IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 25, Issue 3, Series. 8 (March. 2020) 56-60
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Viewing Death from the Front Row: Exploring Doctors' View of Death in the Age of Chronic Conditions, Terminal Illnesses and Varied Mortal Fears.

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Abstract:
Doctors are the first point of contact whenever someone in the community is unwell. This group deals with disease, suffering and death from the closest quarters. When disaster strikes, they are on the frontline, caring for the casualties. It is one thing to follow one's medical knowledge and acumen, and another to process these experiences as a human being.
Growing up and living in a death-denying society does not really help one to recognize and sort through one's perceptions, ideas and attitudes towards the concept of death. The only chance to find and test out one's coping skills is when one is grappling with the death within one's social circle. The medical professionals do not have this luxury. They are expected to handle the physical as well as social aspects of death, on the job. Their degree and training are expected to equip them for this, whilst forgetting that they too are simply human beings with mortal fears. Unfortunately, that is not the case. One's attitude towards death heavily influences the attitude towards, assessment of needs, delivery and quality of medical service provided to dying patients. It also affects their own coping and wellbeing.
Using free association, this pilot study explored how death is perceived by 120 specialist doctors practicing in the cities of Pune and Mumbai, Maharashtra, India. These responses were analysed thematically. The emerging themes majorly pointed towards the perception of death being "inevitable" and the acceptance of it. Negative as well as positive associations to death were found, while one participant referred to failure in professional duties to be equivalent to death itself.
Although many more factors need to be explored in depth, the need for special trainings and workshops focused on dealing with death on professional as well as personal level, are indicated.
Key words: *Doctors' perception of death; Death anxiety; Indian doctors; Palliative care; End-of-life care*

Date of Submission: 17-03-2020 Date of Acceptance: 02-04-2020

I. INTRODUCTION:

Medical education has had a strong undercurrent of "learning to fix it", which has our medical professionals (and the lay community) considering "cure" to be the ultimate measure of successful intervention. But practice shows that medicine is still not an exact science. New conditions, complications and disease strains are continuously challenging the medical teams across the world.

The advances in science have not only led to longer lifespan, but also a shift in the kind of diseases that plague the population. Heart disease, Chronic Obstructive Pulmonary Disease (COPD) and Stroke are the new top killers (Global Health Observatory Data, WHO; Institute of Health Metrics and Evaluation, 2019). The nature of suffering, of death and dying has also undergone change. The instances of prolonged and/or terminal suffering have increased, while those of sudden deaths due to unidentifiable reasons or lack of timely diagnosis, have reduced.

With the aging community and lifestyle diseases, the bigger challenge for doctors is dealing with dying patients. Many studies on medical professionals have reported anxiety around dying patients and the inadequacy to serve the terminally ill.

The medical team is vital to the welfare of the entire society. Individuals enlist into this profession in order to learn how to cure disease and to fight death. Working with death, does not come easily, either to doctors or lay individuals. The arising dissonance adds on to the pre-existing mortal fears. Given the death-denying nature of our society, it is indeed difficult for one to discuss and sort one's anxieties, thoughts and perceptions regarding death – of others as well as one's own.

These professionals are already prone to high stress and burnout rates due to the nature of their work (Sullivan and Buske ,1998; Shanafelt,, Sloan, Habermann,2003; Shanafelt et al,2009)

A professional's own unsorted feelings and lack of introspection can hinder effective management of their patients' anxieties and needs at end-of-life (Meier, Back, Morrison,2001; Shanafelt et al,2002; West et al,2006; Shanafelt et al, 2010) Understanding how medical professionals, who have the front row seat to suffering and death, view the phenomena of death, would help design the support system needed by them for dealing with patients and their families as well their own coping in a more effective manner.

Today, with most deaths (whether sudden resulting from traumas and pandemics, or prolonged) occurring in hospitals or nursing homes, the medical teams are frequently faced with end-of-life situations.

Maharashtra was the second state in India to pass the Government Resolution on 15th June 2013, to implement the Palliative Care Program in order to improve the quality of life of patients suffering from terminal illnesses and life-limiting conditions (Govt. of Maharashtra , 2013) Similar resolution has been passed in the states of Kerala, Karnataka, Tamil Nadu and Odisha, while petitions have been filed in few more states.This resolution required palliative care to be provided through hospitals (private or government) in these states via dedicated palliative care units – implying, the high need of doctors, nurses and nursing aides who are not just skilled in their core areas, but also prepared to deal with the demands of end-of-life care. (Palliative care encompasses wholistic, symptomatic care for patients diagnosed with incurable conditions or terminal illnesses). The current study aimed at exploring doctors' perception about the concept of death, through free association.

