

Policy brief

Integration of Palliative Care into undergraduate level of medical education in Ukraine

Background

Today, the situation with Palliative Care (PC) around the world and in Ukraine is changing rapidly. Therefore, it is important to understand the scale of this problem.

It can be estimated, based on the predictions that Peter May (Ireland) has made in his report “ Measuring Palliative Care Effect on Healthcare Costs”, which was proclaimed at the XV World Congress on Palliative Care (Madrid, 2017) - according to British scholars' estimates till 2040, the need for palliative care around the world will increase at least by a factor of three.

This is a challenge facing public health in the whole world and in Ukraine as well.

According to the Welcome words of the professor Dr Christoph Ostgathe, Chair of the Scientific Committee on 15 World EAPC Congress - throughout the world palliative care is growing in strategic importance to health care delivery. In some countries, however, the development of quality-driven systems to meet the increasing need to best possible care to patients with advanced diseases and their families remains underdeveloped (www.eapc-2017.org). Ukraine is one of those countries.

Ukraine is the second largest country in Europe. But in the level of mortality it ranks the first place in the world and the second in Europe, and in the last 10 years there is a depopulation (stat report).

The Open Society Institute conducted a rapid analysis of the needs for palliative care in Ukraine for the first time in 2007 (Maria Coughlan, 2007). According to its estimates, at that time in Ukraine, only palliative care sprouts were carried out by separate interested individuals. There was a complete lack of a political strategy and palliative care concept. Models of family medicine and community care and support providing a range of services were not part of the health care. Absence of the national focus on palliative care in national policy was the greatest barrier to development of palliative care[6].

During the 10 years (2007 -2017) many initiatives were taken:

- palliative care is defined in the Law on Health Care as an integral part of the national health care (2012);

- morphine pill and simplified conditions for its use were introduced(2013);
- access to palliative care has been increased, the mobile service "hospice home" has begun to function (2013-2014, but only in some regions);
- children's palliative care began to develop, the first Ukrainian children's hospice was established in Ivano- Frankivsk region (2013);
- two training centers Ivano-Frankivsk (2005) and Kharkiv (2011) have been established and started functioning;
- the first and the only department of palliative and hospice care was created at the National Academy of Postgraduate Education named after Shupik (Kyiv).

All innovations have been created and are still supported by the International Foundation "Renaissance", which occupies a proactive, innovative position in creating new forms of palliative care, advocacy and lobbying the problems of PC development before the authority and involvement of international experience of such assistance in Ukraine. Particular support and participation is provided by the Ukrainian League for the Development of Palliative and Hospice Assistance.

The first and most influential educational activity in the field of palliative care in Ukraine was a training center, created on the basis of Ivano-Frankivsk hospice for the dissemination of knowledge about of palliative care organisation among various specialists of the medical community.

The Training Center was established in 2005 by the Charity Fund for "Mother Teresa" for the purpose of Ivano-Frankivsk hospice personnel training and for knowledge disseminating about the organization of palliative care supply among various specialists of the medical community.

2009-2017 - the activities of the Center have significantly expanded due to support of training projects from the International Renaissance Foundation: training is provided to various specialists from all over Ukraine, including outgoing ones; workshops for doctors and nurses at postgraduate education faculties began; training on palliative care for children and on the organization palliative care by mobile services was introduced; 2 international conferences and the first national forum for the establishment of the Association of Palliative Care for Children were held; 3 thematic improvements for doctors and nursing staff at the departments of the National Medical University were also held;

Results of the Center's activity:

- 14549 specialists of different backgrounds and students received theoretical and practical knowledge on the organization and palliative care supply.
- The advocacy work and the dissemination of knowledge have a small impact on changing the minds of the public, the medical community and the authorities about the nature, philosophy and value of palliative care (primarily because of low interest

of the authorities and inadequate PR issues palliative care). This allowed the adoption of a comprehensive regional palliative care program, to start the development of a holistic system and the establishment of a network of facilities for the provision of PC, to implement best international practices.

However, gaps still remain:

- systemic and practical integration of the palliative care into national health care has not been completely done;
- education in palliative care exists only at the postgraduate level;
- education in PC is definitely not enough, since among 17 Medical Universities in Ukraine there is only one with the relevant department (it is in Postgraduate Educational Academy) ;
- we have not data in PC in Ukraine;
- unfortunately, nobody has ever carried out PC education analysis in Ukraine.

