Knowledge, attitudes, and practices regarding palliative care: a mixed-methods study from Bihar, India

SCIENTIFIC DAYS

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Introduction

Palliative care improves quality of life of patients and families through prevention and relief of suffering by using a holistic care process. While demand for palliative care has been steadily increasing in India, provision of services has not kept pace.

Very few studies have analysed the knowledge, attitudes, and practices (KAP) regarding palliative care among healthcare providers in north India. The objective of this study was to assess the knowledge, attitudes, and practices around palliative care among healthcare providers (nurses and doctors) in Patna, Bihar.

Methods

We adopted a mixed-methods study design to understand KAP related to palliative care by designing and validating a 16-item, cross-sectional KAP survey and triangulating this data with semi-structured, in-depth interviews with providers. 110 healthcare providers were approached for the survey, and 89 returned a completed questionnaire, yielding a response rate of 80.9%. In-depth interviews were conducted with 13 healthcare providers in Patna, Bihar.

Results

A good score was considered as 70% or higher (~16 points out of a maximum possible 22). In general, common symptoms encountered in palliative care were misunderstood, the appropriateness of controlling pain through demerol was misunderstood, and the basic definition of palliative care was not universally understood by healthcare professionals.

77.4% of respondents accurately identified that palliative care recognizes dying as a normal process, while 32% of respondents incorrectly stated that palliative care aims to prolong life.

There was no significant association with gender, years of experience, or profession, but participants ≤35 years of age scored 3.5 points lower (p<0.001) in the survey compared to participants older than 35 years old. In general, respondents performed quite poorly on the survey with a mean score of 14.4 among doctors and 13.3 among nurses, out of a maximum possible score of 22 points.

There was a lack of awareness regarding palliative care service provision in Bihar and lack of access to crucial medication such as morphine. Furthermore, many providers struggled to explain poor prognoses to terminal patients.

> The level of awareness is really very very low and very pathetic in Bihar, and especially beyond Patna... most physicians, most of the surgeons...are very very...straight to the patient, saying nothing is possible for you...what good are we doing to the patient if we are not able to take care of the patient? [Female, age 43, doctor].
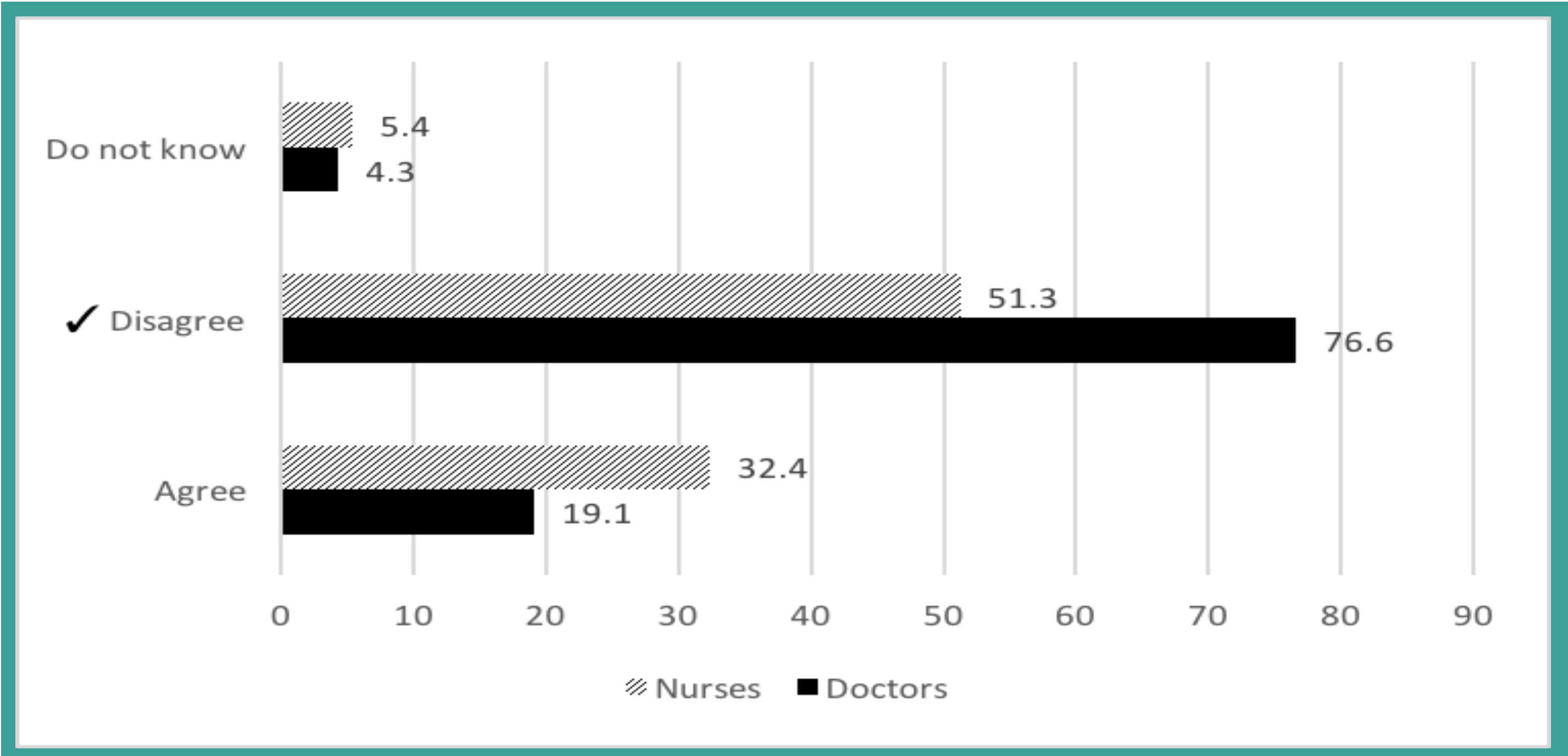

Figure 1. Proportion of respondents who viewed physical pain and suffering as synonymous. All values are noted as percentages.

32% of respondents incorrectly stated that palliative care aims to prolong life

Conclusion

Knowledge of palliative care was fairly limited among healthcare providers in Patna, Bihar and providers struggled to communicate effectively with terminal patients. Further training and a specific curriculum focus on palliative care is required to enhance knowledge and awareness around palliative care in Bihar.

In order to improve knowledge, attitudes, and practices, palliative care should be incorporated into the medical curriculum in Bihar, and routine continued medical education (CME) courses should be provided as refresher training courses.

Ethics Statement

This study was approved by the MSF Ethical Review Board and the Ethics Committee of the All India Institute of Medical Sciences, Bihar, India.

Acknowledgements

Gender	Doctor		Nurse		Total
	N	%	N	%	N
Male	28	84.8%	5	15.2%	33
Female	19	37.3%	32	62.7%	51
Total	47	56.0%	37	44.0%	84
Age group in years					
<35	23	45.1%	28	54.9%	51
>=35	20	69.0%	9	31.0%	29
Total	43	53.7%	37	46.3%	80
Years of experience					
<2 years	12	44.4%	15	55.6%	27
2-5years	10	50.0 %	10	50.0%	20
>5 years	23	71.9 %	9	28.1%	32
Total	45	57.0%	34	43.0%	79

Table 1. Demographic characteristics of survey respondents

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