

## **A call for standardized undergraduate end-of-life care education in the post-COVID era**

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### **Abstract:**

End-of-life care can effectively reduce the psychological stress of near-death patients and smoothen

### **Introduction:**

Since the early 1970s, interest in improving the end-of-life, palliative, and hospice care of patients has progressed from being the concern of a limited group of healthcare professionals to being the concern of the entire international healthcare community. While these three types of care are defined differently, they essentially comprise the idea of providing holistic care to patients who are about to succumb to death, as well as to their family members (1). The provision of this care is classified based on age (adult, geriatric, or

the bereavement of patients' relatives. However, the delivery of end-of-life care has been severely challenged by the pandemic due to an associated surge in patients. The major challenges include its adaptability to the pandemic and the enduring low level of competency in healthcare professionals. This prompts the question of whether the current end-of-life care education is sufficient for preparing future healthcare professionals in providing such services. This commentary highlights the importance of teaching end-of-life care at the undergraduate level and suggests 11 learning points across five themes for consideration.

pediatric patients) and occurs in settings such as hospitals, nursing homes, and patient homes. However, the implementation of this care has been severely challenged during the COVID-19 pandemic due to the associated surge in patients needing palliative and hospice care.

### **End-of-life care in the pandemic:**

The past two years have been a difficult time for many people, especially for COVID-19 patients, their families and friends, healthcare professionals, particularly in the early and middle phases of the pandemic when vaccines were not readily available. The last rites of patients

were not allowed to be done at home due to concerns about the spread of infection. Strict rules regarding quarantine and isolation meant that patients' family members were unable to see their loved ones during their ending moments. While digital platforms did make it feasible for people to stay in touch, the security and emotional support provided by one's physical presence were lost.

Without any doubt, this was not the traditional way to deliver end-of-life, palliative, or hospice care. Family and friends couldn't attend services or meet for funerals, making it harder to cope with one's grief. The lack of meaningful communication and bereavement hindered the peace of patients and their family members, violating the standard definition of a good death and smooth bereavement.

Healthcare professionals were also forced to drastically adapt as a result of the disruptions of the pandemic. Doctors and nurses were not able to act as mediators and provide simultaneous psychological support to both patients and patients' families (2). Healthcare professionals who had not previously provided end-of-life care were suddenly required to offer such services due to the high number of near-death patients. Hence, end-of-life care itself and the related skills of healthcare professionals were put to the test during the COVID-19 pandemic.

### **Importance of end-of-life care education:**

The low level of competency of healthcare professionals in delivering end-of-life, palliative, and hospice care was completely exposed due to the pandemic. For instance, one report suggested there was a lack of healthcare professionals with the necessary skills in conversational techniques to identify patients who preferred comfort-focused management (3). Meanwhile, it found, especially during the COVID-19 pandemic, that some nurses do not identify themselves as part of the initiative to reduce overtreatment(4).

These results collected during the pandemic were similar to those from the pre-COVID era, particularly among healthcare professionals from specialties other than oncology and palliative care. Prior research showed that they often felt uneasy and found it difficult to offer compassionate care to terminally ill patients (5). Some doctors were reported to be learning palliative care via trial and error (6).

Therefore, the current tragic pandemic reminds all healthcare students and educators around the world that end-of-life care is no longer a service meant solely for patients with oncological conditions but is also for patients with many types of illnesses, including infectious diseases. Education about end-of-life, palliative, and hospice care is

obviously of utmost importance in healthcare education because (a) witnessing the death of patients is inevitable during a career in healthcare, (b) a good death must be provided for patients, regardless of a provider's specialty, with the exceptions of laboratory- and radiology-intense roles, and (c) learning about end-of-life care provides healthcare students with a multitude of skills, such as communication, compassion, and the ability to share bad news, all of which help them enhance their prospects in the healthcare sector.

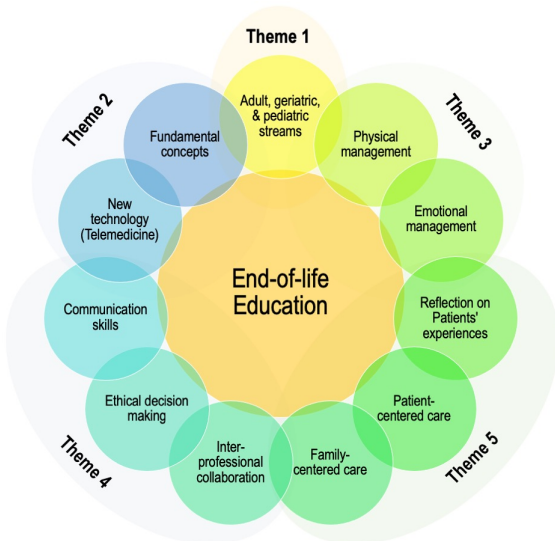
### **Provision of end-of-life care education**

To understand the importance of learning end-of-life care, we must investigate the measures used to improve competency in this area. Research has suggested that the enduring hurdles healthcare professionals face in providing end-of-life care can be attributed to limited exposure during basic training (7). In other words, the inclusion of end-of-life, palliative, or hospice care education in the undergraduate curriculum is the key to solving the current problem of competency. In turn, this conclusion prompts the question regarding whether the current undergraduate education for these three types of

care is sufficient for teaching the concepts and basic framework of palliation and instilling the correct attitudes in future healthcare professionals.

While evaluation of the many healthcare education programs is ongoing around the globe, there is a lack of consensus in terms of the ideal time to start a palliative care education program, the depth of the content, and the percentage of clinical teaching involved (8, 9). For example, evidence is contradictory regarding whether end-of-life care education should begin during the preclinical years, involve palliation for adult, geriatric, and pediatric patients, and should include hospice visits (2, 8). Furthermore, the evidence remains unclear regarding whether end-of-life care curricula should involve just oncological patients or even patients with infectious diseases who require more advanced technology, such as telemedicine, during forced isolation (10).

Based on these studies (2, 5, 8, 9) and the pandemic experience, 11 learning points across five themes have been identified for consideration when designing or improving a curriculum about end-of-life, palliative, and hospice care. These learning themes propose that such curricula should focus on **(Figure 1)**:



1. both adult, geriatric, and pediatric streams;
2. fundamental concepts of end-of-life care, palliative care, and hospice care, as well as the incorporation of new technology such as telemedicine;
3. physical management, such as pain assessment and symptom management, as well as emotional management in an end-of-life care setting;
4. simulation and clinical practice at communication skills, bad-news delivery, ethical decision making, and interprofessional collaboration on end-of-life scenarios; and
5. stimulating healthcare students' reflections on patients' experiences and strengthening their concepts of patient- and family-centered care.

Figure 1. A total of 11 learning points across five themes proposed for

end-of-life care education in undergraduate curricula.

## Conclusion

In summary, the extraordinary circumstances of the pandemic compel us to reflect on the needs of patients, our level of competence, our perspective on end-of-life care, and the current methods of learning end-of-life care. We should begin by changing our own attitudes toward palliative care, continually reviewing the issue of end-of-life care in the post-COVID era, and recognizing the importance of learning end-of-life care. Moreover, we should also advise our faculties to incorporate all of the ideal approaches to end-of-life care, inclusive of new techniques, such as telemedicine, into our curricula for the benefit of future patients.

## Declarations

**Ethics approval and consent to participate-** Not applicable.

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Not applicable.

## Conflict of interests

Not applicable.

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