

“DYING: A HUMAN THING” THE IMPORTANCE OF HUMANIZATION OF CURRENT MEDICINE

“DYING: A HUMAN THING” A IMPORTÂNCIA DA HUMANIZAÇÃO DA MEDICINA ATUAL

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Study performed at Department of Clinical Medicine at the Federal University of Rio Grande do Norte (UFRN), Brazil.

Financial support: None.

Conflicts of interest: None.

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Submitted: sep 22; accepted after revision, nov 25, 2020.

ABSTRACT

Objective: Objective: To report the experience of participating in the “Dying: a human thing” project from the perspective of the development of students in the health field.

Methodology: The present work has a descriptive character of the experience report type, based on the experience of the extension project in focus, from its theoretical foundation to the development of the skills acquired during the execution from the perspective of an active participant.

Results: The experience provided by the activity allows a comprehensive and very specific look at delicate topics in the medical routine, to foster the empathy of the participants and, therefore, assist in the support and complete care of patients who, inevitably, will experience moments losses in their lives, reaffirming the doctor's role not only as responsible for a singular patient, but also for the entire family structure that surrounds him.

Conclusions: The project provides greater preparation for clinical practice, offering the expansion of the students' view of sensitive issues of loss to train sensitive and humanized professionals.

Key words: Palliative Care. Humanization of Assistance. Health.

RESUMO:

Objetivo: Relatar a experiência de participação do projeto “Dying: a human thing” na perspectiva do desenvolvimento de estudantes da área de saúde. **Metodologia:** O presente trabalho tem caráter descritivo do tipo relato de experiência com base na vivência do projeto de extensão em foco desde sua fundamentação teórica até o desenvolvimento das habilidades adquiridas ao longo da execução sob a perspectiva de um participante da ação. **Resultados:** A vivência proporcionada pela atividade possibilita um olhar abrangente e muito próprio a respeito de temas delicados na rotina médica, de forma a fomentar a empatia dos participantes e, portanto, auxiliar no amparo e cuidado completo aos pacientes que, inevitavelmente, passarão por momentos de perdas em suas vidas, reafirmando o papel do médico não somente como responsável por um paciente singular, mas também de toda a estrutura familiar que o cerca. **Conclusões:** O projeto proporciona um maior preparo para a prática clínica, ofertando a ampliação da visão dos discentes a questões delicadas de perda de modo formar profissionais sensíveis e humanizados.

Palavras-Chave: Cuidados Paliativos. Humanização da Assistência. Saúde.

INTRODUCTION

Death is the only certainty of medicine, however, although health professionals have much more intimate contact with the end-of-life experience - be it in anatomy classes of the basic cycle, or the treatment of illnesses and serious accidents - this it does not necessarily mean that they are better prepared with the delicate issues surrounding the theme. In fact, during graduation, there are few opportunities for the topic to be properly addressed and, as a result, recently graduated professionals often have problems with dealing with the loss of life of their patients¹.

Besides, another difficulty faced by doctors during clinical practice relates to communication with the patient or his family, due to the exacerbated use of incomprehensible technical terms, or even the lack of training to deal with the communication of bad news. However, studies indicate that better communication improves the doctor-patient relationship, increasing the chances of the patient adhering to the proposed treatment; it decreases the chances of medical error and the probability of patients alleging medical negligence, as well as improving the physician's confidence in their conduct².

It is also worth mentioning that, due to the new 2014 National Curricular Guidelines for Medicine courses, there is a growing need for the humanization of medical practices, which in addition to proposing better communication between doctors and patients, also encourages greater dissemination of teaching-learning palliative care practices. These practices promote the valuation of life until its last

moment, so that the health team does everything in its power, not only to help the patient to die in comfort but also to live well until the moment of their death^{3,4}.

Starting from the aforementioned needs and bearing in mind the objective of university extension activities⁵, the “Dying: A human thing” project arises to try to provide medical students with an empathic approach to the topic and with perspectives that are closer to reality possible to, from an early age, try to train a humanized and sensitive professional to understand and pass on bad news in the least traumatic way possible.

The project is an initiative created by the International Federation of Medical Students Associations (IFMSA) which has its base model replicated in several other higher education institutions. However, each semester provides a unique learning experience, since the dynamics, conversations, and participants are modified, thus making each moment unique. The current study seeks to demonstrate the experience lived at the pole of the Universidade Federal do Rio Grande do Norte from September to December 2019, in order to share the approach aiming to address points for its improvement and with the expectation that the initiative will serve as a basis for inspiration for other courses in the health field.

