

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

U·M·I

University Microfilms International
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
313/761-4700 800/521-0600

PREVIEW

Order Number 9322805

**Death education as perceived by medical students and internal
medicine specialists: A qualitative study**

McReynolds, Janis Gay, Ph.D.

The University of Nebraska - Lincoln, 1993

Copyright ©1993 by McReynolds, Janis Gay. All rights reserved.

U·M·I

300 N. Zeeb Rd.
Ann Arbor, MI 48106

PREVIEW

**DEATH EDUCATION AS PERCEIVED BY MEDICAL STUDENTS
AND INTERNAL MEDICINE SPECIALISTS:
A QUALITATIVE STUDY**

by

Janis G. McReynolds

A DISSERTATION

**Presented to the Faculty of
The Graduate College in the University of Nebraska
In Partial Fulfillment of Requirements
For the Degree of Doctor of Philosophy**

**Major: Interdepartmental Area of
Community and Human Resources**

**Under the Supervision of
Professor James A. Thorson**

Lincoln, Nebraska

May, 1993

DISSERTATION TITLE

Death Education as Perceived by Medical Students and Internal

Medicine Specialists: A Qualitative Study

BY

Janis G. McReynolds

SUPERVISORY COMMITTEE:

APPROVED

DATE

Signature

December 17, 1992

James A. Thorson

Typed Name

Signature

December 17, 1992

Leo Missinne

Typed Name

Signature

December 17, 1992

David E. Corbin

Typed Name

Signature

December 17, 1992

Shirley A. Waskel

Typed Name

Signature

Typed Name

Signature

Typed Name



**DEATH EDUCATION AS PERCEIVED BY MEDICAL STUDENTS
AND INTERNAL MEDICINE SPECIALISTS:**

A QUALITATIVE STUDY

Janis G. McReynolds, Ph.D.

University of Nebraska, 1993

Advisor: James A. Thorson

The purpose of this study was to investigate the perceptions of the death education that medical students received with that received by internal medicine specialists. The effect of death education on the internists' professional and personal lives was also explored.

Descriptive data was obtained through the use of a structured questionnaire, constructed by the researcher and administered during personal interviews. A selected sample of 10 third- and fourth-year Midwestern medical school students (three women and seven men) and a random sample of 10 internal medicine specialists (one woman and nine men) from a mid-sized and a small Midwestern city were used.

All of the students and nine internists stated that death education was needed in medical school. Seven students and nine doctors believed that this training should be required. Nine students had received training in thanatology, and seven indicated that they would seek out further death education.

Eight students and nine doctors believed the topic of death should be incorporated within other medical school courses. In

addition, three physicians and five students believed that a separate course, seminars, and workshops should also be offered.

The internists who had not received death education in medical school indicated that this training could have provided them with academic knowledge and eliminated trial-and-error methods when caring for the dying patient and the family. This training may have been helpful during the early years of practice. However, three internal medicine specialists indicated that they did not know how death education would have affected their professional and personal lives.

The data supported that the internal medicine specialists perceived their death education as inadequate and that the doctors believed that thanatology should be required in medical school. On the other hand, the results did not support that the medical students perceived their death education offerings as sufficient to prepare them for practice. The internists who had received some death education in medical school also indicated that such training had little impact upon their professional and personal lives.

To Annie, her brother, Gabby, and Huey

J.C.M.

PREVIEW

ACKNOWLEDGEMENTS

My doctoral degree must be shared with a number of people. These individuals cared enough to support me through a very long process that lasted many years.

One of my dad's favorite sayings was, "Get all the education you can; that may be the only thing they can't take away from you." My dad, the late John O. Cockerill, had only four years of education; so, "Daddy, I'll share this degree with you."

To Eucharía Nnadi Okolo, I give my deep love and appreciation for encouraging me to pursue this degree. Thank you for being at the other end of the telephone line to listen to my joys and sorrows and to travel to Nebraska when I truly needed you.

To my children, Jacy and Guy, thank you so much for being so proud of me through my many educational experiences. Some of these endeavors earned me college degrees, but some were far more valuable, as they saved my life but earned no diplomas "to hang on the wall."

My appreciation goes to my friends who "cheered from the sidelines" and were most excited about my completion. This degree is for all of you--thank you, Paula Beirow; Janice "Hink" Hinkeldey; Kate Hinrikus; Shirley "Honey" VanGroningen; Shirley Meininger; Peg Paben; Pat Odimgbe; Teri Judds Bancroft; and especially, Carol Cockerill Judds, who is both my sister and my friend and who has lovingly fulfilled so many roles in my life.

To B. J. Wheeler, my friend and my support person, thank you for guiding me through math anxiety and academic writing. This journey resulted in friendship, love, and confidence.

To my husband, Ed McReynolds, thank you for "being there for me" and for your many trips down Interstate 80 to deliver this paper. Of course, I must also thank you for the use of your bank account.

To the late Wes Meierhenry, thank you for your quiet acceptance and encouragement. Without your support I would not be another woman earning a Ph.D.