In Ukraine, at the level of undergraduate education (bachelor's degree) there is no department or a permanent course on palliative care. It should be noted that only Ivano-Frankivsk National Medical University has developed a palliative care program (recommended by the MOH), but it is formal. What I actually mean is that the tutors, who are preparing seminars, are practical doctors and they are specialists in their direct occupation (without PC philosophy and its right understanding). Besides we haven't got the curriculum for tutors.

The problem

And what is the situation on this problem in Ukraine?

According to the Health Care Committee of Ukraine (June, 2016), the need for palliative care in Ukraine is approximately 600 thousand people per year. According to experts, all palliative care services in Ukraine supply it only to 15% of those who need it [<https://www.medsprava.com.ua/.../777-palativna-dopomoga>]

Due to demographic changes (life expectancy rising, mortality and morbidity) palliative care becomes more and more important for an increasing number of old people with particular complex needs (caused by multimorbidity, dementia and chronic pain). Therefore the need of quality palliative care and subsequently education is immense [1].

The policy options

The review of literature (PubMed/ Medline) identified only 15 publications regarding education and competence building. All conclude that competence building has a positive effect according to the professions [3]

Doctors and nurses are in need of competence building programmes in palliative care. Even so further competence is needed as a long-term implementation strategies and development of broader communication skills among all professionals working in palliative care [2].

Why do I speak about all that?

We will not improve if we can't identify where our gaps are, where the opportunities are, where our excellences are and how effective our changes are. We can recognize what we need to do.

Option 1: Improve access to palliative care data to support what we are doing. We need to create transparency. Visibility brings a common vision [4]. So, the right step here is to create a team to carry out routine data research.

Routinely collected health and social care data provide an efficient and useful opportunity for evaluating and improving care for patients and families. There are excellent examples of routine data research in palliative and end of life care, but routine data resources are widely underutilised

[<http://spcare.bmj.com/content/6/3/257> t]

The scale of palliative care need growth problem is significant, as described above. That is why it is right to prepare medical staff in advance to face this challenge. Therefore, the **first task of this option will be to analyze the educational system for palliative care throughout Ukraine** - to identify the need for palliative care and the number of professionals are currently available and what the number is needed compare to the need of the population. Such an institution already exists in Ukraine. It is Ukrainian Center for Public Data [<https://www.prostir.ua/?organization=ukrajinskyj-tsent-r-suspilnyh-danyh>].

In January 2018, Andriy Gorbaliuk group has already done a rough analysis of the palliative care necessity in Ukraine. This Center **has human resources** to carry out such a task. And the first Round table discussion was held on 25.01 2018 in Health Care Ministry of Ukraine already.

Priorities for the better utilisation of routine data in PC

The following six points were identified during the workshops as priorities for progressing work with routine data in PC (according to Irene Higginson, Joanna Davies and ot.).

Safe and ethical access to data:

Strengthen collaborative relationships with data holding bodies; invite representatives to join project advisory groups and attend conferences;

Encourage data holding bodies to publish a portfolio of existing projects accessing their data. This could aid transparency, help to avoid repetition and wastage in research, and encourage collaboration across teams and disciplines.

Improved data linkage:

Build expertise within PC about safe data linkage techniques that enable more innovative linkage projects.

Pursue new and different data sets for linking projects, including locally collected data.

PC specific data:

Access to a broad range of data is necessary to understand the PC needs of the whole population. [<http://spcare.bmj.com/content/6/3/257>]

It is important to maintain and stimulate financially such routine data research and following its analysis. The most cost effective it would be done due to mutual financing:

- one part - grant from international funds or organizations;
- one part - from Health Care, Social Politic, and Education Ministerium

It has to be a main decision of next Round table discussion in May - June 2018.

To increase access to data collection in palliative care and to analyze them appropriately at medical universities (at the undergraduate level). It is also important to support and stimulate research in palliative care (both financial and PR campaigns) at medical universities as well at other organization for example Institute for Strategic Studies

The work of such a team brings the benefits of routine data research and identifies major challenges for the future use of routine data, including; access to data, improving data linkage, and the need for more palliative and end of life care specific data [<http://spcare.bmj.com/content/6/3/257>].

