Teaching interns and residents about death and dying

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Residents and interns should receive intensive, interactive training regarding death and dying. This program should be presented early in training. Other physicians and allied health professionals (or both) may be brought in to manage this program. A reference list for the teaching program is provided.

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How do you teach residents and interns to answer the question, "Doctor, am I going to die?" How do they learn what to say when the family asks, "Is mother dying?", or "Is mother dead?" What is the best way to teach physicians how to address the issues related to death and dying?

All physicians need to know how to handle the dying patient and the patient's loved ones before, during, and after the death has occurred. As osteopathic physicians treating the patient as a whole, we must never forget that this treatment includes the patient and the patient's loved ones at the time of death, just as much as during the patient's time of living. This article describes when, how, and who should teach a curriculum on death and dying. Key concepts of such a curriculum are outlined, with a listing of appropriate resources.

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When and how to teach trainees

The concept of handling dying patients and their families should be introduced early in the program, preferably during the orientation phase. This may involve intensive 1- or 2-day-long workshops, or two or more half-day or evening sessions. Trainees and program faculty should be invited to participate. This program can serve as a "team-building" exercise and thereby increase cohesiveness and respect among trainees and the faculty. It also prepares young physicians by giving them the necessary tools to deal with death and the events that lead up to it.

Establish a workshop

The initial program should take place in a workshop setting, which encourages a free exchange of ideas and expressions of emotions. Trainees arrive with a broad range of experiences in dealing with death. They must be given the opportunity to explore their feelings and emotions. Trainees with little or no experience with death may have had other losses that can be used to help them to understand the type of loss associated with death. Role-playing situations should be included in the program. Participants should practice "breaking the news" and engaging in other interactions that they will experience with patients and their families.

This workshop will be only the start of the curriculum. Whether they intend to, program directors and other faculty will find themselves teaching these issues in their daily interactions with patients and residents. Faculty participation in the initial workshops will give everyone a common language and set of skills for handling these situations.

Workshop leader's qualifications

To teach others how to relate to death and dying, the workshop leader must be very comfortable with his or her own attitudes and thoughts about his or her own death. Until these attitudes are resolved, it is almost impossible to teach someone else how to handle the situation appropriately. If the Director of Medical Education (DME) does not feel completely comfortable discussing this topic, he or she may want to have another faculty member or a team (chaplain, nurse, hospice director, and social worker) lead the workshop. The workshop leaders should also be experienced at facilitating group discussions that are emotional in nature.

The DME should be present at these workshops even if someone else guides the group. Preferably, the DME will be an active participant rather than just an observer. The DME's presence at these workshops will impress trainees with the idea that these workshops are important and worthwhile. To maintain this momentum, instructors and the DME must build on—and reinforce—everday those concepts taught during the workshop.

Underlying considerations

Concepts related to death and dying are taught usually at the same time. Yet, as an individual experience, "dying" affects the patient 100% and the family to varying degrees. Obviously, death affects the patient, but it has no sequelae for the patient. Rather, the family experiences the aftereffects of death long after the event itself. These differences need to be addressed in the overall curriculum and in the workshop specifically.

By the end of the workshop, trainees should be prepared for their various roles in dealing with death and dying. *Table 1* lists those questions likely to be encountered in the physician's relationship with the dying patient and the family, as well as the physician's own self. Specifically, when it comes time to break the news to the family, the physician is faced with other factors to consider *(Table 2)*.

Table 1
Workshop questions addressing the physician's roles in dealing with death and dying

Physician and patient

- How should the physician tell the patient the diagnosis and prognosis?
- How should the physician handle the patient's emotional response to this news?
- What should be emphasized in the care of this terminally ill patient?
- What adjectives should describe the communication between the patient and physician?
- What kind of support does the physician give the dying patient?
- What transpires between the patient and physician during the final stages?

Physician and patient's family

- How should the physician handle the family's emotional response to this news?
- What adjectives should describe the communication that the physician has with the patient's family?
- What support does the physician give to the patient's family?
- How can the physician best provide support to the family?
- What pitfalls exist in the physician-family interactions?

Physician and self

- How does changing from a "curing" mode to a "caring" one affect the physician? Why?
- What is the primary physician's role in dealing with the dying patient and his or her family?
- What emotions are "normal" for a physician to feel during the dying process and death of a patient?
- How should the physician plan for the final stages?
- Do certain types of death spare the physician from emotional upheaval? What types? Why?
- What role does the physician play after the death?

Comment

"For every thing there is a season, and a time for every purpose under the heaven: A time to be born, and a time to die...." (Ecclesiastes 3:1-2.)

There is no easy way to teach about death and dying; it is an ongoing process. No matter what approach is taken, trainees will still make mistakes. However, a structured teaching pro-

Table 2
Points Physicians Need to Consider When Conveying News of Death

Interaction with family

- How should the physician inform the family of the patient's demise?
- If the physician is unfamiliar with the family, should he or she make an effort to find out beforehand if the family expected their loved one to die?
- In what environment should this conversation take place?
- Should the physician, or someone else, accompany the family to view the body? How long should the physician remain with the family? Should the physician sympathize with the family?

Verbal/physical communication

- What physical position (sitting, standing) should the physician take while breaking the news to the family? *Why* is this position important?
- What kind of language and words should the physician use in conveying the message?

Medical considerations

- Does the physician offer grieving family members sedatives?
- When is it appropriate to request permission for organ donation or to perform an autopsy?

gram that allows participants to explore their attitudes and emotions and role-play interactions with patients and their families will provide a framework for dealing with these situations.

Suggested readings

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