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60 – Making Space for Death and Making Space for Life

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Death has always existed and will always exist, it is an integral part of human existence. Since the beginning of mankind, man has reflected on it and seeks answers to its mystery, because the key to the problem of death opens the door of life. The great philosophers of antiquity used to teach that philosophizing is simply studying the problem of death, inspiring also literature, music and arts in general.

The study of death is the study of life. Life contains death, the knowledge of our finitude, and also covers the possibility of a full life.

Medical practice is based on a theoretical and technical corpus, and contains the moral dilemma of dealing with human suffering. The knowledge of finitude should be a subject accessible to all the participants of the health system. People that are more likely to be dealing with death on a daily basis. Technical knowledge nowadays doesn't necessarily contribute on building a health professional identity. The path to overcome the lack of knowledge on this subject can include: narratives - verbal or written statements; extension courses or electives; college leagues; essays and books. From a personal perspective, since World War II and the overwhelming progress of western medical science, death has been darkened and excluded from the medical setting. As students, medical doctors have no training and have to learn how to deal with death by other routes. Death should be seen as one of the most constructive, positive and creative elements of our culture, paving the way for the understanding of life in all its grandeur.

With the growth on scientific techniques, medicine lost a great part of its human component. The act of speaking to patients only through data helps to reinforce the representation of death as an event contrary to human nature. For a doctor, to accept this event has become painful, due especially to the fact that death is now transformed into the actual disease that must be fought at all costs. Distress which can be even more evident in a Doctor-patient relationship, where death might be a tangible reality. As defined by the American Balint Society: "A Balint group is a group of physicians or other clinicians who meet regularly and present clinical cases in order to better understand the clinician-patient relationship." Regarding cases in which death is approached, the participant that is presenting should not only give the clinical conditions, but also informations such as if the patient is struggling to cope, if the disease seriously affects life progression or if there are peculiarities regarding the patient or the family. If the attendance involves institutional aspects that may be interfering negatively in the clinical work and thus damaging the relationship between doctor and patient, it should also be included in the report. It is of special interest to review the process of the group, the report, not only of the disease, the situation and

the context of care, but also the description of the subjective aspects of the patient and those who are interacting in the process of care, the aspects of transfer evidenced by the patient and the counter transference aspects that the doctor can recognize in himself. (Balint 2005). Michael Balint endorses that, in order to create an harmonious group, an "atmosphere" should be established in which the doctors can recognize their mistakes. By doing so, it shall be possible to rethink ways and review skills that are adopted in relations with patients.

My personal interest on death and palliative care appeared after very productive conversations with a college professor during an internship on my last years of medical school (extracurricular).

To prepare medical students to face death though their carrier goes beyond academic training courses. Experiences during childhood and throughout life, formal and other kinds of education, and also examples one witnessed of other people facing death can be alternative ways of preparation.

Palliative care allows intense personal growth. Beginning with actual contact, devoid of prejudices, with patients potentially facing death, starts a path that leads to not only to gaining experience on this matter, but also to realize the finitude of oneself. This contact with personal finitude exercises the empathy capacity in order to make able not only to treat patients with "therapeutic resources of healing". More than that, it helps the contact with all people and yourself.

CONCLUSION

Michael Balint's groups are cases to be exploited when the subject of death appears amongst health professionals. They are able to teach new ways of establishing relationships, not only for doctors, but also other professionals that are sought to assist people with their needs, may it be actual help or only attention.

HYPOTHESES

With the advances of technological procedures and researches on health, a mistake commonly made by the medical class is to forget that the relationship between doctor and patient can also interfere with the treatment. It is important to take into consideration the psychosocial aspects not only of the patient, but, even more, also the doctor. Previous specific training (for example, experience and communication skills) are essential for a more efficient health system, as it allows a holistic view of the health-disease process.

When adopting a humanistic approach of the death, this professional is able to change its view on the priorities given into his formation. Fleck (spud MENEZES, 2004) believes that this process is called "direct perception of form (Gestaltsehen)" where Good (spud MENEZES, 2004) prefer to calls it a "formation process". According to Good, medicine is deeply involved in the contemporary image of suffering and ways of relieving this feeling. Thus, the proposal of the palliative care is to built new paths and meanings of the disease by itself, the suffering and the relief of pain.

Therefore, it is valid to affirm that to train health professionals to actually face death and to empathize with the death process might help not only in dealing with personal losses, but also on how to assist patients and family that are facing this conditions, decreasing projections and enhancing the quality of their services.

To help a patient to live until death comes, in a natural way and, hopefully, with no pain, is the best way to help the patient to face the death.

Take Home Message

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Original Abstract

<http://www.woncaeurope.org/content/700-making-space-death-and-making-space-life>

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