II. METHOD:

This cross-sectional study explored how the physicians in the cities of Pune and Mumbai perceive death in general, via convenient sampling. One hundred and twenty specialist doctors (57 females and 63 males) across the cities of Pune and Mumbai, chose to participate in this pilot study aiming to explore their approach towards death.

Table no. 1: Shows the frequency of participant doctors in each specialty.

Speciality	**Frequency**
Palliative	5
Pain	4
Orthopaedics	10
Paediatrics	8
Diabetics	2
Oncology	2
Anaesthesiology	9
Pulmonary	1
Medicine	34
Gynaecology and Obstetrics	10
Gastroenterologist	1
Preventive medicine	1
Psychiatry	7
General Surgery	6
Panchkarma	5
Dermatology	8
Forensic medicine	1
ENT	1
Ophthalmology	2
Cardiology	3
Total:	120

Ages ranged from 31 to 67 years, average age being 45.4 years. These doctors had been actively practicing in the field post their registration, for at least 3 years (average experience: 17.35 years)

The participants signed a consent form for participation. They were assured of confidentiality of their identity and that the data obtained will be used only for research purposes. They completed the sentence-stem "Death is…" using free association. These written responses were analysed for themes.

III. RESULTS AND DISCUSSION:

Table no. 2: Shows the frequency of themes that emerged post analysis of participant responses.

No.	Theme	Frequency
1	Inevitable	69
2	Acceptance	37
3	Positive association	14
4	Ambiguity	13
5	Belief in afterlife	12
6	Negative association	11
7	Never thought	2
8	Professional failure	1

Overall, eight themes emerged around "death". The clearly dominant theme was regarding the inevitability of death, with 36 out of 69 quotes using the exact word "inevitable". The next theme that emerged frequently was about accepting death as a fact and natural part of life. It isn't clear whether their expressions refer to the death of their patients, their loved ones or themselves.Whether the acceptance of the inevitability of death was grudging, neutral or fearful, also needs to be explored further. Fourteen instances viewed death as a positive event. The "Ambiguity" seemed to revolve around the when and how of death. Mooney(2005), Venegas, Alvarado and Barriga (2011) and Theimann et al (2015) also reported medical and nursing students scoring highest on the "death of other and "dying of self" scale, while lowest on "Dying of other" and "death of self" scales of the Collett-Lester's Fear of Death Scale- Revised (CLFODS-R). Positive associations and beliefs around the afterlife, may be influenced by one's religion, culture, frequency and intensity of experiences around death. Only one doctor touched upon the metaphorical death of the doctor in him if he fails to do his job.

A few associated negativity and ambiguity around the idea of death. Two participants said they drew a blank as they had not really thought about it. Twelve instances reflected that they found solace in the idea of an afterlife, which is quite common in the Indian culture.

No significant difference has been reported between male and female medical students' death anxiety (Theimann et al, 2015) although gender differences have been noted in depression and anxiety otherwise. Thus, as reported by Feifel (1965) that doctors had higher death anxiety, driving them to opt for medicine in the first place, could hold true. According to Bluck, Dirk, Mackay and Hux (2008) relevant life experiences may play a significant role in shaping one's attitudes towards death and lowering the levels of anxiety around it. The anxiety and fear around death may decrease with increasing exposure to death during one's practice. Hence, one's speciality as well as the nature and size of practice, would influence their level of ease (or unease) around death.

Numerous studies highlight the discomfort of practitioners around end-of-life issues and the inadequacy to assess end-of-life needs of patients. Cardona et al (2019) reported that there were discrepancies in the medical professionals' perception of patient's desire for knowing their prognosis and being involved in end-of-life decisions. Counterproductive behaviours like avoiding rounds of the dying patient, distancing, etc. that sprout from their own death anxiety may lead to these lapses.

Although some level of anxiety about mortality is essential as well as helpful in medical specialists, a high degree of the same would hinder their performance. Medical students with high death anxiety did report that working in palliative care (a branch that treats mainly terminally ill patients) affected their own wellbeing, although they did not lose sight of a doctor's prescribed responsibilities in the situation or how the condition would impact the patients psychologically (Theimann et al, 2015).

