



PALLIATIVE CARE FOR OLDER ADULTS IN GRADUATE MEDICAL EDUCATION:

A Systematic Review of U.S. Medical Schools

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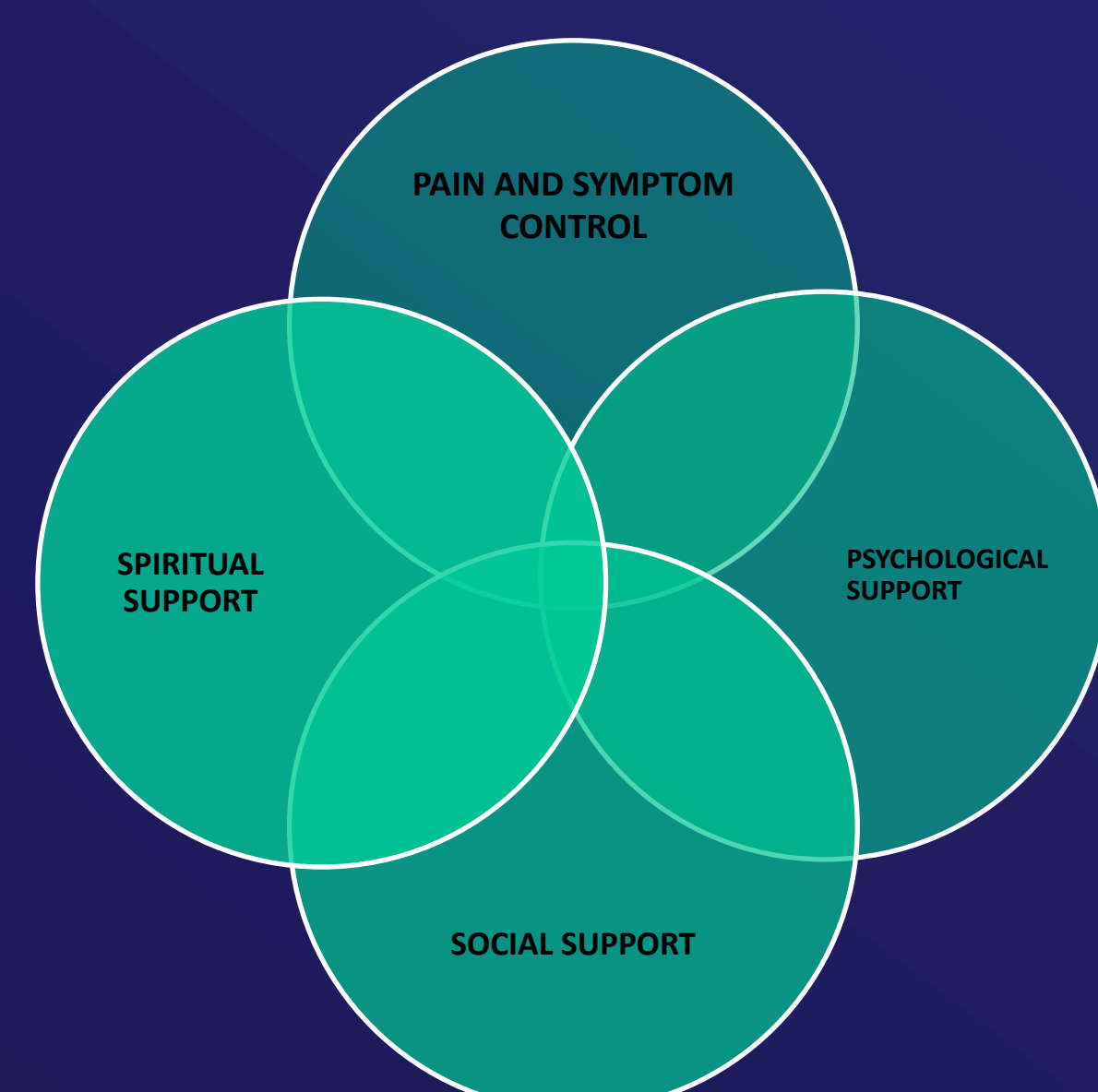
INTRODUCTION

Palliative care has been recognized as an important treatment option for patients with life-limiting illnesses. With its emphasis on pain management, symptom control, and psychosocial support, palliative care can improve the quality of life for patients and reduce the cost of medical services.