METHODS

This study has a descriptive character, of the experience report type, which addresses the experience in the extension project “DYING: A human thing”, from the Department of Clinical Medicine at the Federal University of Rio Grande do Norte. The experience was carried out from September to December 2019, with a total workload of 20 hours.

Bearing in mind the need for medical students to learn about the act of informing patients and family members about bad news, such as deaths, the appearance of serious illnesses, or the worsening of clinical conditions, this project offers medical students from all over the world. periods the possibility of having contact with procedures that can help them in their clinical practices to accomplish this difficult task.

The project receives new members every six months, with twenty places available. The selection process occurs through the registration of students interested in a link sent by the project coordinators, so it is also necessary to send a letter of motivation explaining why the student in question must be selected to participate in the project.

Once the students are selected, they must pay a participation fee, provided for in the notice, to cover the expenses of the meetings. Also, each student has the option to buy or not the project shirt.

DYING's coordination is made up of five student monitors coordinated by a responsible teacher. Such monitors organize the dynamics of the five meetings so that each day there is at least one teacher or specialist invited to give lectures on topics related to the act of giving bad news and palliative care.

Of the five meetings, two are made up of the “Objective Structured Clinical Examination” (OSCEs), which are simulations of clinical practices in which patients are performed by actors not linked to the health field, while doctors are performed by students participating in the program. project. The purpose of these practices is to provide students with a preview of real situations that they will face in their clinical practice.⁶ The sequence of OSCEs is organized to allow comparison of the performance of students before and after the lecture on the protocol “Setting up, Perception, Invitation, knowledge, Emotions, Strategy and Summary”(SPIKES), which consists of a sequence of actions that make it possible to systematize the transmission of bad news, making it less traumatic and more empathetic towards the patient.⁷

After performing the simulated practices, students meet with the coordinators, invited experts and actors to discuss visualized behavior, emotions felt during the practice, as well as strategies that can be improved.

About the other three meetings, lectures, round tables, or even dynamics are held to provide students with greater contact with the theme of death since this topic does not receive the necessary focus in the mandatory curriculum of the medical course. from UFRN.

RESULTS

All animals survived the experiments. The classification of the anastomosis according to the graduation previously established in the methodology was not performed due to lack of data, as the presence of abscesses, fistulas and dehiscences in the area of the anastomosis. Macroscopically detectable lesions did not occur in any groups.

At first, a round of conversations was held between students and specialist doctors in the field of palliative care whose theme was death and grief. Several experiences were experienced by doctors that involved the loss of patients, the monitoring of people in the final stages of life, as well as the process of monitoring the bereavement of the patient's family members. Besides, the taboo issue about talking about death was also widely debated. Western society has come to regard this process as something very painful, so that it has become rare for Western families to discuss issues such as organ donation, the last wishes of the sick, types of funerals, and the fate of the body. . Furthermore, due to this taboo, even the purchase of funeral plans is sometimes still seen, mainly by older people, as an insult.^{8,9}

In the second meeting, there was a lecture that addressed in more detail what palliative care is. To this end, the invited speaker explained that this is a recent area of inter-professional health that involves the participation of general practitioners and specialists, psychologists, nurses, and physiotherapists, among others. Based on this, palliative care consists of providing the patient in the final stages of the disease and their family members with a better quality of life, so that the focus of the treatment is not on the cure, but on comfort, prevention, or minimization of physical pain. and emotional issues of the patients.¹⁰ Sequentially, another lecture took place, only this time focused on how the patient and/or family member receives bad news. There was an exposure of situations in which the news of the death of a family member was given inappropriately and inappropriate environments, as well as simulations of model, conducts for communicating bad news were exposed. Furthermore, during this lecture, a doctor reported the experience of a father's suicide after he was inadequately informed about his daughter's death. Also, to make students understand better the context of the pain of a loss, on that day there was also a dynamic with a guest psychologist. To this end, she asked all students to write on pieces of paper the names of two objects with great sentimental value and three emotionally important people for the students. Then they were to close their eyes, hold the folded papers in their hands, and were encouraged to remember good situations involving such objects and people. Subsequently, the psychologist went through each student and took some papers from his hands, so that he did not know what was written on each paper removed. Then, when allowed, students should open the remaining papers, visualizing which names remained and were also encouraged to describe their feeling when noticing which names had been removed. The result was a collective commotion when he realized that the names of fathers, mothers, and important relatives were no longer there, including, some people even asking, tearfully, that the psychologist return the papers with the names of their family members.

