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RESEARCH

The perception of death in medical professionals and students

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Abstract

The psycho-emotional pressure generated with the death of a patient is one of the most difficult issues to be faced in medicine. This survey aims to analyze how physicians and medical students perceive the end of life. The study was characterized as a data survey, with a descriptive and quantitative approach. The data were organized into two categories for analysis: perception of death; and the influence of the medical experience in facing patient death. The results show that students feel unprepared to face this reality and that the professional experience is the main modifying factor of the doctors' understanding of the death. It is concluded that thanatology and its unfoldings are part of an academic gap in medicine, and the confrontation of death is a painful issue for professionals.
Keywords: Thanatology. Education, Medical. Attitude to death. Bioethics.

Resumo

Percepção da morte para médicos e alunos de medicina

A carga psicoemocional gerada com a morte de pacientes é uma das questões mais difíceis de serem enfrentadas na medicina. Este levantamento de dados, de caráter descritivo e abordagem quantitativa, teve como objetivo principal analisar a atitude de médicos e a percepção de estudantes de medicina em relação ao fim da vida. Os dados foram organizados em duas categorias: percepção dos entrevistados quanto à morte e influência da experiência médica para superar o óbito de enfermos. Os resultados mostram que os discentes se sentem despreparados para enfrentar essa realidade, e a vivência profissional é o principal fator de compreensão dos médicos sobre o tema. Conclui-se que a tanatologia e seus desdobramentos são lacuna na formação em medicina, tornando a morte questão crítica e dolorosa da profissão.
Palavras-chave: Tanatologia. Educação médica. Atitude frente à morte. Bioética.

Resumen

Percepción de la muerte en médicos y estudiantes de medicina

La carga psicoemocional generada por la muerte de pacientes es una de las cuestiones más difíciles a enfrentar en la medicina. Esta recolección de datos, de carácter descriptivo y de abordaje cuantitativo, tuvo como objetivo principal analizar la actitud de médicos y la percepción de estudiantes de medicina en relación con el fin de la vida. Los datos se organizaron en dos categorías: percepción de los entrevistados respecto de la muerte e influencia de la experiencia médica para superar la muerte de pacientes. Los resultados muestran que los estudiantes no se sienten preparados para enfrentar esa realidad, y la vivencia profesional es el principal factor de comprensión de los médicos sobre el tema. Se concluye que la tanatología y sus desdoblamientos son una laguna en la formación en medicina, tornando a la muerte una cuestión crítica y dolorosa de la profesión.
Palabras clave: Tanatología. Educación médica. Actitud frente a la muerte. Bioética.

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Declaram não haver conflito de interesse.

Since ancient times, many people have seen medicine from the perspective of the myth of infallibility, according to which the death of patients represents a synonym of professional failure [1,2]. In addition, the current scenario shows that suicide among physicians in training and professionals in the labor market is higher when compared to other professions [3]. The physician deals with death daily, being subject to such constant psycho-emotional pressures.

The unpreparedness and difficulty in living with patients' feelings, especially those who need palliative care, added to the profession's emotional overload, excess of daily information, long working hours and constant sleep deprivation further increase mental suffering and interfere on the quality of clinical practice and the relationship between physicians, patients, and family [3-5].

For a long time, the process of medical education in the country did not include preparing students to face death or addressing issues related to the loss of their patients. Moreover, when this topic was addressed, the institutions somehow stimulated a search for impersonality in the physician-patient relationship and these professionals, in turn, did not successfully develop mechanisms to deal with and overcome these losses [6-8].

With the publication of the new Diretrizes Curriculares Nacionais – National Curriculum Guidelines (DCN) for medical schools, in 2014, there is a prospect of change. The document recommends to students' extensive contact with practice environments *from the early grades and throughout the undergraduate medical course, from the expanded concept of health, considering that all scenarios that produce health are relevant learning environments* [9].