Traditionally, palliative care has been oncology-based; however, with the aging population, the awareness that it should also address the needs of older people with advanced nonmalignant diseases is expanding. The manner in which medical schools incorporate such training into their programs has not been explored. This study systematically examined the extent to which palliative medicine (especially, geriatric palliative medicine) is included in graduate medical education in the United States.

PALLIATIVE CARE

No standard definition of palliative medicine/care exists. As a system of care for people with life-limiting illnesses, the term “palliative care” tends to be used interchangeably with hospice care, comfort care, terminal care, end-of-life care, and supportive care. Based on a recent systematic literature review by Hui and colleagues (2013), palliative care focuses on the quality of life, symptom control, and caregiver support for patients with advanced and/or terminal illnesses.



GERIATRIC PALLIATIVE CARE

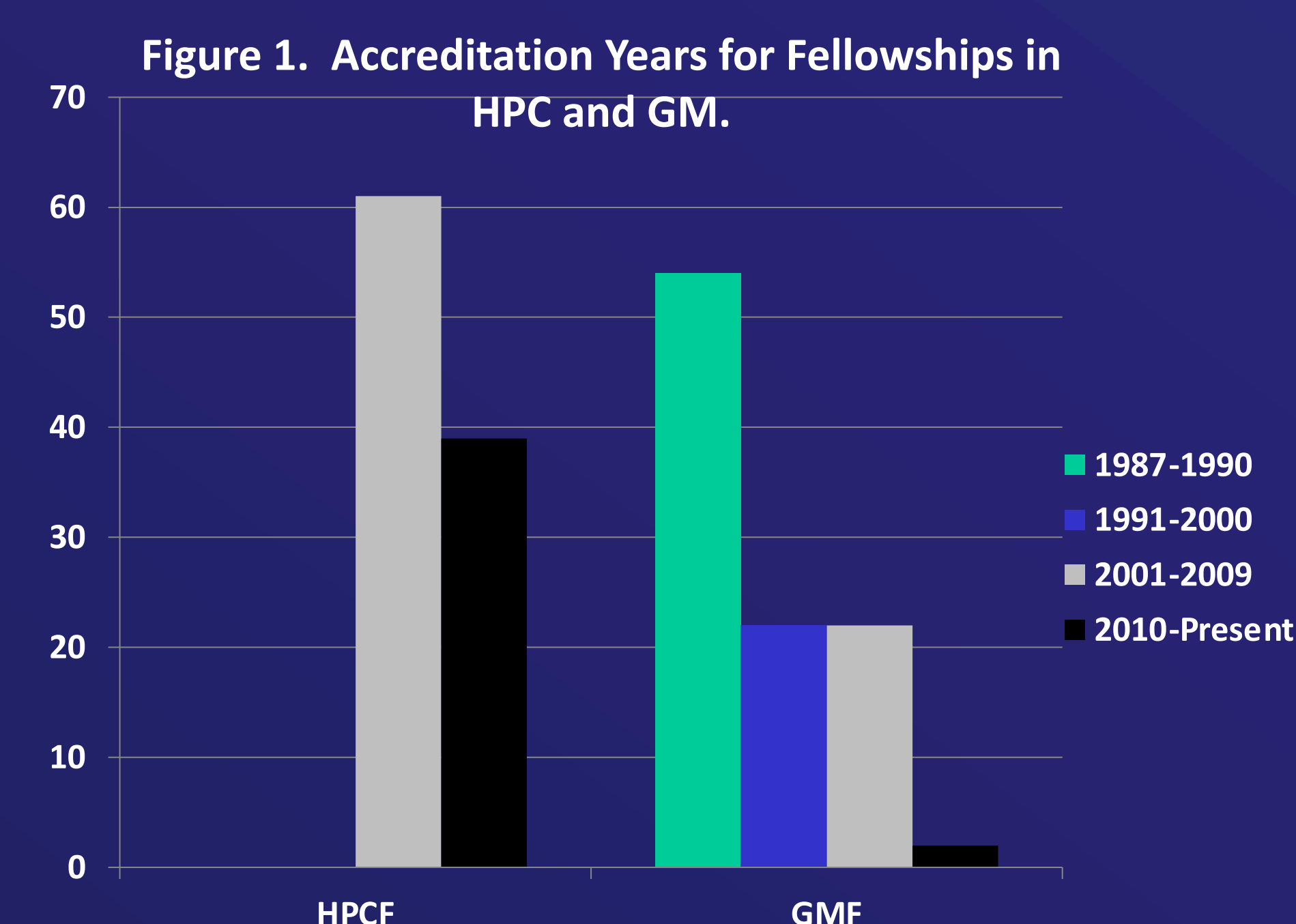
The key focus of geriatric palliative medicine/care is on the needs of older people who suffer from multiple chronic health conditions, including cardiovascular disease, chronic obstructive pulmonary disease, and neurodegenerative diseases (e.g., Alzheimer’s disease and Parkinson’s disease) (Morrison & Meier, 2003).

