

Attitudes to issues related to palliative care of Danish doctors and nurses.

Tove Bahn Vejlgard, MD. Department of Internal Medicine, County Hospital of Viborg, Denmark.

Background. The WHO definitions of palliative care of WHO have been adopted in Denmark and implemented in The National Guidelines from 1999. So far the development has been very slowly and The National Cancer Plan from 2000 concludes that Denmark is way behind with education of health professionals in palliative care.

Objective. To assess the educational needs in palliative care of doctors and nurses in a Danish county hospital and in the related primary care. (Only part of the results are reported here)

Design. Cross-sectional retrospective survey using a mailed, self-administered questionnaire answered anonymously.

Participants. Nurses and doctors employed in the departments of internal medicine, abdominal surgery, and gynaecology in The County Hospital of Viborg, nurses employed in the home care of The Municipality of Viborg, and all general practitioners in The County of Viborg, Denmark. 347 responded, response rate 76%.

Outcome measures. The responses from the four different professional groups were compared by χ^2 statistic (where ordinal variables with Mantel-Haenszel's test for trend), and results were tested for gender and age related differences as well. Data were analysed using SPSS 10.0. **Results.** 81% of all responders were currently caring for terminally ill patient(s), 94% had been doing so within the last 6 months. Hospital doctors see more terminally ill patients than GPs ($p=0.002$). 61% of all nurses and only 39% of all doctors found working with terminally ill patients a rewarding part of their work ($p<0.001$), home care nurses found it more rewarding than hospital nurses ($p=0.006$), and GPs more than hospital doctors ($p<0.001$).

59% of nurses and only 30% of doctors definitely agreed that dealing with dying patients made them aware of their own feelings regarding death ($p<0.001$). Female doctors more so than their male colleagues, this was just significant ($p=0.049$). In this case there was a relation to age, 55% of responders <35 years and only 29% of responders >55 years definitely agreed ($p<0.001$).

30% of nurses and only 15% of doctors definitely agreed that they reflect a lot upon existential matters (defined as thoughts about the meaning of life and death) ($p<0.001$), this was independent of gender and whether respondents agreed to 'being and active member of a religious community', which only 7% of all responders did.

More doctors than nurses, would rather leave care of terminally ill and dying patients to others ($p<0.001$), 19% of the hospital doctors agreed to some extent, which was significant more than GPs ($p<0.001$). There was no gender relation in the doctors' group.

51% of hospital doctors agreed to some extent that they found it more satisfying to deal with patients who are expected to improve than with patients who are likely to die, this was a significant higher proportion than of nurses and GPs ($p<0.001$).

92% of all respondents agreed that doctors play a key role in reducing the suffering of patients with hopelessly advanced disease; no differences were observed between the groups. On the other hand 59% of nurses and only 9% of doctors agreed to some extent that nurses should be primary professionals to deal with the reaction of the dying patient, 42% of doctors definitely disagreed that this was the case ($p<0.001$).

Conclusion. These results show significant differences in doctors' and nurses' attitudes to important issues related to palliative care. The findings indicate that nurses either have a better understanding of or bigger interest in issues related to palliative care. The differences seem overall to be due to the basic education (nurse or doctor) more than to the gender (almost all nurses are women) or age. These findings indicate a need for interprofessional education in palliative care for nurses and doctors to develop a common understanding of the basic ideas, and emphasise the need for implementing palliative medicine in medical training, which has not been the case until now.