Some factors, such as the social roots of Western culture, are considered stimuli to the primary reaction of denying death. Beliefs and personal experiences of each physician can also influence this attitude in daily life [10]. There is much discussion about the distancing of health professionals from the loss of patients, and it is difficult to distinguish between naturalization and "coldness", but it is clear that immoderate affective involvement with patients increases the emotional burden and psychological pressure intrinsic to the profession, resulting in severe biopsychosocial harm [11-13].

Understanding how students and practitioners face and see end-of-life is important in order to avoid such psychological harm [14,15], and profiling future physicians and correlating them with physicians in today's marketplace can provide reasonable insights to contrast the medical education offered in life. country after the 2014 DCN [16] with traditional education.

Given the above, this study aims to analyze the attitude of physicians and the perception of medical students concerning death. It is believed that this investigation will allow us to delineate a probable evolution of the behavior of these subjects towards the end of life throughout their academic education and medical practice.

Methods

This study can be defined as cross-cut, descriptive and with a quantitative approach. The evaluation was made through a semi-structured form with 21 closed and one open questions, applied between October and December 2017. The questionnaire was elaborated based on the study by Albertoni and collaborators [17], which addresses personal and academic relationships in the face of death, strategies coping and preparedness to deal with this situation.

The sample was established by convenience, applying the form to medical students aged 18 years and over, enrolled in the second, third and fourth semester of the course, physicians linked to the Estratégia de Saúde da Família – Family Health Strategy (ESF), to outpatient clinics of the Sistema Único de Saúde – Unified Health System (SUS) and physicians from a private hospital.

Participants' specialties include medical clinic, cardiology, pediatrics, pulmonology, urology, general surgery, pathology, nephrology and psychiatry. A total of 51 students and 42 professionals participated, and one of the latter chose not to answer it. The study considered only those who understood the purpose of the study and signed the free and informed consent term.

The questions on the form were organized into two response categories: respondents' perception of death and the influence of medical experience to cope with the patient's death. Data were analyzed using descriptive statistics using Excel software and the chi-square test was used to compare response frequencies between groups using Epi Info version 7.2.2.1. For all statistical tests, a significance level of 0.05 was considered. The project was submitted to the Ethics Committee of the Faculdade Dinâmica Vale do Piranga.

Results

In the first category, respondents' perception of death, the evaluation of the nature of the questions

allowed us to find four themes: 1) contact with death; 2) preparation to deal with it; 3) behavior towards relatives of terminally ill patients; and 4) influence of personal experiences on professional life.

The first question indicates the frequency of personal or professional experiences with death. The physicians were asked if they had already taken care of patients who died or were terminally ill; 40 of them (97.5%) confirmed that they had experienced any of the described situations (χ^2=11.05, p<0.05). When asked about end-of-life contact, whether in personal experiences or practice environments offered during their undergraduate course, 35 students (69%) confirmed and 16 (31%) said they had not experienced this type of experience (χ^2=11 .05, p <0.05).

Professional experience is reflected in the outcome of preparedness to deal with the death of the sick. Most physicians (75%) feel prepared to deal with this situation (χ^2=33.09 p<0.05), while only 15% of students consider themselves ready to act in this context. A different scenario was observed in the evaluation of the behavior towards the family of the deceased or terminally ill patient (Figure 1). Half of the professionals and students feel unprepared to face the family sphere of the death of the sick.

Personal experiences were important for the students to overcome the death of the patients - 92% considered that this factor can totally or partially influence their professional life. Physicians responded in a varied way, showing no pattern (Figure 2).

