



What is this death?



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ABSTRACT

Medicine has evolved significantly, with an emphasis on the defense of life and prolongation of existence, which led to the creation of Palliative Care in 1967. These aim to maintain the dignity and autonomy of patients with terminal illnesses, promoting humanized care. The study proposes to evaluate the perception of medical students about terminality and Palliative Care, considering the influence of the teaching of these topics throughout the undergraduate course.

Keywords: Palliative Care, Terminality, Medical Education.

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INTRODUCTION

Medicine evolved in a context of technological advances that allowed the cure and treatment of diseases that previously led to the death of individuals. Thus, the training of medical professionals has focused on the defense of life and the battle against death (Correia, Taveira, Marques, Chagas, Castro & Cavalcanti, 2020).

The defense against death has led health professionals to adopt life support measures that do not alter the evolution of the disease, but prolong the course of death and interfere with the patient's quality of life (Toledo & Priolli, 2012).

From this observation, in 1967 the Hospice movement emerged, which sought to add teaching and research to the care of patients with terminal illness, which led to the creation of Palliative Care services (Toledo & Prioli, 2012).

Palliative Care is based on principles that aim to maintain human dignity, valuing the autonomy and freedom of the patient by ensuring that their wishes in the face of their state of health will be preserved, in addition, it allows medical practice to become more humanized by clarifying the need to manage suffering, even at the end of life, and preventing dysthanasia (Pereira, Andrade & Theobald, 2022).

Based on this, it is understood that the principles of palliative care should be in practice in all areas of medicine, since in the face of the diagnosis of a disease, suffering and death may be present and it is up to the physician to offer humanized care in this situation. Therefore, it is necessary that this teaching be carried out during graduation (Pereira, Andrade & Theobald, 2022).

With the changes made to the National Curriculum Guideline, which regulates the curriculum of the Medicine course in the country, some colleges began to adopt the teaching of Palliative Care during graduation. In this context, several studies were carried out to assess students' perception of medical practice in the face of terminal life (Meireles, Feitosa, Oliveira, Souza & Lobão, 2019).

These studies show that although students have theoretical knowledge about palliative care practices, they still feel insecure and unprepared to report a patient's death and are adept at therapeutic obstinacy, in addition to being unaware of the terms "orthothonasia", "euthanasia" and "dysthanasia" (Costa, Caldato & Furlaneto, 2019).

The purpose of this scientific initiation project is to reproduce the work carried out by Costa, Caldato & Furlaneto (2019) who evaluated the perception of medical students about the terminality of life.

OBJECTIVE

The research aims to evaluate the perception that students of a medical school in the city of São Paulo have about topics related to the end of life and whether the teaching of Palliative Care



exerts any influence on this view throughout their training. It is also expected to identify whether over the six years of graduation there is a change in the vision and attitude that students present in the face of a patient's death.

METHODOLOGY

This is a cross-sectional, descriptive and analytical study with the application of the questionnaire developed by Costa, Caldato & and Furlaneto, used in the original research that inspired this work.

This questionnaire consists of four parts: the first is composed of questions that aim to characterize the research participants; the second, by five items that assess students' attitudes towards aspects of finitude; the third by nine questions that evaluates the position of physicians regarding the humanization of health care and Palliative Care for terminal patients. The last part consists of three open-ended questions that ask participants to answer what they understand about the terms "dysthanasia", "orthoathanasia" and "euthanasia".

The data collection took place between November 2023 and January 2024, with medical students enrolled in different years of graduation. All participants signed the Informed Consent Form. The project was approved by the Research Ethics Committee at CAAE: 73482623.6.0000.5373.

DEVELOPMENT

The advancement of medicine has improved the treatment of diseases, modifying the population's morbidity and mortality pattern, with an increase in chronic diseases. This phenomenon has made it urgent to properly interpret the terminal conditions of life.

