The UVM College of Medicine takes an integrated approach to teaching medical students about palliative care, death, and dying — a critically important step on the path to becoming a competent, caring physician.

Virginia Fry held up a half-inch cube of bright pink clay and rubbed it back and forth in her hands. In the audience, 75 medical and nursing students played with similarly sized cubes of all colors — green, blue, yellow, white, magenta, and fluorescent orange. “I’m going to demonstrate making worms, so you all leave here with a competency in clay-worm making,” Fry said, drawing smiles and laughs from the crowd. Fry, a Vermont artist, bereavement counselor, and hospice worker, uses clay and many other art supplies when she cares for children who are dying. “When we’ve got so much feeling about what’s going on, it’s very important to use a feeling medium,” she said.

Her presentation, and her approach to offering concrete advice for working with patients, came as part of a series of lunchtime lectures and panel discussions offered for students during Palliative Care Week, an annual event organized by the Palliative Care student interest group at the College of Medicine. This year the series ran through the second full week of January. Students Alycia Horn ’11 and Abby Gross ’11 coordinated this year’s activities with support from the Madison-Deane Initiative — a program of the Visiting Nurse Association of Chittenden and Grand Isle Counties that promotes quality end-of-life care — the Vermont Palliative Care Collaborative and the College’s Department of Family Medicine, the Palliative Care Service at Fletcher Allen Health Care, and the American Medical Student Association. For medical students, the program offered a look at issues they will face throughout their medical education, and throughout their careers.

Palliative care programs focus on relieving pain and other symptoms and improving quality of life in patients with serious or life-threatening illness. Their numbers are increasing in hospitals throughout the country. Palliative care differs from hospice care in that it can be offered at any time during a person’s illness alongside curative therapy, while hospice care is usually offered to terminally ill patients at the last stage of their illness when treatment is no longer an option.

Quality of life and death

by Sona Iyengar
T en years ago, there were almost no palliative care programs at the College. Allan Ramsay, M.D. (at right) organized the 2009 Palliative Care Week.

“Our culture still thinks of death and dying as unacceptable,” says Brooks Cowan, Ph.D., M.S.W., a clinical associate professor of medicine, medical sociologist and gerontologist. Although palliative and hospice care programs are on the rise at hospitals and medical schools throughout the country, Cowan says this type of care continues to be underutilized by patients and families.

“The greatest barrier to hospice utilization in the U.S. is physician reluctance to refer,” Cowan told the students. “You all play a pivotal role in changing the culture of the next generation of care for people.”

Alycia Horn and Abby Gross’s involvement in the effort stems from their mutual interest in palliative care. Both see a need to raise awareness of end-of-life issues among medical students. “To be a well-rounded doctor is really important,” Gross said. “No matter what you go into, you’re going to come across a situation where you’re going to need to educate yourself or your patients about palliative care. It’s inevitable.”

Added Horn: “Whether I go into Family Medicine or Internal Medicine, I’m going to have to tell people they’re going to die and I want to be able to give them options. I want to be more in touch with what they’re going through.”

Vermont Earns High Marks

Ten years ago, there were almost no palliative care programs in U.S. hospitals, according to a recent report by the Center to Advance Palliative Care, a national organization based at Mount Sinai School of Medicine in New York City. Today, 53 percent of hospitals with 50 or more beds have a program. Vermont offers palliative care at all of its acute care hospitals, and was ranked the highest in the nation for access to palliative care programs in the Center’s report.

Fletcher Allen Health Care began its Palliative Care service in 1998 and today performs approximately 700 palliative care consultations in the hospital, said Allan Ramsay, M.D., UVM associate chair and professor of Family Medicine and medical director of Palliative Care. “The more consultations we do, the more exposure students have to palliative care in the hospital,” he said.

“I decided then that even if I didn’t specifically become a palliative care doctor, I wanted to learn more about helping people cope with dying so that I can be there for my patients when the time comes.”

—Alycia Horn ’11

Ramsay’s own involvement with palliative care has grown and evolved as the discipline gained momentum in schools and hospitals. He joined the palliative care service in 2005 when he was tapped to be its leader, after practicing family medicine for more than 25 years. Although Ramsay didn’t originally plan a career in palliative medicine, it was a natural progression after serving as a hospice medical director. “I have always wanted close relationships with my patients, and palliative care provides very intense relationships over a short period of time,” he said.

The advancement of palliative care efforts in the Green Mountain State has been aided since 2007 by the work of the Vermont Palliative Care Collaborative. Funded by more than $325,000 in gifts by an anonymous donor, the group is a cooperative venture by the College of Medicine and UVM’s College of Nursing and Health Sciences, Fletcher Allen Health Care, and the Visiting Nurse Association (VNA) of Chittenden and Grand Isle Counties, as well as individual community members. The group has overseen distribution of funds to support medical student events such as Palliative Care Week, a physician fellowship program at UVM/Fletcher Allen, enhancements in UVM’s nursing programs in end-of-life care, and support for VNA’s community outreach through its Madison-Deane Initiative.

An Integrated Approach

As more hospitals offer palliative care services, medical schools are expanding and increasing instruction in end-of-life care.

U.S. medical schools’ overall offerings in death and dying increased from 1975 to 2005, according to a 2006 study in the American Journal of Hospice and Palliative Medicine, with 100 percent of medical schools, beginning in 2000, offering some part of their curriculum focused on death and dying. The study, authored by George E. Dickinson, Ph.D., of the College of Charleston, South Carolina, found that palliative care was offered in 94 percent of U.S.’ medical schools.

