

Analysis of the Necessity and Modalities of Imparting Death Education to Medical Students Undergoing Training in Oncology Departments

Ying Zhang*, Chunlin Zhu, Jiayu He, Chen Jiang

Hematology Department, First Teaching Hospital of Tianjin University of Traditional Chinese Medicine, National Clinical Research Center for Chinese Medicine Acupuncture and Moxibustion, Tianjin 300110, China

*Corresponding author: Ying Zhang, zhangyingzhongyi@sina.com

Copyright: © 2024 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: Patients with advanced-stage tumors may experience various psychological problems that can have a significant impact on the effectiveness of cancer treatment and the quality of their survival. Therefore, it is crucial for oncologists to prioritize addressing the psychological issues that patients encounter throughout the diagnosis and treatment process. As future frontline healthcare professionals, oncology medical students should receive education on end-of-life care early on in their training. This will enable them to develop a profound appreciation for the value of life, deliver improved medical services, and contribute to the humanization of medicine. Furthermore, they will be able to provide terminal patients and their families with effective professional guidance, assisting patients in finding peaceful endings with minimal pain and helping families come to terms with the inevitable realities they face. Moreover, this education can effectively enhance their sense of responsibility toward life and cultivate a positive and optimistic attitude toward their own lives.

Keywords: Death education; Oncology; Medical students; Necessity

Online publication: July 31, 2024

1. Introduction

Death education originated in the United States. Flühring posits that death education facilitates the cultivation of awareness surrounding death across various dimensions, including psychological, spiritual, economic, legal, and others ^[1]. Moreover, death education serves as a preventive form of instruction, striving to mitigate the diverse challenges arising from death while also fostering a deeper appreciation for life. Malignant tumors are prevalent and recurring illnesses that pose a severe threat to human well-being, emerging as a significant contributor to mortality rates. Patients with terminal tumors not only experience physical pain but also encounter various psychological challenges as they approach imminent death. These issues significantly impact the efficacy of cancer treatment and the overall quality of life ^[2]. Consequently, it is crucial for oncologists to address the psychological well-being of patients throughout the treatment process. As future frontline clinical practitioners, aspiring oncology medical students should receive death education early in their training. This

approach enables them to develop a respectful attitude towards life, approach their clinical work with enhanced empathy, and effectively support patients and their families in understanding and appropriately navigating the complexities of life and death. This paper will undertake an analysis and discussion on the necessity of death education for medical students in the oncology department.

2. The current state of domestic and foreign death education

2.1. The present state of foreign death education

The origins of death education in the United States can be traced back to 1928. Since then, death education programs have been implemented across all levels of education. In the United Kingdom, death education was initially associated with religious activities. However, in the 1950s, the “Death Awareness” ideological movement gained momentum. Subsequently, the United Kingdom integrated death education into the medical humanities education program, thereby contributing to the advancement of medical education. In 1983, the “Life and Death Study Conference” was hosted by Sophia University in Japan, marking the formal inclusion of death education in the Japanese university education system. After the “Life and Death Research Conference” took place at Sophia University in Japan in 1983, death education was officially integrated into the curriculum of Japanese colleges and universities. Presently, the progress of death education in Japan, catering to students, social groups, and terminal patients, has yielded the anticipated outcomes ^[1].

2.2. The current state of death education in China

China initiated the implementation of death education in the 1980s; however, the presence of death education courses in primary and secondary schools in China is currently scarce. Only a limited number of colleges and universities offer death education courses specifically tailored for medical students, but the popularity of these courses remains limited nationwide ^[3]. The Proposal on Strengthening Life and Death Education for the Whole Society after the COVID-19 Epidemic was introduced at the Third Session of the 13th National Committee of the Chinese People’s Political Consultative Conference (CPPCC) in May 2020. Subsequently, in December 2020, the official website of the Ministry of National Education released a response letter affirming their commitment to carefully studying the proposed measures and striving to achieve tangible outcomes ^[4].