At this time, partial data from the collection carried out with 48 medical students, between November 2023 and January 2024, will be presented. Unlike the original study, which evaluated the perception of students in the sixth year of medical school, this study evaluated the perception of students enrolled in different years, in an attempt to evaluate whether teaching in palliative care interferes with the view that students present on the subject throughout their training.

Table 1 shows the identification of the participants:

Table 1. Characterization of participants according to the year they attended in 2023, age and gender – Research "What death is this?".

Year attended in 2023	Number of participants	Age	Gender
Year 1	15% (7)	19 – 23	2 Male sex 5 Female gender
Year 2	17% (8)	19 – 23	1 male sex 7 Female sex
Year 3	9% (4)	21 – 32	4 Female sex
4th year	23% (11)	21 – 28	2 Male 9 Female sex
Year 5	21% (10)	23 – 30	2 Male 8 Female
Year 6	15% (7)	24 – 35	1 male sex 6 Female sex

Source: Prepared by the author, 2024.

To assess the students' position on humanization in health care and palliative care, six questions were asked. The first was about offering emotional support to patients who are out of therapeutic possibility, the 7 first-year students answered "yes". In the second year, 6 students answered "yes" and 2 answered "no". In the third year, the 4 students answered "yes". In the 4th year, 11 students answered "yes". In the 5th year, 9 students answered "yes" and 1 student answered "no". In the 6th grade, 7 students answered "yes".

The second asked whether the students would talk to the terminally ill patient about their diagnosis. The results were as follows: in the first year, 6 students answered "yes" and 1 student answered "no". In the second year, 7 students answered "yes" and 1 student answered "no". In the following years, the answer "yes" was unanimous, with 4, 11, 10 and 7 participants enrolled in the third, fourth, fifth and sixth year, respectively.

The third question was whether the participants would clarify to the patients without therapeutic possibility, how long they would live. In the first year, 6 students answered "yes" and 1 student answered "no". In the second year, 7 answered "yes" and 1 answered "no". In the third year 3, they answered "yes" and 1 answered "no". In the fourth year, 8 answered "yes" and 3, "no". In the fifth year, 7 answered "yes" and 3, "no". In the sixth year, 5 answered "yes" and 2, "no".

When asked if they would inform the patients of the true diagnosis in the case of terminal illness, the answer "yes" was unanimous.

When asked whether Palliative Care increased the quality of life of patients in all years, all participants answered "yes".

In the last question, students were asked if they would adopt Palliative Care for their patients, and again, in all years, the answer of all participants was "yes".

It is possible to observe that there is no significant difference between the answers that the beginning students and graduating students marked. In addition, when comparing the answers obtained by Costa and collaborators in 2019, it is observed that in this study, the vast majority of participants also answered "yes" to the questions presented. In this study, the authors highlight that

these data reveal the progress in the teaching of competencies in the doctor-patient relationship, especially regarding the end of life, since these issues have been debated by society, even outside the academic environment more frequently.

Regarding other items, which address the discussion of prognosis and therapeutic obstinacy, the answers were varied, as in the 2019 study by Costa et al. Which may suggest, student uncertainty. Part of this uncertainty is justified by the way medicine has evolved, with advances in therapeutics that have turned medical practice entirely to cure, prolonging life and supposedly eliminating death.

The students were asked if open discussion about life and death issues does not hurt patients in this situation, and that, in reality, they like frankness. All first-year students answered "yes". The students of the second answered 5 answered "yes" and 3 answered "no". In the third year, 3 students answered "yes" and 1 answered "no". In the fourth year, 9 students answered "yes" and 2 no. In the fifth year, all 10 students answered "yes". In the sixth year, 6 students answered "yes" and 1 student answered "no".

When asked about using braces to prolong patients' lives in the first year, 6 people answered "yes" and 1 answered "no". In the second, all (8) said "yes". In the third year, 3 said "yes" and 1, "no". In the fourth year, 5 people said "yes" and 7, "no". In the fifth year, 3 said "yes", and 7, "no". Finally, in the sixth year everyone (6) said "no". In this question, it is interesting to note how there is a change in the pattern of answers between students who are at the beginning of their education and those who are at the end.