However, a more recent survey of U.S. medical schools published in the Journal of Palliative Medicine indicated there is still a need for a standardized medical school curriculum in palliative care and end-of-life issues. The November 2008 survey found that a minority of schools responding required courses or clinical rotations in palliative care.

At UVM, medical students currently receive 25 to 28 hours of structured palliative care instruction during their pre-clinical years, said Ramsay, who takes part in much of that teaching.

The College’s curriculum includes lectures that cover a wide range of end-of-life issues, and students are exposed to thinking about death and dying right from the first weeks of medical school. First-year students in “Introduction to Clinical Decision Making” learn about informed consent, advanced directives and living wills, and quality of life issues. During medical student leadership groups that run longitudinally through the first year, students discuss the place of death and dying in medicine, the differences in mourning practices among various cultures, and they explore their own personal responses to death and dying.

During the ‘Generations’ course students take at the start of their second year, they explore in more depth death and dying across childhood, adolescence, and later life, and include the role of spirituality and health. Other courses during the Foundations level of the curriculum, particularly the Neuroscience and Attacks & Defenses courses, deal with the physiology of pain and palliative care.

“The Generations course is organized around the ‘epochs’ of human life,” explains course director William Pendlebury, M.D. ’76, professor of medicine, neurology, and pathology, and director of the UVM Center on Aging. “The last of these epochs focuses, of course, on what happens near the end of life. As one component of study, the class breaks into five groups to do field studies at five different elder-care facilities. They then form into seminar groups to share their findings and perceptions.”

During the clinical years, students focus on working with multidisciplinary clinical teams in hospice situations, and they also have the option of doing clerkships or rotations in palliative care. In addition, the curriculum includes workshops on how to break bad news using standardized patients and role-playing, and how to deal with hydration, nutrition, and sedation at the end of life.

Lessons Remembered

The husband of a College of Medicine alumna shares his experiences with medical students, and underscores the value of compassionate care.

Steve Burke of Underhill, Vt., remembers well that day in late November 2001, when his wife Kathy Maguire, M.D.’74, first told him she had Parkinson’s Disease.

She had been tired a lot, something she and Steve attributed to her rigorous schedule. A gifted physician and retinal surgeon, Maguire ran Green Mountain Eye Center in Burlington with Thomas Cavin, M.D., in addition to raising three teenage children. Maguire had been to see a neurologist that day, and when she returned to meet Burke at his workplace in Williston, he could immediately tell something was wrong.

“It was just overwhelming,” Burke said. “It felt into the category of ‘I have cancer. Life was never the same after that.’”

Maguire, then 53, had multiple systems atrophy, also known as Shy-Drager syndrome—a Parkinson-related progressive disorder of the central and autonomic nervous systems. Over the next six years, until her death in June 2007, she gradually lost all mobility and muscle function, losing her ability to walk, speak, and perform most other bodily needs.

Burke shared his wife’s story with medical students during Palliative Care Week at the College of Medicine, sitting on a panel of family members who told end-of-life stories about their loved ones.

As Maguire’s disease progressed, Burke left his job and eventually became her full-time caregiver. The couple tried to continue doing things Maguire liked—getting outside as much as possible and spending two winters in Florida, where they would go for rides on a side-by-side recumbent bicycle. While the weather was good, the care in Florida wasn’t up to the level of care in Vermont, Burke said. One of the most difficult situations was when the doctor would look right over Maguire’s head and speak to Burke. “When you look at her, she’s this little woman in a wheelchair, slumped over, stiff as a board,” Burke said. “She had a catheter and a feeding tube, but she had this brilliant mind and knew exactly what was going on.”

He urged the students never to make assumptions about what patients do or don’t know. “You’ve got to treat each one of them—each one of them—like they’re the most favored person in your life.”
There’s an understanding in these upcoming generations — curative treatment. Illness regardless of prognosis and with or without making treatment available to patients with serious illness. This approach aims to ensure the highest quality of life possible for patients and their families, serious illness. This approach aims to ensure the highest quality of life possible for patients and their families.

Care describes palliative care as the medical subspecialty of the American Hospital Association. The Center to Advance Palliative report’s scores were based on data from the American Journal of Palliative Medicine. Palliative Care Research Center, which was published in the October 2008 Journal of Palliative Medicine. Vermont received the highest grade available — an A with 100% compliance — for having palliative care programs in all of its hospitals, according to a report by the Center to Advance Palliative Care and the National Palliative Care Research Center, which was published in the October 2008 Journal of Palliative Medicine. The report’s scores were based on data from the American Hospital Association. The Center to Advance Palliative Care describes palliative care as the medical subspecialty focused on relief of the pain, symptoms, and stress of serious illness. This approach aims to ensure the highest quality of life possible for patients and their families, making treatment available to patients with serious illness regardless of prognosis and with or without curative treatment.

In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl streets in Burlington, the main lecture room was named Hall A. For the next 63 years, students such as the members of the Class of 1955 (shown above listening to the legendary Prof. Ellsworth Amidon, M.D.) spent much of their time in the hall. Today’s students take in lectures in a very different facility across campus in the Medical Education Center, but the College’s educational mission of inspiring a lifetime of learning in the service of the patient remains the same. The Hall A magazine section is a meeting place in print for all former students of the College of Medicine.

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