Death is inevitable. However, there is still a shortage of medical literature addressing how medical students and doctors should behave and deal with death and regarding their own grieving process during the death of patients. Medicine is intimately connected with the preservation of life and a variety of modern technologies and equipment are available to do the same. Relieving patient suffering, death with dignity and the cost of terminal care are important issues to be considered. Cost may be an especially important issue in developing nations like Nepal where families mostly pay out of pocket for medical care.

Death is one of the issues we address during a medical/health humanities module offered to medical and other health science students. It is the last topic to be addressed and is explored during a three-hour session. Among the areas discussed are what is death, what happens after death, whether there is life after death, and what guides us during the moment of death. Many of these areas were traditionally the realm of religion and science is only recently exploring these issues. Different types/causes of death ranging from cardiac arrest, brain death, and molecular death are addressed in other areas in the curriculum. We also examine how doctors can cope with death, how they can support the family and friends of the dead person, why we fear death, and whether we can learn to accept it.

The five stages of grief by Elizabeth Kubler-Ross are examined. We go into each of the stages in some detail in the session. Changes in death and dying over the last five decades are examined. A major change is that death today is more likely to happen in hospitals surrounded by modern technology. The percentage of death occurring in hospitals was 54% and more in half of the 45 populations during the early twenty-first century in a global study. Among the elderly in industrialized nations deaths more commonly occur in residential care facilities. We also examine the issue of life after death and the common theories regarding this topic.

The Canadian artist, Robert Pope, who died young of Hodgkin’s disease has produced a rich collection of art dealing with cancer, death and dying. We used his work throughout the module and also in the session on Death and Dying. We end the session with a discussion on how doctors can cope with death and dying. Medical students experienced substantial emotions dealing with patient deaths and coping with the loss. They felt that
they did not receive enough support in dealing with the loss. Common coping mechanisms employed were talking through their emotions, continuing with their work, crying, participating in death rituals, and turning to religion.

We also use a screening of the movie ‘Wit’ followed by small group activities and reflection. This is held as a separate session. Wit is a movie based on the 1999 Pulitzer Prize-winning play and tells the story of an English Professor, Vivian Bearing. She is well known for her knowledge of metaphysical poetry and especially the works of John Donne, a famous medieval English metaphysical poet. She was diagnosed with metastatic stage IV ovarian cancer dramatically changing her life. Entering a hospital is like entering a strange place and leaving behind all that is comforting and familiar.

Vivian has severe bouts of nausea and vomiting and loss of appetite. She struggles to keep food down. She develops ulcers throughout her gut as the division of normal cells was suppressed along with the cancer cells by the anticancer medicines. Vivian often recites the works of John Donne when her suffering becomes too much to bear. The holy sonnet ‘Death be not proud... Death thou shalt die’ is a recurring narration throughout the movie. The iconic book Clinical Methods by Sir Robert Hutchison cautions against patients being treated as cases. Ironically Vivian is treated as a case and not as a human being during multiple instances in the movie.

The movie addresses several issues regarding the patient-doctor relationship, modern hospitals, modern medicine, and death and suffering. Despite being educated and assertive the patient’s views and preferences were not really considered by the treating team. Palliative care, quality of life issues, when aggressive treatment should be stopped, and whether the patient should be allowed to die in peace can also be explored. Palliative care and hospices have become increasingly common and preferred by patients and families when a cure can no longer be expected. Modern hospitals are sterile, brightly lit places with patients surrounded by several devices making strange and often scary noises. The environment is starkly different from home and the emphasis is on maintaining life.

The module is offered during the basic science years and there are no other specific modules on death and dying during the course. This issue is, however, addressed during the clinical postings. The literature mentions courses on death and dying being offered in medical schools in the United States (US). A study in Brazil revealed that over 80% of medical students believed they received no guidance in dealing with the death of a patient. More sessions on this important topic are required though death is addressed in different courses through varying perspectives.

Cadaver dissection during anatomy has been used to introduce students to death and mortality and in some schools, students are encouraged to know more about the person when s/he was living. The cadaver is handled with great respect and funeral ceremonies may be carried out after the dissection. In Taiwan, a silent mentor initiation ceremony is conducted at the beginning of dissection and helped medical students gain a more mature attitude toward death. Many medical schools are today using methods other than cadavers to teach anatomy and the pros and cons of these newer methods are still being debated. There are legal and other challenges in obtaining dead bodies for dissection in offshore medical schools in the Caribbean and many schools use plastinated specimens or virtual programs and devices to teach anatomy.

My colleagues and I have not incorporated religion in our sessions on death. Religion guides most people during their final stages of life and while we do not mention specific religions we do discuss how religion can anchor and support us during the passing. The multitude of religions and the challenges in incorporating the perspectives of different religions during death must be considered. The challenge is to expand the learning of death and dying and incorporate formal sessions during the clinical years of training. A formal survey on where death and dying are addressed during undergraduate medical programs in Nepal can identify areas to be strengthened and changes to be incorporated.

REFERENCES:

6. The artist, Robert Pope Foundation. [LINK]