When asked about technologies being a complicating factor in the humanization of patients, in the first year, 4 students answered "yes" and 3, "no". In the second year, 5 students answered "yes" and 3, "no". In the third year, all students (4) answered "no". In the fourth year, 8 students answered "yes" and 3, "no". In the fifth year, 6 students answered "yes" and 4 "no". In the sixth year, 5 students answered "yes" and 2 "no".

In a third part of the study, nine questions were used, which arose from a survey in Bauru, carried out by Oliveira et al. in 2011, whose objective was to evaluate the position of physicians regarding the humanization of health care and Palliative Care. It is an instrument that follows the model of "likert" attitude scales, with five response options.

It is important to highlight that students of all years reported difficulty in communicating death, and 42.9% of sixth-grade students reported difficulties in this aptitude.

The data obtained are similar to the research by Costa and collaborators, which identified that more than a third of the participants reported difficulties in this skill. For the authors, this could be related to the negativity, fear and taboo surrounding death, which turns it into something undesirable and a subject to be avoided.



FINAL CONSIDERATIONS

Palliative care teaches future doctors to connect emotionally with patients and their families, promoting a more humanized medical practice. Care goes beyond the disease, involving the human being in its entirety. Students need to value communication with patients and their families, listening to their concerns, fears and desires, which is crucial to provide care that respects the individuality of each patient. They also need to be prepared to communicate difficult news with sensitivity, respecting the time and reactions of patients and their families, as well as including patients and their families in decisions about treatment, respecting their autonomy and wishes.

Thus, this study allowed us to conclude that teaching in Palliative Care fulfills some of its objectives, by teaching students the need to respect the dignity and autonomy of the patient, in addition to teaching that therapeutic obstinacy is not an appropriate conduct. However, it is noted that the death of a patient is still a taboo for the health area, and it is necessary to address this subject more in order to promote a different view on the subject.



REFERENCES

1. Colares, M. D. F. A., Ribeiro, M. M., Monteiro, G. R., Rocha, M. A. F., & Pereira, A. L. (2002). Construção de um instrumento para avaliação das atitudes de estudantes de medicina frente a aspectos relevantes da prática médica. **Revista Brasileira de Educação Médica**, 26(3), 194–203. <https://doi.org/10.1590/1981-5271v26.3-007>
2. Costa, T. N. M., Caldato, M. C. F., & Furlaneto, I. P. (2019). Percepção de formandos de medicina sobre a terminalidade da vida. **Revista Bioética**, 27(4), 661–673. <https://doi.org/10.1590/1983-80422019274349>
3. Kanashiro, A. C. D. S., Grandini, R. I. C. M., & Guirro, Ú. B. D. P. (2021). Cuidados paliativos e o ensino médico mediado por tecnologias: Avaliação da aquisição de competências. **Revista Brasileira de Educação Médica**, 45(4), e199. <https://doi.org/10.1590/1981-5271v45.4-20210254>
4. Meireles, M. A. D. C., Oliveira, A. L. B., Bousso, R. S., Poles, K., & Rossi, L. A. (2019). Percepção da morte para médicos e alunos de medicina. **Revista Bioética**, 27(3), 500–509. <https://doi.org/10.1590/1983-80422019273334>
5. Oliveira, F. T., Flávio, D. A., Marengo, M. O., & Silva, R. H. A. da. (n.d.). Bioética e humanização na fase final da vida: Visão de médicos. *[s.d.]*.
6. Pereira, L. M., Andrade, S. M. O. D., & Theobald, M. R. (2022). Cuidados paliativos: Desafios para o ensino em saúde. **Revista Bioética**, 30(1), 149–161. <https://doi.org/10.1590/1983-80422022301515pt>
7. Toledo, A. P. D., & Priolli, D. G. (2012). Cuidados no fim da vida: O ensino médico no Brasil. **Revista Brasileira de Educação Médica**, 36(1), 109–117. <https://doi.org/10.1590/S0100-55022012000100015>