OHSU Program Helps Students Excel at End-of-Life Care

"DYING PEOPLE ARE ALSO LIVING PEOPLE," explains David Barnard, PhD, JD, director of the OHSU School of Medicine’s Living with Life-Threatening Illness course and the Miles J. Edwards Chair in Professionalism and Comfort Care. The elective course, coordinated by the OHSU Center for Ethics in Health Care, matches first and second year medical students with a person who is living with a serious illness in order to enhance empathy and begin to develop the communication skills needed to care for patients at the end of life. Students meet with these “patient teachers” in their homes over a period of time for an opportunity to get to know a patient facing very serious illness or death and to begin exploring their own thoughts and feelings around death and loss, so they can better understand the role they will play as a physician in the care of patients for whom it is no longer realistic to think about curing disease.

The Living with Life Threatening Illness course was developed at OHSU in 2007 by Eric Fromme, MD, a palliative care specialist, and Susan Tolle, MD, director of the Center for Ethics, modeled after a similar program at Harvard Medical School. Dr. Barnard, who had done similar work at the University of Pittsburgh, joined the OHSU faculty in 2012 and became director of the course.

“The idea for the course,” says Dr. Barnard, “was to begin removing a glaring blind spot in medical education and in graduating medical students that people with serious illness, people facing death, still had a lot of important lessons to teach us, and there are still a lot of important roles that physicians and other health professionals can play in their lives.”

Prior to programs like this, Dr. Barnard explains, “dying people were pretty much excluded from the line of sight of students learning medicine. It was very rare that a medical student would ever be observed or get feedback for having a conversation about bad news with a patient or talking about hospice options or care near the end of life. As a result, students were graduating medical school, even going through residency, feeling very poorly prepared to give good care to patients at the end of life."

One goal of this course is to help students overcome what Dr. Barnard describes as the “eggshell problem” wherein people do not know how to relate or talk to someone who is dying. Working closely with and forming emotional bonds with their patient teacher helps students overcome their anxiety about these situations as well as explore their own feelings about and reactions to death and dying—whether or not they have much personal experience with it—so they can function in a more constructive and professional manner in the future.

“Just because a person is carrying a diagnosis that says they have a limited time to live doesn’t mean they’re not still very actively engaged in their ongoing lives and their relationships and projects, their hopes and dreams, and want to retain their personal identity,” says Dr. Barnard. “Everyone is an individual. There is no single script, no single way that people approach the end of life. The important lesson students take away is meeting the patient where that patient is, not trying to coax them into a particular attitude or position, but to understand where that individual is and tailor the way of being with that patient to the person they are actually with.”

He adds that “good palliative care is simply very good medical care. Every patient, no matter what stage of illness, benefits from and deserves the personalized, sympathetic, empathetic care that we try to instill in our course.”

At the end of the course, students write a personalized goodbye letter to their patient expressing their gratitude and what they’ve learned. Data suggests that students who had significant exposure to dying patients in their medical training
graduate from medical school and enter their residency feeling the most prepared to care for dying patients.

Students with this kind of training are more courageous and confident later in their careers when treating patients at the end of life, and they are better equipped to take care of themselves and find balance in the midst of often emotionally draining situations that arise when caring for very sick, suffering people. They are more likely to recognize the value in and recommend serious conversations with patients about what goals of care should be pursued.

“One of the most gratifying things about being part of the faculty and teaching this course is to be with these students when they begin to mature and to deepen and enrich their ability to think and talk about these serious issues no matter what kind of prior experiences they had,” says Dr. Barnard. “They become the go-to people on their medical teams, and we like to think they multiply our force, simply by their presence on the ward, having that kind of insight and confidence.”

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