End-of-Life Education for Medical/Nursing Students

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Abstract

In Japan, end-of-life (EOL) education has been encouraged since the late 1980s. However, EOL education at medical/nursing schools is insufficient. EOL education is regarded to have the effect of reducing the anxiety of students who face such issues as advance directives, stopping life-sustaining treatment, brain death, and death with dignity. Such education helps students to cope with real death and dying people and their family members. Death underlies medical care, and EOL education is therefore important and indispensable for medical/nursing students.
EOL education for medical/nursing students should be conducted from a broader point of view by experts in various fields. Patients, their family members, or the bereaved should be invited as guest speakers; their speeches will help the students to imagine real death and to think about different aspects of death. Cosmetics for the dead body are useful for becoming aware of the dignity of patients and taking grief care, and cooperative learning is necessary for students in order to develop a mindset for team medical care and to widen their horizons.
EOL education for medical/nursing students requires not only lectures but also practice of role play, hospice visits, and hand-on practice in hospital. I propose an EOL education program in Japan in this paper.

Keywords: end-of-life education, medical/nursing students

Introduction

Health care professionals have had more and more occasions to be involved in EOL in Japan [1]. Accordingly, they have been faced with such issues as advance directives, stopping life-sustaining treatment, brain death, and death with dignity. On the other hand, medical/nursing students have had fewer and fewer occasions to care for patients at home and they are becoming unable to cope with real death.

If medical/nursing students, who see human death objectively with no specific emotion and are ignorant of real death and dying start a professional career without any mental

preparation, they will encounter various problems in treating dying persons in the clinical setting [2]. That is why EOL education is necessary for such students, with a view to providing health care professionals with new skills through continuous education.

European countries and the USA started EOL education programs in the 1970s [3]. Elementary schools have certain programs [4]. There are some education programs dealing with attitudes toward dying and death, communication with dying persons and their family members, advance directives, and grief and bereavement in medical/nursing schools [5]. Healthcare professionals' groups have provided new skills through continuous EOL education: Units and Packages (UNIPACs) by the American Academy of Hospice and Palliative Medicine (AAHPM) [6], Education for Physicians on End-of-life Care (EPEC) by the American Medical Association (AMA) [7], and the End-of-life Nursing Education Curriculum (ELNEC) by the American Association of Colleges of Nursing (AACN) [8].

EOL education is regarded to have the effect of reducing the anxiety of the students [9], promoting their capacity to face EOL persons and their family members, and improving the quality of care for them [10][11][12][13]. In Japan, EOL education has been encouraged since the late 1980s. However, EOL education at medical/nursing schools is insufficient [14][15]. As death underlies medical care, EOL education is important and indispensable for medical/nursing students to promote their ability to face individual and diverse death flexibly. In this paper, I maintain the necessity of EOL education for medical/nursing students. Firstly, I survey evaluation of death in medical care. Secondly, I examine the current state and problems of EOL education at universities. Finally, I propose a model of an EOL education program.

1. Death in medical care

1-1. Definition of death

The death of a person has been judged by three symptoms, i.e., cardiac arrest, apnea, and dilation of the pupils. However, with the development of the respirator and other advanced medical equipment, the process of dying can be prolonged. In Japan, since the Organ Transplant Law came into force in October 1997 [16], the total sum of organ donations from brain-dead donors is only 81 cases in 12 years, and there are many patients who are waiting for donors, some of them going abroad to find a donor. As the World Health Organization (WHO) prepared to regulate overseas organ transplantation, the Organ Transplant Law was amended

in June 2009 and brain death was defied as the death of a person.

1-2. Different aspects of death

The death of a person can be classified into three modes: firstly, "my own death, "secondly, "your death," meaning the death of a family member or loved one, and thirdly," a third person"s death," meaning the death of a patient or a member of the general public [17]. "My own death" is not the death of someone else, and when death comes to me I do not exist any more. Therefore, people have a fear of death. "Your death" is the death of one"s parent, child, sibling, partner, or close friend that would cause deep sorrow. "A third person"s death" can be regarded with a detached attitude. A patient"s death for a healthcare professional belongs to this category.

1-3. Death with dignity in EOL

In Japanese medical practice, family members' intentions are often more influential than the patient"s autonomy, and many physicians provide the facts to the family members first, not to the terminally ill patient [18].The Japan Society for Dying with Dignity recommends writing a living will. According to a survey of the Ministry of Health, Labour and Welfare, 60% of Japanese people accept the concept of the living will [19]. The concept of "death with dignity" in Japan is that, if a person is regarded as unrecoverable, the person can be brought to death by withholding or withdrawing life-sustaining treatment at the request of the patient (living will). However, death with dignity is proscribed in our country. Therefore, health care professionals can be charged with criminal liability, if they stop the patient"s life-sustaining support system.

2. Current situation of EOL education in Japan

2-1.Elementary and secondary school

The issue of death is dealt with in "life learning" in elementary and secondary school, and as a topic of social studies and ethics in high school. However, EOL education is insufficient because of varying quality because it conducted at the discretion of individual teachers [20]. Otherwise, the expertise and experiences of hospice and palliative care staff serve as educational resources in some schools [21].

2-2. Medical schools

There are some universities in which EOL education is included in the early stage of their

program or before hospital practice. According to a survey, the average time of instruction is 7.6 hours [22], while another survey indicates at least 30 hours is necessary for discussion and hospital practice during six years of medical education [23]. In addition, student satisfaction is high for classes on "communication skill" and "psychological support for patients and family members," and they have classes on "hospice visits' and "listening to the patient"s story." However, they cannot gain confidence in conducting EOL care for patients after the class [24].