Option 2: Improve awareness about the importance of palliative care through national policy dialogue.

So, it will be right to use improved data linkage and make results public. The best examples of cross-sectorial data linkage come from Nordic countries. Key features of

the Nordic systems are the widespread use of shared unique identifiers, strong collaboration between data holding bodies, an established legal basis for the collection and use of data, and broad public approval for the use of linked administrative data. [<http://spcare.bmj.com/content/6/3/257>].

Our strategy is to deliver the results of a well-documented qualitative and based - evidence **analysis of educational system for palliative care throughout Ukraine** to the community, government and decision-makers.

The first is to give information throughout media, to lead mutual work with stakeholders to prepare the basis for making decisions about education in palliative care on undergraduated level.

The second is Round table Discussion – *national dialogue*. (Planned for May- June, 2018). Due to the collaboration of stakeholders, decision-makers and responsible authorities in Health care Ministry and SU "Central Methodical Cabinet for Higher Medical Education of the Ministry of Health of Ukraine" the final decision must be taken.

And now, due to **IAHPC/WHO Policy Brief Course in Palliative Care** Ukraine has got the opportunity to integrate the undergraduated level educational in Palliative Care. In the process of writing this policy brief our course group proposed to participate in the 3rd National Palliative Care Congress in Ukraine, 25-26.10.2018

So, we created the work group that had already agreed with the head of Ukrainian league for PC (Vasyl Knyazevych). Representatives from all countries will participate in PC level and education discussions on the Plenary session. This will be *a dialogue on the international level!*

And this will be a broad awareness on the national and international levels.

On February, 20, 2018 Vice Rector of Medical University Professor Dr Anna Erstenyuk has proposed to implement the elective course of palliative care in Rheabilitation Department of the University as a pilot project for further implementation at national level. To put it into life we need a Round –Table Discussion at national level, which is going to be held in May June 2018 in Kyiv (with key stakeholders – Ulyana Suprun, Health Care Minister of Ukraine, Iryna Melnyk - Director of SU "Central Methodical Cabinet for Higher Medical Education of the Ministry of Health of Ukraine").

Our task is mutual work closely with the ministries responsible for health care and development of PC education in collaboration with all relevant stakeholders as a first priority.

So, what benefits do we expect?

Option 3: Increase curricula in palliative care.

Educational activities should be integrated throughout the learning experience and include elements of didactic teaching, clinical experience and application in simulation, including a focus on interprofessional education. [5]

The needs of an aging population and advancements in the treatment of both chronic and life-threatening diseases have resulted in increased demand for quality palliative care. The doctors of the future will need to be well prepared to provide expert symptom management and address the holistic needs (physical, psychosocial, and spiritual) of patients dealing with serious illness and the end of life. Such preparation begins with general medical education. It has been recommended that teaching and clinical experiences in palliative care be integrated throughout the medical school curriculum, yet such education has not become the norm in medical schools across the world [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772917/>].

As the international experience proves the curriculum in PC at the University of Tampere (Finland) is integrated into the teaching of many disciplines and complied well with the EAPC recommendations. This education led to increasing knowledge in PC among medical students [<https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-016-0182-8>].

The key moment of this option is the choice of the qualified, proper and evidence based curriculum. Not only for students but also for tutors. **So our strategy** is the following: immediately after making a decision to include the PC undergraduate level of medical education it is necessary to create the PC competence building programmes in palliative care with the EAPC recommendations (based on European curriculum, for ex. German or Romanian). It can put into life of the International Renaissance Foundation, where there are human and financing resources and close contacts with the EAPC and WHO.

Conclusion

Implementation of Palliative Care into undergraduate level of medical education in Ukraine is a great task And it can be put into life due to three option:

- **to analyze the educational system for palliative care throughout Ukraine;**
- to deliver the results of a well-documented qualitative and based -evidence **analysis of educational system for palliative care throughout Ukraine** to the community, government and decision-makers;

- to create the PC competence building programmes in palliative care with the EAPC recommendations (based on European curriculum, for ex. German or Romanian)

The mutual work closely with the ministries responsible for health care and development of PC education in collaboration with all relevant stakeholders is as a first priority. Where we can take the human and financing resources – there are in Policy Brief

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