On the third day of the project, the first OSCE took place, which was organized to simulate three different simulations of clinical cases. In turn, the students were also organized into three groups, so that each group had access to simulation. The OSCE took place in the university hospital of the institution, in beds of the infirmary, to reproduce the proposed situation more faithfully. Also, students were required to wear white coats so that they could incorporate the role of the doctor. The dynamics were organized in such a way that, at the ring of a bell, the students had one minute to read the command of the activity, in which there was information such as name, a brief history of the alleged patient, and the news that should be informed by the “doctor”; and five minutes to communicate the diagnosis to the patient. In one of these simulations, students were asked to inform a 32-year-old man that his motorcycle accident had resulted in paraplegia, that is, he had lost all leg movements, besides, he would need to constantly use a urine collection bag. The whole scene took place in a very realistic way, with only the participation of the supposed doctors and patient, in addition to an evaluator who

just observed. After the practice, students, teachers, and actors met at a coffee break to discuss their experiences and feelings aroused during the OSCE.

At the penultimate meeting, there was a lecture and discussion on the SPIKES protocol. Each point of the protocol was discussed in detail, in such a way that the students remembered their previous practice and visualized the contexts of its applications. Some doubts were also answered and some advice was given. On that day there was also a simulation of bad news with two small groups, however this time it was watched by everyone and evaluated by the lecturing teachers.

On the fifth and last day of the project, the second OSCE was held, along the lines of the first. The environment and requirements were the same, however, the actors and clinical cases changed. However, the main difference was that this time the students had received the SPIKES protocol training and had a preview of what to expect from patients or family members in situations of receiving bad news. It was clear that the previous experience of the SPIKES protocol, as well as the previous OSCE, helped students a lot. This time, in one case, students were asked to inform a patient and her daughter about the diagnosis of Alzheimer's. In this specific case, there was great resistance on the part of the “daughter”, who refused to believe in the diagnosis and argued vehemently with the “doctor”. After this OSCE, there was again a coffee break to discuss the experiences lived in the dynamics, which had a much greater positive return on the part of the actors and evaluators regarding the performance of the students. These, in turn, reported that the project contributed significantly to their professional and personal training process, as it provided a better understanding of what is a process of humanization of medicine.

DISCUSSION

The first point to be discussed about the extension project “Dying: A human thing”, concerns the selection process, as normally the selected motivation letters (whose owners are awarded participation in the project), are quite robust and based on academic literature on the subject of death, which in itself is not a problem. However, because only twenty vacancies are available per semester, students who already have some facility in dealing with bad news situations are selected, due to their previous contact with related subjects. Thus, the project ends up not fulfilling its goal in its entirety, since it contemplates, in general, students who already have greater sensitivity, while students with greater communicative difficulties and who need more practice with delicate topics, for the most diverse reasons, are not contemplated. In this way, the project ends up not serving those who would most need the experiences it provides.

Concerning the taboo theme in talking about themes related to death, during the discussion provided by the Dying project, it was possible to perceive, through the reports of experiences lived by the participants, that the way of dealing with death varies a lot

according to the culture, the degree of spirituality/religion and even with the socioeconomic status of patients and their families. These observations are in agreement with the work developed by Caputo⁸. Besides, it is interesting to note that choosing the name of the project ends up reinforcing, in a veiled way, this taboo, since it was opted for “Dying: a human thing” entirely in English, probably because its Portuguese correspondent was believed to be more shocking and less attractive.

Another point in this discussion on taboos that also deserves to be highlighted is the social expectation of what should or should not be accomplished after a death. For example, in most Western societies, the farewell between family members and the deceased is expected to be marked by sadness, suffering, or, at most, restrained acceptance. So, when this paradigm is not followed by the family - because she understands that this type of ceremony is not following the philosophy given by the deceased, or even because there are no strong emotional ties between relatives - there is a tendency judgment by the nearby community. Consequently, this judgment process can arouse in the family feel from which they were in the process of overcoming, such as anger or depression, regressing in the sequence of progression of grief: 1st denial, 2nd anger, 3rd bargain, 4th depression, and 5th acceptance¹¹.

Concerning the lecture on palliative care, it is possible to say that this moment provided medical students with a better understanding of the meaning of care because even when they attempt to cure a certain disease is no longer viable, it is still a duty of the health team to provide patients with treatment that provides quality of life for the patient and their family members. Especially because, starting from the assumption that the arrival of death is a natural stage of life, which in turn is one of the ideologies of the project itself, this end-of-life experience must be lived in the best possible way, without pain, and with all due respect. This philosophy is explained with great mastery in the book *Death is a day worth living* for Ana Cláudia Quitanda Arantes¹, who was mentioned by the professors throughout the project meetings.