Despite the increasing prevalence of these disease, health care professional are not adequately prepared to address the end-of-life issues that these diseases present. In particular, they are not prepared to treat patients with dementia, who are likely to die from related impairments such as immobility, eating difficulties, and associated infections (Olson, 2003).

METHOD

All 141 schools as listed by AAMC were included. Web-based searches of school graduate programs were conducted. The quality of these programs was evaluated based on the following criteria:

- 1) Specialized training in palliative medicine (i.e., ACGME accredited fellowship program);
- 2) Curriculum that addresses geriatric aspects of palliative care;
- 3) Presence of an academic and/or a clinical unit devoted to palliative care (e.g., Department, Division, Center for Palliative Care, Clinic, Palliative Care Team).



RESULTS

In total, 64 (45%) schools offered ACGME accredited fellowships in Hospice and Palliative Medicine, and 90 (64%) schools offered fellowships in Geriatric Medicine. Of the 64 schools that offered Hospice and Palliative Medicine fellowships, 42 (66%) covered geriatric aspects of palliative care, compared to 60 (67%) schools that offered Geriatric Medicine fellowships. The most common type of training in geriatric palliative care was lectures and rotations in long-term care settings (e.g., nursing homes).

Of the 141 schools, 37 (26%) had an organizational unit devoted to palliative care (PC). These units included departments (3 or 2%), divisions (14 or 10%), centers (8 or 6%) and palliative care unit/team (15 or 11%).