3. The importance of death education in the oncology department

3.1. Clinical treatment requirements

Medical oncology students are likely to encounter death more frequently than the general population upon entering the clinic. It is common for them to regularly encounter terminally ill cancer patients who are nearing the end of their lives. Initially, these students may hold a certain level of reverence for death in their hearts. However, as time goes on, they may gradually become desensitized to the deaths of their patients. Implementing death education programs specifically tailored for medical oncology students can be beneficial in various ways. Firstly, such programs can help foster a deep sense of respect for both their own lives and the lives of others. Furthermore, these programs can instill the importance of recognizing and upholding the sanctity of life. By doing so, students can develop a more compassionate approach towards their patients, thereby maintaining their ability to provide empathetic care. It is through this approach that they can genuinely strive to achieve the ultimate goal of “curing sometimes, helping often, and comforting always.” Ultimately, this will assist medical students in effectively carrying out their medical duties in future practice, enhancing the doctor-patient relationship, and ultimately advancing the humanization of medicine ^[5]. Concurrently, medical students

undergoing oncology training frequently encounter the responsibility of rescuing critically ill patients. Within their clinical practice, they often witness fellow students experiencing moments of panic when confronted with such patients, apprehensive about facing the prospect of the patient's demise. The integration of a death education program would aid them in approaching critically ill patients with enhanced composure during their clinical practice and enable the more proficient application of their acquired knowledge for the preservation of patients' lives.

3.2. Clinical humanistic concerns

The pursuit of the Chinese people has always been to achieve a favorable beginning and a desirable end, which encompasses both physical and psychological aspects. From a physical perspective, modern medicine can provide treatment, while from a psychological standpoint, doctors should address the situation with compassionate care. In cases where medical interventions are ineffective, terminal cancer patients aspire to live their final days with dignity and confront death serenely. Achieving this last wish of their lives necessitates doctors' assistance. Ross, an American scholar, highlighted in his book *On Death and Dying* that if death is perceived as a morbid, terrifying, and taboo subject, doctors will never be able to confront it calmly and positively alongside their patients. Consequently, death education becomes an essential prerequisite for the implementation of end-of-life care. Nursing staff must first receive education on death, acquire knowledge, and develop a scientific perspective on death before they can progressively assume the roles of educators, instructors, and practitioners in end-of-life care. Doctors should approach the concept of "life" with joy and "death" with warmth. As such, it is essential for medical students to receive education on the subject of death in order to effectively guide patients with terminal cancer and their families. By doing so, they can assist patients in achieving a peaceful passing with minimal physical and mental suffering, while also providing support to their families in accepting this inevitability^[6].

3.3. Requirements for personal growth

The development of death education plays a vital role in the personal growth of medical students. It is only through recognizing and confronting death that they can truly appreciate their own lives and contemplate their life perspectives. Gradually, their perspectives will mature, allowing them to progress to the next stage of personal growth. In recent years, the increasing prevalence of youth suicides and the prevailing pessimism among young people in society have sparked concerns about the outlook on life among the new generation. Introducing death education at the early stages of clinical training for oncology medical students can effectively enhance their sense of responsibility towards life and foster the development of positive attitudes. Consequently, they can thrive in their youth while pursuing their medical careers. Furthermore, death education can aid medical students in self-regulation during the process of diagnosis and treatment. It can alleviate the mental shock and helplessness that arise from encountering a large number of terminally ill or deceased patients in the field of oncology clinical work, thus reducing their psychological pressure^[5].

4. Approaches to death education in the oncology department

4.1. Regular discussions on fatal cases and learning first aid

The department regularly organizes "death clinical case discussions" for medical students undergoing training. In these discussions, the instructor thoroughly examines the entire course of the patient's illness and the underlying cause of death, engaging in a comprehensive dialogue with the students. This approach not only facilitates the acquisition of clinical medical knowledge but also fosters a deeper comprehension of the

prognosis for patients afflicted with advanced cancers. As a result, this initiative contributes to the enhancement of oncology students' acceptance of death cases, as well as their capacity for independent clinical learning. Moreover, these discussions serve to bolster the autonomy of oncology medical students within the context of clinical education.

