Government in 2023.[xix] Action plan at the tertiary care level in a phased manner emphasizes equipping medical colleges by establishing palliative medicine units, ensuring capacity building for all staff, and establishing home care visits along with health services.[xx] An order from the Director of Medical Education has been released to Government Medical Colleges (unpublished), but there is no directive given to Private Medical Colleges. There is a need for a policy directive encompassing both private and government health institutions to include palliative care training in the curriculum of all health disciplines.

Action Steps

There is a need for an action plan with set targets to be carried out on a short-term, mid-term, and long-term basis from 2024 to 2035 in seven key areas (Table 1). The Kerala University of Health Sciences may have a crucial role in roping in Government and Private Medical colleges and linking with the WHO collaborating centers in the State to initiate palliative care training. Targets may be set in the seven key action areas on a short, mid, and long-term basis with the help of all stakeholders in the partnership pentagram (Fig 1)

Figure 1.Partnership Pentagram

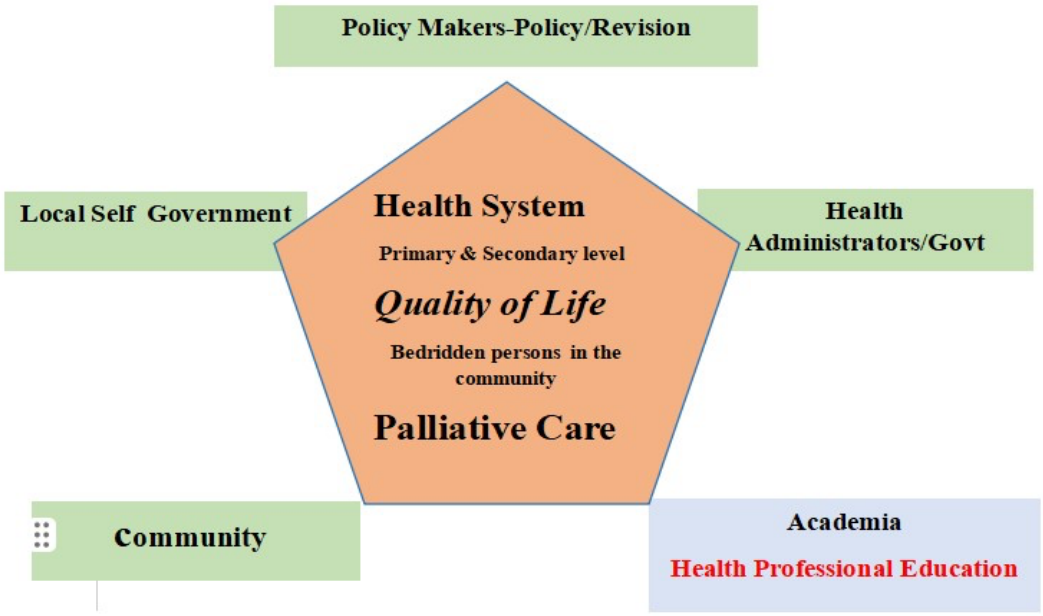

TABLE 1. Proposed Action Plan in Seven Key Areas with Targets

Capacity Building	Sensitization one hour-All	80%	100%	100%
	Training (3 days)	25%	50%	100%
	Training (10 days, doctors and nurses)	One each core department	All (core departments)	One or more (any department)
	Fellowship	One/College	One/College	One/College
Curriculum Implementation	Inclusion in curriculum	50% Govt 25% Private	100% Govt 50% Private	100% Govt 100% Private
	Integrated Self Directed learning - online module	25% Govt 25% Private	75% Govt 75% Private	100% Govt 100% Private
	Two weeks internship posting in Palliative Care	25% Govt 25% Private	75% Govt 75% Private	100% Govt 100% Private
Palliative Care Units in Medical Colleges	Outpatient Services	75% Govt	100% Govt	100% Govt
	Inpatient Services	25%	50%	100%
	Palliative Medicine Speciality	0% Govt	25% Govt	50% Govt
Community Based Home Care	Integrating home care visits of students with existing units	100% Govt 25% Private	100% Govt 50% Private	100% Govt 100% Private
	Specialist home care services linking primary and secondary	10% Govt	40% Govt	50% Govt
Administrative and Financial Support	State level core group	Formation	Private	Collaborative
	College level core group	100% Govt	25-50% Private	100% Private
	Financial support (plan fund)	Ten Lakh per college	As per project plans	As per project plans
Review and Monitoring for Quality	State level core group reviews	Bi-yearly	Bi-yearly	Bi-yearly
	College level core group reviews (once in 3 months)	75% Govt	100% Govt 50% Private	100% Govt 100% Private
	Quality Improvement Initiatives	10%	50%	100%
Research for Evidence Generation	Research workshop	1%	10%	20%
	Research initiatives-collaborative	One	One or more	One or more

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