



Villaseñor IR, MD, M.Pharm.
ismaelravi@gmail.com

16 – Addressing the Topic of Death in an Academic Family Medicine Course

Villaseñor IR, MD, M.Pharm.
Family Medicine and Clinical
Pharmacology Professor
Tecnológico de Monterrey,
School of Medicine,
Campus Guadalajara, Mexico.

Introduction

The incorporation of academic family medicine in the curriculum at Mexican universities has been a highly erratic process. For over 15 years, education around the field of family medicine has been exclusively focused on the issues of primary care prevention. This has disseminated amongst students a spectre of "second category" upon this field when compared to other traditional specialties. (1) We decided to start a course of academic family medicine that would help counter this view and which could prove useful for any medical specialty that students eventually decided to undertake. In this context, we decided to address the issue of death being well aware of the negative emotions this particular topic generates among medical students, (2) as well as, knowing that most doctors are not present at the death of their patients. (3) To our knowledge, the topic of death is not included in the curricula of medicine students in Latin America.

The context of the topic of death within the course

Our Academic Family Medicine course consisted of 16 weekly sessions of 1 hour and 45 minutes each. Students read five chapters of Ian McWhinney's "Family Medicine" book (4), plus some articles and real clinical cases of the professor's personal collection. Movie clips were used in most sessions inspired by the "cinemeducation" method. (5)

Illness, suffering, healing and dying

At the end of session # 10, students were provided with two real clinical cases. The first case, a child initially seen at age 2, who died of lymphoma 2 years later. The second patient a 75 year- old man who died at his home accompanied by his family and his family doctor. Students handed a mandatory assignment about their impressions of both cases revolving around the issue of death. During session # 11, we had a plenary forum to review what expressed in the assignments. After that the class proceeded to listen to the musical piece "Channels and Winds" by director Philipp Glass and musician Ravi Shankar. Subsequently, a 29-minute collection of movie clips revolving around the central topic of death was shown. (Table # 2).

Table 1. Thematic content

1. Course Expectations
2. Areas of knowledge from the perspective of Academic Family Medicine.
3. Skills in handling medical information.
4. Competences in the use of diagnostic resources.
5. Patient-centred Clinical Method Part I.
6. Patient-centred Clinical Method Part II.
7. The family influence on health and disease Part I.
8. The family influence on health and disease Part II.
9. Philosophical and scientific foundations of family medicine. I.
10. Philosophical and scientific foundations of family medicine.. II.
11. Two cases of death, a child and an adult.
12. Illness suffering and healing.
13. Doctor-patient communication.
14. Emotions in making clinical decisions.
Antonio Damasio's Theory of Somatic Marker.
15. Characteristics of Price and Sade's Superior physician.
16. Clinical empathy and mirror neurons.

Results

The number of total participants was 36 students out of which 86.11% were able to tell their own narrative apart from that of others, while 5.5% hesitated but managed to eventually identify their piece. 8.33% failed to identify their own text.

Some of the phrases expressed in the narratives were:

"I got in touch with feelings I usually dodge in order to avoid pain."

"How will I react in such situations?"

"The subject of death is difficult, it entails a great effort and courage."

"An innovative activity, of great benefit in any health-related course"

"... It is not easy to know how to express what we feel, but it is important to be able to identify it."

"Gradually we will learn to handle this grief"

"Feeling death is the most complex emotion of all."

"This theme is very helpful and prepares me for real situations"

"We can't avoid the inevitable, but we can help people on the road"

"These videos made me to think what death is to me"

"I really am crazy for studying this career [medicine]"

"There are people that even wanting to are unable to feel empathy..."

These above presented results made us include in our course the topics of clinical empathy (6) and further explanations from neuroscience on mechanisms of empathy and defensive selfishness. (7)

The survey

The first statement formulated with under a Likert model:

"The subject illness, suffering and healing including 2 real clinical cases of death, music and movie clips, will be useful

in my professional practice".

Results: Strongly agree: 44.4%. Agree: 47.2%. Neither agree nor disagree 5.5%. Disagree: 2.7%.

The second statement:

"The subject illness, suffering and healing that included 2 real clinical cases of death, music and movie clips, must be included in the medical curriculum".

Results: Strongly agree: 61.1%. Agree: 30.5%. Neither agree nor disagree 8.3%. Disagree: 0%.

Take Home Message

- Addressing the issue of death was considered useful for the professional future of 91.6% of medical students participating in this exercise. The same percentage felt that the issue should be formally included as part of the medical curriculum.
- The narratives written by students facilitated targeting specific educational needs for the group that might not have otherwise emerged.
- The experience allowed to discover students with important vocational doubts.

Original Abstract

<http://www.woncaeurope.org/content/3205-when-patient-dies-what-students-want-know>

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