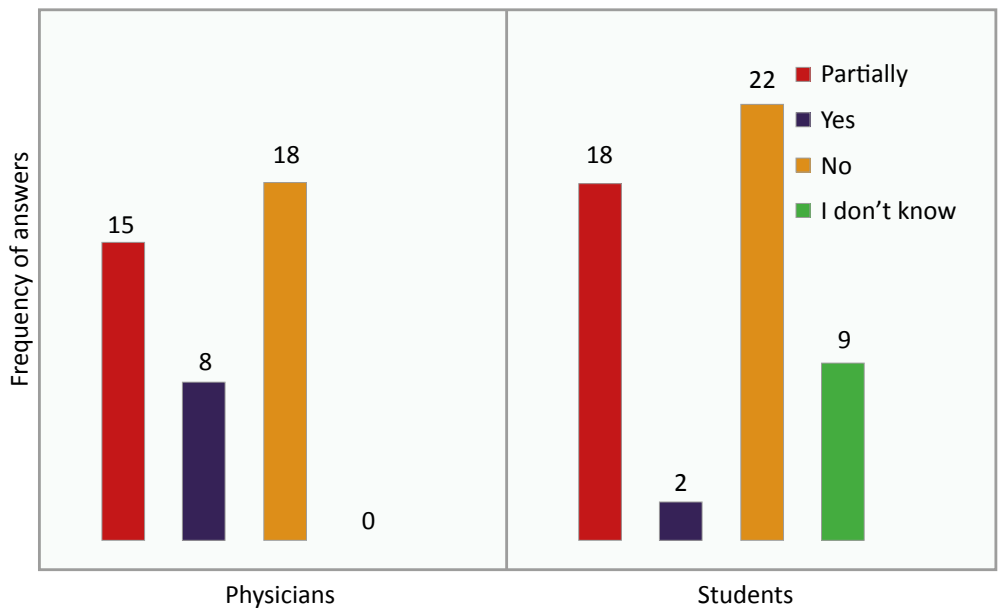
The answers about the influence of medical experience on how to better understand the patient's death are shown in Frame 1. Most professionals (76%) reported having experienced losses of both young and elderly patients (Frame 1). Approximately 80% of them considered the death of young people more remarkable, according to the open question of the questionnaire (data not shown in Frame 1). And 62% assumed only professional contact with patients who ended up dying.

About how they felt about the death of these people, most reported sadness (48%) and naturality (31%). This latter attitude had nothing to do with the time of academic training, i.e., both physicians trained 39 years ago and recent graduates saw death as natural.

The same pattern was observed for the specialties. Those who reported behaving naturally in the face of patient death include specialists in pediatrics, psychiatry, medical clinic, pulmonology, and general surgery. Some professionals even reported fear (2%) and guilt (5%), making it evident that these feelings are not prevalent.

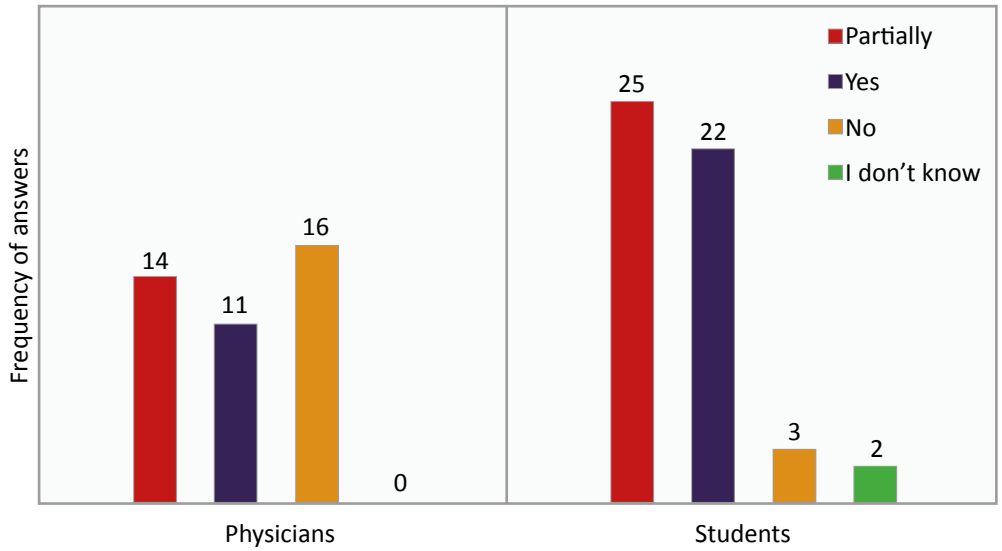
For half of the physicians interviewed, dealing with the death of the sick became easier over the years, and for 26% the situation became natural. The results also show the need to share the feelings caused by the death of patients: 81% of physicians stated they to talk to someone about it, either with coworkers or family.