To my advisor, Jim Thorson, and my committee members, Shirley Waskel, David Corbin, and Leo Missinne, thank you for your time and your assistance. Most of all, I appreciated your encouragement.

To the participating medical school administration, students, and support staff, and the internal medicine specialists, thank you for your time and your willingness to participate. The small view that you gave me of your lives and your profession will hopefully make a difference for future physicians.

PREVIEW

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Importance of the study	5
Purpose of study	7
Research questions	8
Definition of terms	8
Summary	8
II. REVIEW OF THE RELATED LITERATURE	9
Introduction	9
Status of death education in medical schools	13
III. METHODOLOGY	23
Introduction	23
Qualitative research	23
Advantages	24
Disadvantages	25
Quality of the data	26
Definition of terms	27
Qualitative research using structured interviews in studying death education in medical schools	28
Working hypotheses.....	29
Procedure	29
Sample	31

CHAPTER	PAGE
Instrument	32
Collection and treatment of the data	33
Validity	34
Reliability	35
Statistical procedures	36
Limitations of the research	36
IV. RESULTS	38
General description of respondents	38
Research question one	43
Research question two	48
Research question three	52
Research question four	61
Research question five	67
Research question six	73
Research question seven	77
Results of the study	84
Similarities between medical students' and internists' responses	84
Differences between medical students' and internists' responses	85
Working hypotheses	89
Interviews	90
Death education was a taboo topic	90
Personal experiences with death	92
Death education vs. on-the-job training	93

CHAPTER	PAGE
Death education: a matter of opinion	94
Death education might enhance communication	95
Death education: when to stop treatment?	99
Death education and cultural diversity	100
The need for death education	101
Conclusion	101
V. DISCUSSION	103
Results, discussion, and implications	104
Need for required death education	104
Need for a variety of thanatological course offerings	105
Credentials for death educators in medical school	106
Topics to be presented	108
Lack of thanatology in previous years	108
Comparison of findings with earlier research	109
Null data or negative evidence	111
Model death education course for medical school	116
Recommendations for further research	118
Conclusion	119
REFERENCES	120
APPENDIX A, Research questions	126
Structured questionnaire	130

	PAGE
APPENDIX B, Responses	141
APPENDIX C, Thank you letter	170
Evaluation form	172

PREVIEW

TABLES

TABLE	PAGE
1. Demographics of medical students and internal medicine specialists	39
2. Summary of research question one	43
3. Summary of research question two	48
4. Summary of research question three	52
5. Summary of research question four	61
6. Summary of research question five	67
7. Summary of research question six	73
8. Summary of research question seven	77

PREVIEW

CHAPTER I

INTRODUCTION

Dying and death are not new. The mortality rate for all living creatures has always been 100%. The changes surrounding death among humans in recent years have been in the lengthening of life and the process of dying. For prior generations, death often occurred under the care of a compassionate physician and surrounded by loving family and friends. Because of the lack of sophisticated equipment and antibiotics in prior years, the dying process was not often prolonged. Death education involved caring for the dying person and "learning on the job," as there were no formal courses or workshops for caregivers.

Dying now often involves utilization of extensive medical technology, and 80% of deaths occur in hospitals, nursing or convalescent facilities, and retirement homes (DeSpelder and DeSpelder, 1992). As a result there has been a corresponding professionalization among caregivers of the terminally ill, including family members as well as doctors and nurses. The expectation of many is that health care professionals have expertise in providing care for the dying person. Physicians are envisioned as highly-trained technicians, as well as experts in the complete care of patients and their loved ones. Therefore,

caregivers need sophisticated communication skills in dealing with death situations, but they may in fact not be taught such techniques in medical curricula.

Prior to the decade of the 1960s, there was little interest among medical educators regarding attitudes toward death, the dying process, and the treatment and care of terminally ill patients. The very concept of death was repressed. Glaser and Strauss (1965) noted that it was easier to acknowledge the inevitable mortality of humans without imagining one's own death. Therefore, becoming involved in the treatment of terminal patients could be personally threatening to physicians.

Thanatology emerged into a greater public awareness in the late 1960s. It is the study of dying and death and is concerned with the management and treatment of dying patients and their loved ones. It draws from related fields such as medicine, social work, philosophy, psychology, and religion. Thanatology strives to unite humanistic approaches to dying, death, and bereavement with the scientific concerns of education and research (Carr, 1987).

Many concepts of thanatology have gained attention and respect and in recent years have been incorporated into the curricula for the training of health professionals. While this had been taking place, medical technology continued to become more sophisticated. It had also become so complex as to sometimes be applied before evaluating the full implications of its use. Thus,

medical practice has also become more specialized, and the system for the delivery of health care has changed in ways that may make the caregiver-patient relationships more impersonal.

Therefore, it is important that the preparation of physicians include content on caring for the dying patient and the family, as well as personally coping with death. This training is important because of 1) the impersonality of today's health care delivery; 2) the increasing institutionalization of the dying; 3) the growing proportion of deaths from chronic illnesses among an aging population; and 4) the increasing awareness of the concepts of thanatology.

