



Dealing with Death & Dying in Medical Education and Practice

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Self- Assessment of Attitudes, Beliefs and Opinions on Death & Dying

1. To the best of your memory, at what age were you first aware of death?

- Under the age of 3
- Age 3 to 5
- Age 5 to 10
- Age 10 and up
- Other

2. When you were a child, how was death talked about in your family?

- Openly
- As though death were a forbidden subject
- With some discomfort
- Don't remember any talk about death
- Only when necessary, and not in front of children

3. Which of the following most influences the way you think about death now?

- Death of someone close
- TV, movies, radio
- Things you have read
- Length of time family members have lived
- Religion
- Funerals
- Own health

4. Has religion played an important part in the way you think about death?

- Very important
- Important
- Not very important
- No part at all

5. How often do you think about your own death?

- At least once a day
- Often
- Not more than once a year
- Sometimes
- Never or almost never
- Other

6. What does death mean to you?

- The end of life
- End of physical life, the spirit lives on
- Endless sleep and peace
- Don't know
- A new beginning, of life after death
- Other

7. What thing about your own death bothers you the most?

- I could no longer have any experiences
- I am afraid of what might happen to my body after death
- I am not sure what will happen to me if there is life after death
- I could no longer provide for my family
- My relatives and friends would grieve
- The process of dying might be painful
- Other

8. What do you believe causes most deaths?

- Most deaths happen because the person wants to die
- Most deaths happen because of the way the person uses or fails to use things such as tobacco, alcohol, medicines, or seat belts
- Most deaths just happen
- Other

9. If your doctor knew that you would die from a disease and had a limited time left to live, would you want the doctor to tell you?

- Yes
- No
- Depends on circumstances

10. If it were possible, would you want to know the exact date on which you were going to die?

- Yes
- No

Ready for Answers

Answers:

Self Assessment Meaning Answers Adapted for Presentation to Medical Students

1. What age were you first aware of death?

Your initial experiences with death impact your actions today. Being around a dying person may bring back pleasant or unpleasant childhood memories, family beliefs, traditions.

2. Most individuals, whose families talked openly about death, show the same comfort level in their adult years and can related comfortable childhood conversations about death with family members. It also appears that those who are comfortable talking about death are interested in and/or not afraid of learning more about the death process.

3. Our views about death come from various sources. TV and movies, and life's actual experience may contradict each other. Our views and our concepts of death may align with TV and movies until we actually are touched by a real death. "Real death" experiences may lead people to become less tolerant of the TV's and movies' point of view. Through the efforts of the Lasts acts' Hollywood Initiative end-of-life topics have been influenced in such shows as ER, Gideon's Crossing and NYPD Blue.

4. Research has indicated, those who have a spiritual point of view about death are more comfortable with the dying. Those who are more comfortable with their own mortality have a greater ability to cope, when dealing with death and dying.

5. How often we think of our own death can range from denial (never) to preoccupation (once a day). Typically awareness of our own mortality increases when we are exposed to the dying, which can make us feel uncomfortable. Children do not consider the reality of death until someone they know dies.

6. Examining what you expect after death has a big impact on your attitude toward the dying. Individuals

with a predetermined idea of what happens after death are generally more comfortable with the idea of dying. If you answered "don't know" then you may be feeling uncomfortable with this discussion.

An opinion of an afterlife or specific religion does not usually influence the person's comfort with death. Those, who do not believe in an afterlife, can also be quite comfortable with death.

7. Examining your fears about your own death helps you to recognize situations that may make you uncomfortable around the dying. These fears are a common reason why family members or friends refuse to visit a dying loved one. Their behavior may be interpreted as uncaring, but in reality these people need support and understanding in helping them to deal with the uncomfortable situation.

8. Beliefs, about why people die, can range from punishments to a natural ending of the human life. Some want to believe that victims cause their own misfortune because it makes life so much easier to understand. It is a great comfort to find fault with a dying person because it guarantees that we will somehow be protected. Those that hold this belief are shocked when they realized that death is not partial to anyone.

9. Have you thought about the possibility that a doctor or family member might try to keep you from knowing that you are dying?

This is less commonplace in our western culture today, but not uncommon with other cultures. Some people request that their family never tell them when they are dying—they do not want to loss hope. It is important to respect the wishes of the dying. Family members may try and keep the truth from their loved ones, even dying children. Often the dying, even children, "know" something--they can sense it. If the dying person wishes to talk about their death, it is important that family members allow these discussions.

10. There are few people who want to know the exact date of their death. This is a difficult question to ponder. Placing a time frame on death—the you have "X" months to live—can have a strong psychological impact on the person. For some they may be positive motivators—cancer, AIDS patients defying the odds and living long past what their physicians expected. For others it may be a negative motivator—a prediction of a bad outcome becomes a bad outcome.

Source

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