Title: Experience in a Palliative Care Unit in a Mexican Tertiary Level Hospital

Author names: García-Espinosa, Patricio1,2.

Affiliations: 1 School of Medicine, Universidad Autónoma de Nuevo León, Monterrey. México
2 Mexican Institute of Social Security. Palliative Care Unit. High Specialty Medical Unit #25, Nuevo Léon, Monterrey. México.

About the author: García-Espinosa, Patricio. He is currently a medical intern in social service at the Mexican Social Security Institute (IMSS).

Acknowledgment: None.

Financing: None.

Conflict of interest statement by authors: None.

Compliance with ethical standards: This study follows international human research standards.

Authors Contribution Statement:

<table>
<thead>
<tr>
<th>Contributor Role</th>
<th>Role Definition</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conceptualization</td>
<td>Ideas; formulation or evolution of overarching research goals and aims.</td>
<td>X</td>
</tr>
<tr>
<td>Data Curation</td>
<td>Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later reuse.</td>
<td>XX</td>
</tr>
<tr>
<td>Formal Analysis</td>
<td>Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.</td>
<td>X</td>
</tr>
<tr>
<td>Funding Acquisition</td>
<td>Acquisition of the financial support for the project leading to this publication.</td>
<td>X</td>
</tr>
<tr>
<td>Investigation</td>
<td>Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection.</td>
<td>X</td>
</tr>
<tr>
<td>Methodology</td>
<td>Development or design of methodology; creation of models.</td>
<td>X</td>
</tr>
<tr>
<td>Project Administration</td>
<td>Management and coordination responsibility for the research activity planning and execution.</td>
<td>X</td>
</tr>
<tr>
<td>Resources</td>
<td>Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.</td>
<td>X</td>
</tr>
<tr>
<td>Software</td>
<td>Programming, software development, designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components.</td>
<td>X</td>
</tr>
<tr>
<td>Supervision</td>
<td>Oversight and leadership responsibility for the research activity planning and execution, including mentoring external to the core team.</td>
<td>X</td>
</tr>
<tr>
<td>Validation</td>
<td>Verification, whether as a part of the activity or separate, of the overall replication/reproducibility of results/experiments and other research outputs.</td>
<td>X</td>
</tr>
<tr>
<td>Visualization</td>
<td>Preparation, creation and/or presentation of the published work, specifically visualization/data presentation.</td>
<td>X</td>
</tr>
<tr>
<td>Writing – Original Draft Preparation</td>
<td>Creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).</td>
<td>X</td>
</tr>
<tr>
<td>Writing – Review &amp; Editing</td>
<td>Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre- or post-publication stages.</td>
<td>X</td>
</tr>
</tbody>
</table>

Manuscript word count: 1051

Number of Figures and Tables: 1

Personal, Professional, and Institutional Social Network accounts.

- Facebook: [https://www.facebook.com/patricio.garciaespinosa/](https://www.facebook.com/patricio.garciaespinosa/)
- Twitter: [https://twitter.com/patricio240498](https://twitter.com/patricio240498)
- [https://twitter.com/EdgarBotello10](https://twitter.com/EdgarBotello10)
Discussion Points:

1. What can be the role of undergraduate medical students in palliative care?
2. What is the scope of palliative care in today’s society?
3. How to counteract therapeutic over-zealousness and medical futility?
4. How does geriatric palliative care differ from pediatric palliative care?

Publisher’s Disclosure: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our readers and authors we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.
THE EXPERIENCE.

Background.

I have recently started to develop as a medical intern in one of the largest medical units in the north of Mexico, the "Unidad Médica de Alta Especialidad #25" (High Specialty Medical Unit #25). A tertiary-level center, a highly specialized hospital, in the second largest metropolitan area of Mexico, in this same unit I have chosen the palliative care position, being the first time that this position has been open for undergraduate physicians. It has been an amazing experience that I have given myself the task of exposing what I have so far taken away as a reflection; in the first place I have had contact with patients to whom I had not had the opportunity to provide care during my previous years of training, at the same time I have handled medications such as opioids, to which I had not had access before, in addition, I have reinforced the practice of giving bad news, always accompanied and instructed by assigned physicians and by last year residents of anesthesiology, geriatrics and family medicine who rotate through the service (these residents can access the sub-specialty of pain management and palliative care in Mexico, which is why they rotate with us). In the international literature, there is much talk about the role we undergraduate students play as part of palliative care, as has been pointed out in the case of nursing education by Dimoula, M et al. study in which the results obtained show that structured undergraduate palliative care courses could be a core element in the health field. In addition, Oliveria, S. et al. in 2020 at the University of Coimbra, emphasized, despite agreeing with the importance of palliative care, fifth year medical students did not feel properly trained or have sufficient knowledge about the subject.