Figure 1. Comparison of physicians 'and students' responses to behavior of relatives of terminally ill patients



http://dx.doi.org/10.1590/1983-80422019273334

Figure 2. Comparison of medical and medical student responses to the influence of personal experiences on working life



In general, professionals have individual perspectives on how to deal with the loss of hospitalized people, meditating on or trying to treat the situation naturally, as the testimonials show: "*I feel sad about the loss of the patient, but I try to face it naturally. I'm not indifferent, but I don't get depressed*" (M27, 25 years old, female); "*I believe death is a natural thing, we do everything to prevent it from coming, but it is inevitable in some cases*" (M42, age not informed, female).

Some professionals also highlight the ethics in the patient's death process and the importance of supporting family members: "*Making sure that what needed to be done was accomplished. The patient can die, but always with dignity*" (M41, 35 years old, male); "*Always naturally and making myself available to family members*" (M12, 32 years old, male); "*Analyzing and explaining to the family members the circumstances of death*" (M20, 63 years old, male).

In the opinion of 76% of the physicians interviewed, the subject of coping with patient death should be addressed throughout the course; to 12% at the end of the course; and 7% consider the beginning of medical school the best time to address the issue. Another 2% reported not seeing the need for subjects that address the topic in the course (Frame 1).

Frame 1. Answers about the experience of the professional with terminally ill patients*

This patient was?			
Young: 5%	Elderly: 14%	Both: 76%	
What was your level of involvement with these patients?			
Close: 21%	Professional: 62%	Both: 12%	None: 2%
Were you the physician on duty/responsible for these patients?			
Yes: 76%	No: 21%		
Did you call the patient by their name?			
Yes: 86%	No: 2%	Sometimes: 7%	
How did you react/cope when this patient died?			
Normally: 31%	Sadness: 48%	Fear: 2%	Guilt: 5%
I don't know what to answer: 7%	Other: 5%		
Has dealing with death become easier for you, over the years?			
Yes, it has become easier: 50%	Yes, it has become natural: 26%		
No, it has become more difficult: 5%	No, there has been no change: 17%		
Do you or did you talk to anyone about the death of your patient?			
Yes: 81%	No: 14%		

continues...

Frame 1. Continuation

Who do/did you talk to about the death of your patients?		
Professional colleagues: 38%	Friends: 14%	
Spouse/other family: 32%	Other: 13%	
If you didn't talk to anyone about your experience, what was the motivation for this?		
Insecurity: 0%	Fear: 13%	Indifference: 13%
I don't know how to answer: 25%	Other: 50%	
Do you think it would be helpful to talk about these experiences?		
Yes: 83%	No: 12%	
How do your team members respond to patient deaths?		
Naturally: 42%	With sadness: 38%	With fear: 2%
With guilt: 0%	With indifference: 6%	I don't know what to answer: 10%
In your opinion, when should a course addressing how to deal/cope with death-related problems be taught?		
Beginning of the course: 7%	Throughout the course: 76%	
End of the course: 12%	I don't see the need for such courses: 2%	

** The percentages not totaling 100% were cases in which respondents refused to answer the question. For some questions it was possible to give more than one answer.*

Discussion

Social representations of health and disease vigorously manifest the conceptions of society. The medical professional is at the confluence of three contradictory logics: the humanitarian, the rational (of scientific interest) and the financial profitability [18]. In addition to these conflicts, the emotional state of the physician when the death of the sick person is the main scene of acting.