Whitehead (2014) reported that doctors often find it difficult to manage their personal stand regarding death and their professional stand about the same while dealing with patients. Many have reported going into "professional mode" which is more automatic and impersonal, guarding them against their vulnerabilities. It has been seen that doctors may believe that the "professional detachment" will help diminish their own grief or distress that may interfere with their decision making in the line of treatment. But, unfortunately, it just raises a barrier between them and their patients, hampering communication. In the face of current distrust and hostility towards the healthcare system, this put their wellbeing at an even higher risk. Dr Gawande mentions in his book Being Mortal, how doctors prefer to err on the side of over treatment but would make different end-of-life decisions for themselves. Thus, their line of treatment and the line of stopping treatment may not always be a personal choice (Granek, 2012). This may threaten their sense of competence and lower their work satisfaction (Shanafelt, et al, 2009).

The medical education hardly prepares its students for all these issues. Very few specializations delve into it during their formal courses. The AETCOM (Attitude, Ethics and Communication) module introduced in 2018, barely scratched the surface. Palliative Care may be the only speciality that dives into death, dying and end-of-life issues. But with very few MD Palliative care courses and positions available across India, and the

significance of palliative care gaining recognition across multiple specialities, even the current pool of already practicing specialists needs to be empowered for this responsibility.

Longitudinal study by Theimann et al (2015) showed that death anxiety tends to remain stable overall and is impacted only temporarily by one's encounters. Thus, in addition to special training courses, small-group workshops would be key in order to facilitate self-awareness, implications of this anxiety on one's work as well as own wellbeing and building custom strategies to navigate such situations without resorting to extreme detachment.

As clinical as it is, Death is also a psycho- social phenomenon. The perception, beliefs, attitudes, and rituals around death are intricately influenced by society, culture, religion (or lack thereof), spiritual preferences, views held by significant others, experiences and other personality factors. Understanding these would be crucial in working on one's own anxieties and in recognizing or anticipating issues of their patients. Being able to face another individual's concerns and working with their unique belief system would be both a skill as well as an art to master. Some credit-based informative courses could be offered as a part of basic and continued education through the relevant governing bodies.

More than three hundred specialists were approached for the study but only 120 of them agreed to participate. The hesitation of innumerable doctors to participate in the study, could imply avoidance of having to face the idea or thought about death. Those who did participate may be more open to experiences in the first place. Their responses may also be influenced by the need to be socially desirable. Also, apart from being a small sample, the 120 medical specialists who participated, not all may have been exposed to death of their patients as frequently as some of the specialities and super specialities. How one's personal beliefs affect or influence a physician's clinical approach, treatment and the non-clinical handling of the patient and his/her issues, needs to be studied in more depth.

This data was collected before the breakout of the novel Corona virus (COVID-19). This pandemic has forced the communities across the world, to face their mortality. Typically, during such a crisis, the patients often die in isolation, away from their loved ones. The medical staff shoulders this delicate responsibility of being their last meaningful human contact. Although the medical community has risen to the occasion and are valiantly answering their call of duty, some new shift and/or breakthrough in personal insight can be anticipated in this group. Thus, a follow up study probing into the same is indicated. Anecdotal data points towards medical community's distress over lay population not following the government guidelines and trying to dodge the carefully designed processes to limit the contagion. Even the health professionals are being urged to take the time to complete the set of prescribed precautions before entering a care facility. The demands, challenges and stresses around a public health hazard are quite different from the routine practice of all the specialists included above. A study on doctor's perceptions and attitudes towards death (anticipated or real), post this pandemic and humanitarian crisis, would bring out a clearer picture of how well- equipped our medical community perceives itself to be, to deal with metaphorical or real death – professionally as well as personally.

IV. CONCLUSION:

While more factors need to be explored, this study provides a baseline for facilitating a more open and encouraging dialogue about life, death and everything in between. It would be a step towards social mental hygiene: beginning with the medical professionals. (Of course, even the patient and their family's readiness to discuss freely regarding the same, is equally important.) This needs to be addressed through the undergraduate and post graduate curricula of Medicine – in theory as well as during the span of internship and residency. Clarifying personal views would be a significant goal. It should also cover the understanding and sensitive handling of other's ideas and philosophies about death, which may differ from one's own – as each one copes with grief or impending death, in varying ways.

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