

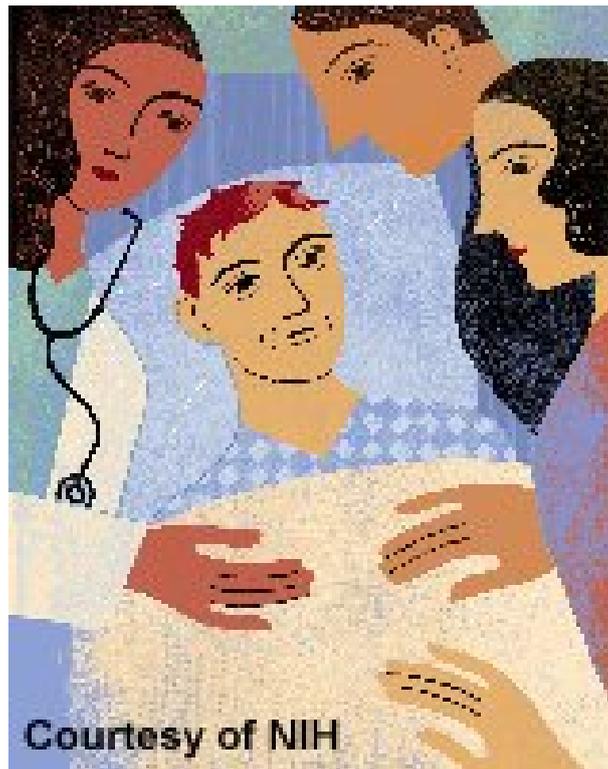


5th European Medical Students' Council

5^{ème} Conseil Européene des Etudiants en Médecine
5^ο Ευρωπαϊκό Συμβούλιο Φοιτητών Ιατρικής

Athens Resolution On Care For The Terminally-ill

5th European Medical Students' Council, Athens, Greece, 2008



Initiated by:



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Background:

The European Medical Students' (EMS) Council is a body which represents the political views of medical students across geographical Europe. The Council held its fifth meeting from the 30th of April till the 4th of May 2008 in Athens, Greece.

Summary:

We see the aging of the population happening and whether we like it or not, we as future doctors will have to deal with issues related to suffering of patients and when a cure is not an option, palliative care becomes a prerequisite. Realizing these, we as medical students devoted time on this matter at this 5th EMS Council in Athens.

When we speak of Palliative care, we refer to the definition made by the WHO, which says that palliative care is: *an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.*

In this Resolution you will read about the thoughts of the participants on Health and Education related to palliative care.

Preamble:

The European Medical Students' Council in Athens:

Intending to meet the needs of terminally ill patients and their families,

Acknowledging the effort of professional associations on palliative care in the field of education¹,

Taking into account the previous work done by Medical Students' Associations on medical education^{2, 3},

Acknowledging the modern view of Hippocratic principles, professional codes of conduct and national laws,

Emphasizing the importance of education and training in palliative care,

Believing that Physicians must assure that all patients have optimal careⁱ and treatmentⁱ in all phases of life, bearing in mind the effect that the social framework of a patient can have on the quality of life in the terminal phase,

Affirming that healthcare must be equally accessible to patients from all socio-economical backgrounds,

Affirming that accessibility of healthcare is a government responsibility,

Understanding the importance of well developed legislation on measures surrounding end of life,

Anticipating the challenges posed by the aging of European Population,

Noting with deep concern taboos in society and among healthcare professionals on end of life issues,

Recognizing the Basic principles of patient-centred care,

Deeply concerned with the inadequate support given to care providers in the grief coping process,

Recognizing the need of a multidisciplinaryⁱ approach when treating terminally ill patients,

Being aware of attempts to improve information exchange⁴.

ⁱ See Addendum for definition used

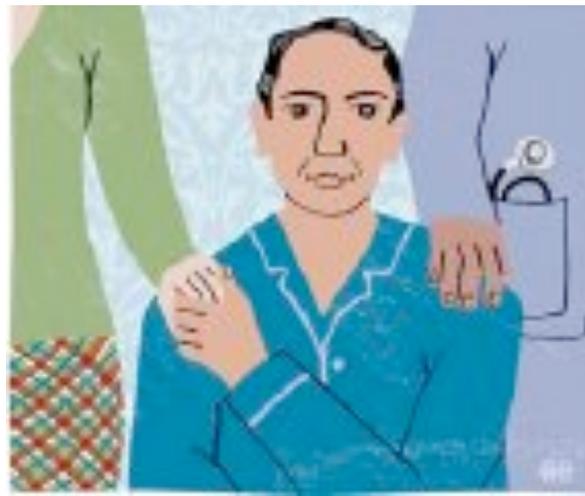
Health:

We, the medical students of Europe:

- Call for adequate support regarding terminally ill patients, their families and health care providers,
- Demand a better recognition and more action in palliative care.

Annotations

Adequate support regarding terminally ill patients involves several aspects. Social networks around the patient, (e.g. between patients), to help them cope with different aspects of terminal illness is of utter importance. Families coping with the terminal phase of a beloved one must not be forgotten. Health care givers should receive legal help when faced with conflicts occurring regarding life ending issues. Modern pain management ⁱⁱ should be available and accessible to those in need.