The discussion of this study was guided by the way physicians and medical students understand death. Different end-of-life assessments were expected from professionals and students. The perceptions of each group are diverse, which allows us to delineate possible evolution in facing death as professional experience is acquired. This finding highlights the gap in the theme in medical curricula, which may contribute to psycho-emotional developments, especially in the beginning of medical practice.

Death stands out in the ethical context in many ways. The physician is prohibited from conducting various procedures and decisions regarding the death of the patient, at the same time they have to position themselves and take the necessary measures if the patient's life is at risk. The Código de Ética Médica – Code of Medical Ethics (CEM) states that, in the absence of justifiable reasons for abandoning the case, the physician should remain with his or her patient even in scenarios of an incurable disease or the need for palliative care [19].

The paradox between ethically correct and indifferent conduct is the main clash of the physician, who is often emotionally unprepared. To comply with ethical precepts, many professionals adopt some psychological distancing as a form of protection against the loss of patients [20]. Strictly professional involvement is a reflection of this attitude, as found in this study and discussed in other works [21].

Often the recent medical graduate comes to the workplace without ever encountering situations (theoretical or practical) that require personal and psychological skills to deal with these losses [22]. This could be seen during an interview with a student who, in her first year of residence, had not yet dealt directly with the death of a patient, so she felt insecure and unprepared.

In the long run, the lack of dialogue on the subject during medical school creates vulnerability in students to the point that they cannot find, after graduation, favorable and rational ways to overcome failure or sadness. According to several studies [3,5,11,13], some professionals seek refuge in narcotic substances, such as alcohol, or keep the anxiety experienced at these times to themselves, which ends up causing mental illness and directly reflecting on their clinical skills.

Despite the unpreparedness of students, some studies argue that it is not just about including the subject as a discipline in the curriculum, but about changing the representation of death and recognizing the existence of suffering in medical reality, disconnecting the patient's death from the idea of medical failure [23].

The comparison of the perceptions of physicians and students shows that professional

experience directly influences the way the individual gives meaning to the end of life. Although most confirm that they have experienced this situation, professionals reported facing it more naturally, defining time as the main attenuator of discomfort in these cases. Students responded with strangeness to the possibility of losing patients. When it comes to the family sphere, students and professionals alike experience the same difficulty, as communicating bad news is also a very delicate issue in this process [24].

For undergraduate students, their learning and personal experiences will influence the professional routine. In fact, what is observed, according to physicians, is the distance between personal life and posture in the workplace. While it was unanimous among students that college should include disciplines on these issues, practitioners' experience led to the notion that preparation for dealing with death should be worked throughout the undergraduate course, not fragmented or dissociated from practice, as occurs in many medical schools in Brazil.

The new DCN for medical schools [16] aim to change the medical education offered in the country, including in the curriculum subjects of humanistic nature and inserting students in practice environments since the first period. Although not suggesting specific discipline on the subject, these guidelines recommend the participation of students in various practical scenarios, aiming to provide experiences that address situations of failure to prepare students for the routine of the profession. There is a significant difference between the current teaching advocated in the country and the traditional methods of training. It is believed that over the years and the implementation of the DCN, the profile of professionals will tend to assume a new posture, with characteristics of integral and humanistic education.

Final considerations

It is concluded that the preparation to better understand death is still a gap in medical education. Thus, health professionals learn to deal with terminally ill patients in practice, which often generates serious psycho-emotional consequences, interfering with medical practice and the relationship between the physician, the patient, and the family. Therefore, this study showed the need to close the gap between theory and practice, as well as the urgency of introducing disciplines such as thanatology in the curriculum from the beginning of the course.

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Participation of the authors
Maria Alexandra de Carvalho Meireles, Randyston Brenno Feitosa, Leonardo de Almeida Oliveira, and Humberto Jander de Souza collected the data and wrote the first version of the article. Lucia Meirelles Lobão produced the experimental design, wrote the article, and revised the text.

