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Improving palliative care in Nepal through virtual education

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Letter to the Editor

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Dear Editor,

I am writing to comment on the critical article written by Mackin et al. (2024), published in the journal Palliative & Supportive Care, entitled "Online palliative care education and mentorship in Nepal: Project ECHO – A novel approach to improving knowledge and self-efficacy among interprofessional healthcare providers." This article provides valuable insight into implementing palliative care education online, a significant step forward in Nepal's medical education and interprofessional practice (Mackin et al. 2024).

The research conducted by Mackin et al. demonstrates the clear benefits of the Project ECHO model in overcoming the geographical and infrastructural barriers that often limit access to quality palliative care education (Walters et al. 2022). Videoconferencing and real-time case discussions have increased knowledge and self-efficacy among healthcare professionals (De Witt Jansen et al. 2018). However, the article may have yet to fully explore the challenges of ensuring the sustainability of these initiatives, especially in addressing differences in the availability of technological resources that may affect participants from remote areas (Saputra 2024).

One crucial aspect that warrants further attention is adapting educational content to ensure its relevance and applicability in the local Nepali context (Regmi et al. 2016). While Project ECHO is an impressive educational innovation, it is vital to consider how the content is tailored to address social and cultural specifics. Moreover, fostering more dialogue between local and international experts will enrich the curriculum and ensure that educational materials reflect best practices that can be practically applied in the Nepalese healthcare environment (Bhat et al. 2024).

The success of this program also depends on a long-term evaluation of its impact on clinical practice and patient outcomes. Further research must be conducted to assess how knowledge gained through ECHO sessions is integrated into daily practice and how this affects overall patient care (Zhou et al. 2016). This will assist in refining and adjusting the program to maximize its impact.

The significance of an interdisciplinary approach in palliative care cannot be overstated, and Mackin et al.'s article effectively underscores this. The inclusion of more health disciplines in training programs will further enhance the comprehensive understanding of palliative care, thereby elevating the quality of patient care (Hökkä et al. 2020). This is a pivotal step in ensuring that medical education continues to adapt and respond to the evolving health needs in Nepal.

In conclusion, further research and discussion should be directed toward customizing online education in palliative care to improve access and quality of education in low and middle-income countries. Project ECHO offers a promising model, but it needs to be continuously evaluated and customized to ensure that all health professionals in Nepal can access these resources and apply them effectively in their clinical practice.

Competing interests. The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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