To achieve better recognition of palliative care, governments should prioritize palliative care on the national health care agenda. Improvement of public understanding of palliative care has to be an issue taken seriously. It is important to encourage research in the field of terminal care, with specific attention to painⁱⁱ management, to ensure evidence-based practise. This can be achieved by introducing palliative care as a specialty where not already introduced, which would also foster leadership in this field.

We applaud students, professionals and their organizations in the health care field to contribute to this process.

ⁱⁱ See Addendum for definition

Education:

We, the medical students of Europe:

- Request faculties to provide students with best qualified teachers to educate in the field of palliative care,
- Emphasize the importance of knowledge and skills in the coping process,
- Draw attention to the importance of communication skills both towards patients and within multidisciplinary teams,
- Express our strong belief that leadership skills are of an essence when dealing with both patients and other health care personnel,
- Stress the importance of teaching modern pain management in medical education.

Annotations

To assure that the best qualified teachers educating in the field of palliative care are provided, we recommend faculties to provide proper training of teachers. Faculties should also actively seek for those eager to pass on their knowledge to students. This would also enhance the teachers' natural role as a role model.

Knowledge and skills in the coping process is something that needs to be taught in medical education. This would teach students the basics of how to deal with existential questions. They would also be more certain about to whom they can refer their patients to when not able to solve the arising questions themselves. Students would then also be more comfortable in dealing with end of life issues. Furthermore, students must learn how to deal with death in a healthy way, and realise the impact their work will have on themselves.

Teachers should be encouraged to let students join and observe the process of delivering bad news and having difficult discussions. The patient's integrity should always be respected and their consent should be acquired. It is important that students and junior doctors take an active part in the discussion when making decisions concerning life ending measures (e.g. 'Do Not Resuscitate'-decisions). When making these decisions, students should be well informed with the different aspects of various cultural, ethical, religious, professional, legal, social, psychological and personal backgrounds of the patient as well as their dynamics.

To achieve these goals, proper communication training is a prerequisite. It also takes into account differences in socio-economical status as well as education. Students have to receive the tools to become prepared to announce bad news.

They should be able to address predisposed opinions of patients, their medical conditions and social stigma in the context of society and health care workers. By experience and through education, students will learn how to build a good doctor-patient relationship characterized by a humane approachⁱⁱⁱ.

To improve communication and teamwork within the multidisciplinary team, students must learn about the different roles of health care workers and experience their expertise. Multidisciplinary team based education is essential to achieve this. If applied in an early stage of education, it can serve as a starting ground for developing leadership skills. Leadership should be taught in courses and be a natural part of everyday work on the ward. All this will assure that the doctors of tomorrow are ready to take on the task of working in the multidisciplinary team necessary to meet the needs of terminally ill.

A doctor also has to be able to take on the role of a leader when meeting the patient, also to guide and back up the patient when needed.

Coping, communication and leadership skills can be acquired by providing courses in basic medical psychology. We support elective opportunities in this field.

We also encourage initiatives to provide a variation in learning environments, e.g. hospices and home care programmes. This setting would provide students with essential experience when meeting terminally ill after graduation.

The concept of Quality of life is often discussed in society and in health care settings. But what this concept actually means is seldom discussed in medical education. This needs to be addressed to ensure the correct understanding between all stakeholders.

Understanding the moral responsibilities of health care workers in eliminating possible secondary victimization by enforcing public discussion and widespread understanding is essential.

ⁱⁱⁱ See Addendum for definition

Addendum:

Multidisciplinary is defined as occasions when two or more professions learn from and about each other to improve their collaboration and the quality of care.

Optimal Care is healthcare which is sensitive to the needs of the patient, taking into account not only their physical but also their psychological needs of the patient.

Current Treatment should comply with the WHO standards, see the following website: <http://www.who.int/cancer/palliative/painladder/en/>. Furthermore, at times *evidence based* therapeutic options are depleted, doctors should be aware of and respect patients' wishes to attend alternative care approaches.

Modern pain management & Proper pain management entails medical and non medical treatment of pain.

The Concept of Total Pain is meant when spoken of pain in this document. This concept incorporates 4 broad domains of palliative care: physical, psychological, social, and existential elements (Saunders, 1984)^{5,6}.

A Humane approach towards patients is marked or motivated by concern with the alleviation of suffering of the patients.

References:

¹ Report of the European Association of Palliative Care Task Force on Medical Education, 2007. *Curriculum in Palliative Care for Undergraduate Medical Education: Recommendations of the European Association for Palliative Care*, www.eapcnet.org.

² Jan Hilgers, Paul de Roos and Emily Rigby, 2007. European Core Curriculum- the Students' Perspective, *Medical Teacher*, Volume 29 (2): 270 – 275.

³ European Medical Students' Association and International Federation of Medical Students' Association, 2005. *Quality Assurance in Medical Schools, Moving from Quality Assurance to Quality Improvement*, *Medical Teacher*, Volume 27(1): 83-85.

⁴ Standing Committee of European Doctors, 2007. *E – health – CPME policy statement on electronic health records* (CPME 2006/132 FINAL EN).

⁵ Saunders C, 1984. *The philosophy of terminal care*. In: Saunders C, editor. *The management of terminal malignant disease*. Baltimore: Arnold Publishers: 232-241.

⁶ Cherny I. Nathan, 2008. The presentation *Understanding Suffering: a prerequisite to care*, was held at the EMS Council 5 in Athens 2008.