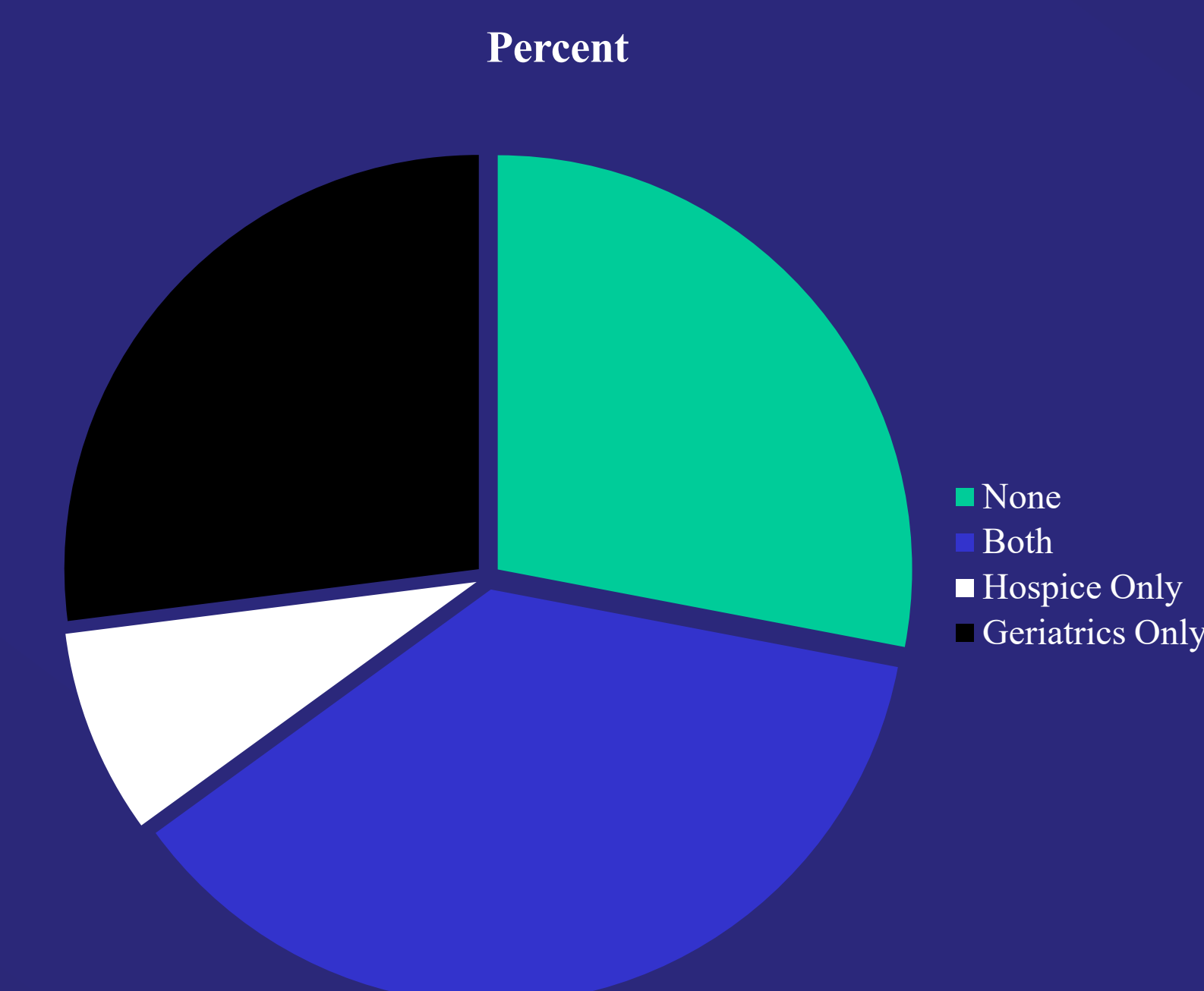


Table 1. Characteristics of Hospice and Palliative Medicine Fellowship Programs (HPMF) (N = 64).

Program Characteristics	Fellowships (N=64)	
	N	%
Size (Filled Positions) (M=2.63)		
0	7	11 %
1-2	30	47 %
3-4	19	30 %
5-8	8	12 %
Length of Accreditation (M=3.7 years)		
Less than 1 year	2	3 %
1- 2 years	11	17 %
3 - 4 years	20	31 %
5 years	31	49 %
Includes Geriatric Palliative Care		
Yes	42	66 %
No	22	34 %

DISCUSSION

Overall, this review suggests a lack of adequate graduate education in palliative medicine. Each year approximately, 168 physicians receive specialized training in hospice and palliative medicine. Of those, 123 are specifically trained in geriatric aspects of palliative medicine, which focuses on the treatment of nonmalignant illnesses that are the major causes of death among older people.

Table 2. Characteristics of Geriatric Medicine Fellowship Programs (GMF) (N = 90).

Program Characteristics	Fellowships (N=90)	
	N	%
Size (Filled Positions) (M=3.1)		
0	4	4 %
1 - 2	36	40 %
3 - 4	34	38 %
5 - 12	16	18 %
Length of Accreditation (M=18.9)		
1 - 5 years	8	9 %
6 - 15 years	19	21 %
16 - 20 years	11	12 %
21 - 26 years	52	58 %
Includes Palliative Care		
Yes	60	67 %
No	30	33 %

These findings are in line with the literature, which suggests that delivering high quality palliative care to the rapidly growing older population remains a major challenge.

REFERENCES

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