Medical students and physicians come into personal contact with the dying, the bereaved, and other death-related medical encounters such as loss of body organs, limbs, sight, and hearing. It is, therefore, important that they feel comfortable and competent when working with the grieving person, as this individual may have special needs that can be met by medical students and doctors.

If medical students and physicians can help meet the grief needs of their patients, there is a possibility that some potentially long-term disruptive grief could be prevented or alleviated. However, medical personnel often feel uncomfortable and incompetent in dealing with dying and grieving people, perhaps because of the inadequate death education that they have received (Weeks, 1989).

A recent survey of professional schools of education, medicine, and funeral service and of teachers, physicians, and funeral directors addressed the following issues 1) whether practitioners were taught death education in their respective professional schools; 2) whether they felt their death education was adequate; 3) whether they considered themselves satisfied with their own understanding of death; and 4) whether within the curricula of their professional schools more death education should be offered (Weeks, 1989).

Of the 50 physicians participating in Weeks' survey, 18 had taken a course in death education, but only six of those individuals believed that their death training was adequate. A higher percentage of male doctors indicated that they were satisfied with their understanding of death (26 males out of 40 but only 3 females out of 10). Of the total responding physicians, 90% answered that more death education should be offered to students in medical school (Weeks, 1989).

Weeks' study also indicated a need for further research as to whether medical students avail themselves of death education courses that are electives. It was possible that fear of death, numerous required courses, time pressures, and other considerations may have precluded students' choices of elective thanatology courses. Death education may also have been

taught within the scope of other subjects; and after medical school, practitioners might have forgotten about these discussions (Weeks, 1989).

Importance of the Study

Medical students and physicians frequently work in death environments; therefore, they should be trained to cope with dying patients and their families. As doctors they may need to be better prepared to communicate and as a result may have less personal death anxiety and fewer fears.

Medical schools require that students master ever-increasing amounts of information. This could result in overcrowded curricula that leave little time for courses in thanatology. Humane caregiving, on the other hand, is of such importance in medical practice that this knowledge and these skills can and should be taught.

Dr. Elisabeth Kubler-Ross' seminars with terminally ill patients at the University of Chicago School of Medicine "opened the door" for courses in thanatology. Her work stimulated the development of a curriculum for the study of dying and death (Kubler-Ross, 1969). Her emphasis on wholistic medicine has brought about changes in perceptions of and communication with the dying patient and their loved ones on the part of medical personnel.

In the early 1980s, fewer than ten percent of the medical schools in the United States offered courses on death education (Dickinson, 1976). By 1987, Dickinson and his colleagues found that 96% of the 126 medical schools in the United States included some course content relating to thanatology. However, most of the instruction in dying was integrated into other courses. Therefore, fewer than 13% offered separate courses; but most students in medicine were exposed to some kind of thanatological offering (Dickinson, Sumner, and Durand, 1987).

The majority of the medical schools used a multidisciplinary approach in teaching thanatology, with instructors being primarily physicians. Auxiliary faculty came from other professions, such as nursing, law, philosophy, psychology, social work, sociology, and theology (Dickinson, Sumner, and Durand, 1987).

The current status of death education offerings in medical programs might be seen as encouraging. Few offer a full course; but the majority have some emphasis in their curricula on this topic, with most of the offerings having begun within the past decade.

Instruction in thanatology might help students in coping with their own anxieties about dying and death. As a result, students may develop more positive attitudes toward treating the terminally ill patient. In the end, the caregiver, the patient, the patient's family, and the caregiver's family should all benefit from death education.

Purpose of the Study

The major purpose of the present study was to investigate the perceptions of the death education that medical students received with that received by internal medicine specialists. The effect of death education on the internists' professional and personal lives was also explored.

The working hypotheses were 1) that the internal medicine specialists would perceive the death education they received as inadequate in view of their subsequent experiences; 2) that the doctors would believe that the comprehensive study of thanatology should be required in medical school; and 3) that the medical students would have a greater belief that their death education offerings within the curriculum would be sufficient to prepare them for medical practice.

This researcher found no prior studies in the literature where medical students and internal medicine specialists participated in personal structured interviews. Most research had been surveys of medical school curricula and of physicians. Therefore, a qualitative research design was chosen. A structured questionnaire was constructed and administered by this researcher during personal interviews. This research instrument contained both closed and open-ended questions. The focus was on the death education that the students and the physicians had received and how this had affected the doctors' relationships with patients, loved ones, and their own families.

Research Questions

This study was descriptive and focused on seven major research questions. Each question had numerous components, with one question specifically for the internal medicine specialists (Appendix A).

Definition of Terms

Death. Death was defined as the termination of the biological life of an organism.

Death education. Leviton (1977) defined death education as "a developmental process that transmits to people and society valid death-related knowledge and implications resulting from that knowledge" (p. 45).

Thanatology. Thanatology referred to the study of dying and death and the wholistic care of patients and families.

Summary

This study was designed to compare the quality and quantity of death education that medical students received with that received by internal medicine specialists. The study also explored how death education (or the lack of it) had affected the internists' professional and personal lives.