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Research

Annex

Survey questionnaire

I – Identification data

Age: _____

Sex: ( ) Male ( ) Female

Academic status:

Medical student* ( ) Year/grade _____

Physician ( )* Year of graduation _____

If you have any specialization tell us which: _____

* If you checked "Medical Student" answer from question 16 onwards.

Physician exercising the profession

II - Questions about the perception of death

1. Have you had contact with patients severely ill or in terminal stage?

( ) Yes

( ) No

( ) Superficially

1.1 This patient was:

( ) Young

( ) Elderly

( ) Both

* If you checked "Both" which patient had the most impact on you?

_____

2. What do you think is your level of involvement with these patients?

( ) Close

( ) Professional

( ) None

3. Were you the physician on duty/responsible for these patients?

( ) Yes

( ) No

4. Did you call the patient by their name?

( ) Yes

( ) No

( ) Sometimes

5. How did you feel emotionally about providing care for this terminally ill patient?

( ) Prepared

( ) Unprepared

( ) I don't know what to answer

6. How did you react/cope when this patient died?

( ) Normally

( ) Sadness

( ) Fear

( ) Guilt

( ) I don't know what to answer

( ) Other _____

7. In your opinion, has dealing with death become easier for you, over the years?
( ) Yes, it has become easier
( ) Yes, it became natural
( ) No, it became more difficult
( ) No, there has been no change.

8. Do you or did you talk to anyone about the death of your patients?
( ) Yes
( ) No
*If you checked "Yes", answer question 8.1:
*If you checked "No", answer question 8.2:

8.1. Who do/did you talk to about the death of your patients?
( ) Professional colleagues
( ) Spouse or other family
( ) Friends
( ) Other

8.2 If you didn't talk to anyone about your experience, what was the motivation for this?
( ) Insecurity
( ) Fear
( ) Indifference
( ) I don't know what to answer
( ) Other _____

9. Do you think it would be helpful to talk about these experiences?
( ) Yes
( ) No

10. What ways do you use to deal with the death of your patients? (If you do not use any strategy, tick the placeholder for the answer)

_____

11. How do your team members respond to patient deaths?
( ) Naturally
( ) With Sadness
( ) With Fear
( ) With Guilt
( ) With Indifference
( ) I don't know what to answer

12. Do you feel comfortable giving news of death to a patient's family?
( ) Yes, partially
( ) Yes, totally
( ) No
( ) I don't know how to answer

13. Has any personal life experience with death influenced the experience with patients?
( ) Yes, partially
( ) Yes, totally
( ) No, there was no influence

14. Throughout your course, did/do you have any theoretical, individual or practical preparation to deal with coping with death?

Individual: ( ) Yes ( ) No ( ) Superficially
Theoretical: ( ) Yes ( ) No ( ) Superficially
Practical: ( ) Yes ( ) No ( ) Superficially

15. In your opinion, when should a course addressing how to deal/cope with death-related problems be taught?

( ) Beginning of the course
( ) Throughout the course
( ) End of the course
( ) I don't see the need for such courses.

Physician in Training

II - Questions about the perception of death

16. Have you had any experience with death?

( ) Yes ( ) No

17. How do you feel, emotionally, about being able to provide care for terminally ill patients?

( ) Prepared
( ) Unprepared
( ) I don't know what to answer

18. Do you think you would be comfortable giving news of death to a patient's family?

( ) Yes, partially
( ) Yes, totally
( ) No
( ) I don't know what to answer

19. Do you think your personal experience will influence how you deal with your terminally ill patients?

( ) Yes, partially
( ) Yes, totally
( ) No
( ) I don't know how to answer

20. For your training as a physician, compared to other subjects, how do you rate the importance of the approach to dealing with patient death?

( ) Great Relevance
( ) Medium Relevance
( ) Little Relevance
( ) No Relevance