2-3. Nursing schools

While there are programs of EOL education for certified nurse specialists and certified nurses, there are few programs of EOL education for undergraduate students and little cooperative effort among the professionals in different fields [25]. The average time of the course, mostly for third-grade students, is 35 hours, and the course includes role play and active learning (on-site training) [26]. The teachers who are engaged in EOL education take a practical approach by using audiovisual materials and providing lectures by doctors, nurses, spiritual care professionals, patients, family members, and bereaved families [27].

3. Problems of the current EOL education

3-1. Difficulties in imagining death and the dying process

Medical/nursing students have fewer opportunities to experience death and the dying process because of the trend toward the nuclear family. They have experience of death only in virtual video games, the mass media, and literature, etc. As a result, it is difficult for them to imagine the physical, mental, social, and spiritual pain of a dying patient.

3-2. Differences in faculties of education

There are significant differences among medical/nursing schools and teachers. Few schools have a curriculum of EOL education and few teachers are interested in teaching the issues of EOL. In particular, while most medical schools spend a lot of time teaching knowledge of advanced medical treatment and technology, they hardly have time for EOL.

3-3. Lack of a program for a team approach

Although it is pointed out that a team approach to medical treatment is necessary, there are few medical/nursing schools with programs (lectures and role play) for a team approach. Cooperative learning among medical/nursing students gives them opportunities to think or become aware of the team approach and contribute to forming the foundations of

relationship-making with other professional [28]. However, there remain such problems as the ineffectiveness of one-way lectures and difficulty in adjusting the lecture time for cooperative learning.

4. Consideration

4-1. General objective of EOL education

EOL education aims to improve the ability of the medical/nursing students to understand the physical, mental, social, and spiritual pain and suffering of EOL persons and their family members, and to face them based on appropriate knowledge and skill regarding EOL.

4-2.Specific objectives of EOL education

(1) To understand the pain and suffering of EOL persons and their family members from physical, psychosocial, spiritual viewpoints

(2) To understand the implications of death and dying in medical, cultural, social, and religious contexts

(3) To understand the different aspects of death and dying in line with the three modes above mentioned: "my own death," "your death," and "a third person"s death"

(4) To understand the quality of life of EOL persons from medical and total care viewpoints

(5) To improve the basic ability to face the pain, suffering, death, and dying of EOL persons and their family members.

4-3. Method of EOL education

(1) Listening to those involved in EOL

It is very effective for the students to listen to physicians, nurses, patients, their family members, and the bereaved for the purpose of imagining death and dying and improving sensitivity to the pain or suffering of the patients and their family members.

(2) Designing an education program in various ways

Since death is understood differently depending on the medicine, philosophy, religion, and culture, it is necessary for persons in charge of EOL education to collaborate with people of other fields, to acquire broad knowledge and a flexible attitude [2930].

EOL education is promoted by active and participatory learning [3132]. And good text books will prepare students for future opportunities to cope with EOL issues [3334].

4-4. Evaluation of EOL education

Evaluation of EOL education is not as easy as other subjects in that paper tests for general knowledge cannot cover the achievements of each student. Teachers are required to assess the students' improvement based on performance in group work, presentations, and task reports.

5. A model plan of EOL education for medical/nursing students

	Topics	Contents	Instructor	Teaching style
1	Introduction	Death in medical care; Definition of end of life; Aspects of death; Current situation of end of life	The person in charge of the class	Lecture
2	Cultural and religious issues	Background and history of life and death; Cultural aspects of death; Religious aspects of death; Rituals concerning death	Teacher of humanities	Lecture
3	Ethical and legal issues	Informed consent; Right to know/not to know; Self-determination; Withholding and withdrawing	Teacher of bioethics	Lecture
4	Image training in death and dying	Case studies; Thinking about "my own death," "your death," and "a third person"s death"	The person in charge of the class	Group work
5	End-of-life issues (1)	The current situation of end of life: medical care (pain, symptom management)	Physician	Lecture
6	End-of-life issues (2)	The current situation of end-of-life care: grief care	Nurse	Lecture
7	End-of-life issues (3)	The current situation of end of life: spiritual care	Spiritual care Professional	Lecture
8	End-of-life issues (4)	Speech of the bereaved family	Bereaved family	Lecture
9	Practice (1)	Cosmetics for the dead body	Nurse	Role play
10	Practice (2)	Communication skill	The person in charge of the class	Role play
11	Visit to a hospital	Hospice; Buddhist Hospice; Palliative care unit	The person in charge of the class	Visit
12	Case study (1)	Consideration of related cases by using A. Jonsen"s four-quadrant method sheet [35]	The person in charge of the class	Lecture
13	Case study (2)	Discussion of individual cases among different professions	The person in charge of the class	Group work
14	Case study (3)	Significance of team medical care; End-of-life care of individual cases	The person in charge of the class	Presentation of each group

15	Summary and reflection	End-of-life care in general	The person in charge of the class	Lectures and group work

Conclusion

In Japan, medical/nursing students encounter problems during clinical training, and they will face various difficulties in their clinical practice as professionals due to the lack of experience in death and dying in their daily lives. As the issue of death underlies medical care and nursing care, EOL education is significant and indispensable for medical/nursing students. By proposing a model plan of EOL education, I would like to emphasize the following points.

1. EOL education should be conducted from a broader point of view by experts in various fields, because death has diverse and different aspects.
2. Patients, their family members, or the bereaved should be invited as guest speakers so that the students can gain skills to cope with different types of death and dying more flexibly.
3. It is required for the students to pay attention to different aspects of death by engaging in role play, hospice visits and hand-on practice in hospital for the purpose of improving their ability to face actual death.
4. As cosmetics for the dead body are useful for becoming aware of the dignity of patients and taking grief care, students should practice using them in class.
5. Among medical and nursing students, cooperative learning is necessary for the students in order to develop a mindset for team medical care and to widen their horizons.

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