Weber, M. et al. have described in Germany, that undergraduate medical students felt limited in their confidence when approaching palliative medicine. At the same time, they emphasize the limited knowledge of the subject, concluding that its introduction in the curricula of undergraduate students is necessary.

Surprisingly for me, there is in fact, a study emulating the perception of medical students towards palliative care in Mexico, precisely students at the highest national university, the "Universidad Nacional Autónoma de México", conducted in 2020 by Allende-Pérez, S. et al. It reveals not only the perception of the lack of skills of undergraduate physicians, but also their inability to cope with the situation, their interest in making this a compulsory subject and finally their dissatisfaction because it is not included in their curriculum.

The Experience

I began my studies in palliative care in the sixth semester (third year of medical school) of my career, more than 3 years ago.

During this course I learned that palliative care has the goal of focusing on the quality of life of the patient at the end of life, providing them with freedom, dignity, and greater autonomy in their last moments, through the relief of symptomatology such as pain, dyspnea, delirium, and when these are refractory, palliative sedation may even be indicated.

Relief of symptomatology, limiting therapeutic obstinacy, and focusing on human dignity were the reason why I decided to perform my social service in the palliative care unit.

I have observed that there are physicians who are reluctant to limit efforts of medical care, especially pediatricians, because they consider that, unlike adult patients, they have not lived their lives. However, there have been situations where therapeutic obstinacy is highly present. For example, starting chemotherapy in patients with advanced disease without the possibility of curative treatment, I have observed this in a case of a patient with bilateral Wilms tumor and in a patient with recurrence of acute myeloid leukemia. The death of the
patients was inevitable and there were problems in communication between treating services and family members, making the process even more complicated.

On the other hand, I have seen the sadness of a mother when she is told that her daughter or son's time to leave is coming, but that it can be made easier for them and how they always show a sign of gratitude, a final calm.

It is important to have a good support network and that the caregiver must also be cared for to avoid burn-out, offering psychological support to the patient and family is crucial.

Being part of the first generation to be allowed to rotate in the pain management and palliative care unit has been an experience that has allowed me to learn and see things that we sometimes avoid as undergraduates, the medical approach at the end of life, which has led me to agree with the authors previously cited.\textsuperscript{1,2,3,4}

It is necessary that as undergraduate students to be interested in seeking, learning, and understanding palliative care and not only the curative approach of medicine, but a symptomatic relief approach too. For example, the case of a 46-year-old male patient, who had not been able to sit up since his diagnosis of anal cancer 3 years ago, due to the pain it caused him, who underwent lysis of the cauda equina and after 2 weeks the patient reported 2/10 pain and an improvement in his quality of life, despite his diagnosis, calling it a miracle of science. It is important to emphasize that opioids are wonderful drugs and that we should not be afraid of their use; on the contrary, it is important to highlight their capacity to alleviate the pain and suffering of a patient and even of a family. Figure 1 shows the first interns in this service.

Final Reflection

I highlight the words of De Antueno and Silberberg in 2018.\textsuperscript{5} One of the situations that in life will be responsible for producing greater suffering, is precisely the disease, it is accompanied by biological, social, and psychological factors, the response of physicians to this same when no longer seeking curative treatment, is in fact quite concrete, palliative care. I must emphasize that research in this area is still scarce, and that the more research and improvement is done, the more can be done to improve the quality of life in the final moments, the death of a patient, after all, is a collaborative work between the basic physician, the nurse who often is also thanatologist and finally, most importantly, the family.
REFERENCES.


FIGURES AND TABLES.

Figure 1. A New Experience

The UMAE #25 in the background, with the interns of the palliative care unit, Alejandro Saénz (left) and Patricio García-Espinosa (right).