The oncology department frequently confronts the challenge of resuscitating critically ill patients. Consequently, medical students undergoing their initial training often find themselves at a loss. Their uncertainty stems not only from the fear of death but also from a limited understanding of first aid principles pertinent to such situations. To address this issue, the department regularly includes first aid instruction for students, aiming to familiarize them with the commonly encountered critical scenarios in late-stage oncology patients. By providing knowledge on appropriate response measures and plans, this training equips students to approach critical or potentially fatal situations with composure.

4.2. Integration of clinical instructor's practice teaching with online death education programs

Clinical instructors play a crucial role in providing practical training in death education to aspiring healthcare professionals. This can be achieved through regular interactions with terminally ill patients and their families, as well as by participating in the notification process for critical illnesses. By immersing themselves in these real-life situations, trainees gradually confront the reality of death in the context of oncology patients. Simultaneously, they observe and learn from their instructors' effective communication skills and compassionate approach to patient care. It is essential for medical students to receive death education from various sources, in order to enhance their ability to provide psychological counseling and clinical guidance to patients in their future clinical practice.

In addition to practical training, online death education courses can be conducted to supplement the learning experience. These courses can encompass a variety of formats, such as lectures, case studies, and documentary-based education. By integrating practical teaching by clinical instructors with online death education courses, students can gain comprehensive knowledge and guidance in the field of death education.

4.3. Integration of the psychoeducation program and the death education program across multiple curricula

Regular psychological education courses are provided to medical students, incorporating death education content. This content is delivered through various methods, such as psychological lectures, counseling, questionnaires, psychological assessments, and situational simulations. In the context of multidisciplinary integration, death education is specifically implemented during oncology training for medical students. This aspect is of utmost importance for the personal growth and professional development of these students, enabling them to effectively manage their psychological responses when dealing with deceased patients in clinical settings.

5. Summary

Professor Jieping Wu once asserted that the fundamental criterion for the advancement of medical modernization is the extent to which medical practice embodies a spiritual and psychological commitment to safeguarding the sanctity of life. In this regard, technology acquires significance and value exclusively within the realm of this spiritual mindset, while life attains its inherent dignity solely in such an environment. With this in mind, we express our earnest desire that prospective oncology medical students, having undergone

comprehensive instruction on mortality during the nascent stages of their education, will be equipped to serve the clinic more effectively in their future endeavors. By leveraging their medical expertise to cure ailments and providing compassionate humanistic care, they will not only address physical afflictions but also promote emotional healing.

Disclosure statement

The authors declare no conflict of interest.

References

- [1] Zhou S, 2008, An Overview of Research on Death Education in the United States. *Foreign Primary and Secondary Education*, (04): 44–47 + 34.
- [2] Yu E, Gao Y, Zhu Y, et al., 2020, Tumour Patients’ “Heart Disease” Needs Full Attention, *Health News*, August 11, 2020, (006).
- [3] Hu H, Su C, Hu Y, 2018, Analysis of the Current Situation of Death Education in China. *Education Observation*, 7(22): 55–56.
- [4] Wang L, Hu Z, 2022, Current Situation and Reflection on the Development of Death Education in China. *Journal of Medical Research*, 51(10): 180–182.
- [5] Yue C, Ren S, Sun F, et al., 2010, The Significance and Methods of Death Education Among Medical Students. *Medicine and Society*, 23(09): 1–3.
- [6] Teng F, Zhao C, 2021, Analysis and Reflection on the Importance of Death Education for Medical Students Based on Contemporary Educational Environment. *China Education Technology Equipment*, (12): 106–107 + 110.

Publisher’s note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.