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Experience of palliative medicine among trainees

Sir,

The teaching and experience of palliative care at the undergraduate level is often limited. Although it has been recommended that there should be an increase in teaching[1] one study calculated that students received only six hours on the consideration of death and dying.[2] Junior hospital doctors have expressed concerns about their education in this field[3] and a study has demonstrated areas of ignorance.[4]

Trainees in general practice may be involved in the care of dying patients in the community but this experience may be limited. In one study only 17% of general practice trainees felt that they had received adequate training in terminal care and the results showed that there was still room for improvement.[4]

In the Medway general practice vocational training scheme a four month post in palliative medicine at the Wisdom Hospice has been introduced. The aim is to improve the skills and knowledge in the care of terminally ill patients and provide experience of consultation and communication skills, breaking bad news, symptom control, working as part of the larger interdisciplinary team and involvement with and support of dying patients and their families.

A study was performed during one four month period in 1990 to ascertain if the experience gained was representative of the variety of conditions and patients seen at the Wisdom Hospice each year. A record was kept of all patients admitted by the senior house officer during this four month period. Patients were included in the study when the history and examination were undertaken on admission and the senior house officer was involved in the patient's day to day care.

The results were compared with the annual statistics for 1990. The sex distribution of the patients seen by the senior house officer in the four month period was the same as that for the entire year (male patients 51%, female patients 49%). The ages of the patients seen are shown in Table 1. There was little difference between the two groups, although there was a slight tendency for the senior house officer to see older patients. The diagnoses were also compared (Table 1). The range of tumours seen in the patients presenting during the four month period was similar to that over the year, although the senior house officer saw a rather higher proportion of patients with tumours of the genitourinary tract. There is no obvious explanation for this difference.

Table 1. Age distribution of patients seen in the two periods and their diagnosis.

	% of patients	
	Four month period ($n = 114$)	12 month period ($n = 543$)[a]
Age (years)		
<30	0.9	0.6
30–39	2.6	2.8
40–49	1.8	6.1
50–59	13.2	13.6
60–64	10.5	10.1
65–69	16.7	16.6
70–79	32.5	29.7
80+	21.9	20.6
Diagnosis		
Cancer of the:		
Gastrointestinal tract	24.6	25.5
Lung	22.8	22.6
Genitourinary tract	28.9	20.8
Breast	10.5	10.0
Central nervous system	2.6	3.1
Head/neck	1.8	3.6
Skin	0.9	2.4
Lymph/bone	0.0	2.2
Sarcoma	1.8	0.7
Unknown	6.1	9.1

n = total number of patients. [a] n = 552 for diagnoses as some patients had more than one diagnosis.

Thus, this study shows that a four month period is long enough to allow the senior house officer to see a representative population of patients and pathologies. This allows experience to be gained in the care of terminally ill patients and their carers, which is of great value in the care of other patients in the community.

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Metered dose inhaler technique

Sir,

Inhaled therapy is the recommended way to deliver drug treatment for asthma[1,2] with metered dose inhalers being the commonest devices used.[3,4] Compliance with treatment implies that therapy is being administered properly. However, Jones[5] and Hilton[4] have shown that this is not necessarily correct. Their studies indicate that between 46% and 55% of patients, respectively, did not have a satisfactory or good inhaler technique.

In view of these findings the trainers–trainees group of the Afan–Nedd vocational training scheme in West Glamorgan decided to study how far these findings were duplicated in their own practices and to study, in more detail,