Furthermore, concerning the SPIKES lecture, it can be said that it consisted of true guidance for students, because, although each situation of reporting bad news has its particularities, prior planning of the moment of communication helps a lot in the preparation for that moment. Also, when reflecting on situations like this, it is possible to realize that often the communication of bad news can be traumatic not only for the patient and family but also for the professional who communicated it since he can take the blame for the possible reactions of your interlocutor³.

Finally, concerning the OSCEs provided by the project, it can be said that they constitute the most important moments of the meetings, as these simulations provide the student with an extremely clear understanding of what to expect in clinical practice since in most cases the OSCEs are composed of many emotions, which can be negative or positive according to the performance of each one. Such emotions range from anxiety, fear, helplessness, anguish, anger, security, compassion, pity, and gratitude.

These moments make students question their posture in the face of others' suffering, allowing the development of a great reflective process and personal and professional growth. Besides, it is worth noting that the pedagogical proposal and execution of the “DYING: A human thing” project is in line with Leal's suggestions¹² as to stimulate the development of the communication skills of medical students since it is almost always up to the doctor to function to inform patients and family members about unpleasant or painful news.

CONCLUSION

Therefore, it is possible to state that the aforementioned extension project contributes intensely to the academic and professional training of medical students who participated in the experience from September to December 2019, as well as to an intensification of the phenomenon of humanization of health, as it allows future doctors leave graduation with practical and theoretical knowledge of how to establish a good doctor-patient bond, how to recommend the start of palliative treatments, and also how to avoid or minimize the trauma of patients and family members caused by receiving bad news.

Another relevant point is that the need for carrying out - even during medical graduation - activities similar to those offered by Dying had already been elucidated by the academic literature, precisely due to the difficulties reported by students and doctors trained concerning the theme of death and communication.

Besides, it would be interesting for courses in other areas to try to reproduce, with the appropriate adaptations, the project's methodology, since communication is an essential skill for countless professionals, so that nurses, nutritionists, dentists, lawyers, and even teachers would certainly benefit greatly from participating in projects that promote lectures and training in situations involving difficult moments that will certainly be faced by such professionals in their professional practice.

REFERENCES

1. Arantes Ana Claudia de Lima Quintana. *A morte é um dia que vale a pena viver*. 1st rev. ed. Rio de Janeiro: Casa da Palavra; 2016. 140 p. ISBN: 9788544104705.
2. Camargo N, Lima M, Brietzke E, Mucci S, Góis A. Teaching how to deliver bad news: a systematic review. *Revista Bioética*. 2019;27(2):326-340.
3. Sombra Neto, Luis Lopes, Silva, Vanessa Lauanna Lima, Lima, Carolina Dornellas Costa, Moura, Hannah Torres de Melo, Gonçalves, Ana Luiza Mapurunga, Pires, Adriana Pinheiro Bezerra, & Fernandes, Veruska Gondim. (2017). Habilidade de Comunicação da Má Notícia: o Estudante de Medicina Está Preparado?. *Revista Brasileira de Educação Médica*, 41(2), 260-268. <https://dx.doi.org/10.1590/1981-52712015v41n2rb20160063>.

4. Araújo Monica Martins Trovo de, Silva Maria Júlia Paes da. A comunicação com o paciente em cuidados paliativos: valorizando a alegria e o otimismo. Rev. esc. enferm. USP [Internet]. 2007 Dez [citado 2020 Ago 30]; 41(4): 668-674. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342007000400018&lng=pt. <http://dx.doi.org/10.1590/S0080-62342007000400018>.
5. Paiva DFF, Beatriz de Freitas Lira K, Campos Pinheiro J, Gomes da Silva G, Amorim Araújo M, Cavalcante de Sousa L. Contribuição do projeto de extensão universitária “formando sorrisos” para a formação do estudante de odontologia. Rev. Ciênc. plural [Internet]. 11º de junho de 2020 [citado 30º de agosto de 2020];6(2):192-04. Disponível em: <https://periodicos.ufrn.br/rcp/article/view/20566>.
6. Rushforth H, Carvalho E. Objective structured clinical examination (OSCE): Review of literature and implications for nursing education. Nurse Education Today. 2007;27(5):481-490.
7. Lino C, Augusto K, Oliveira R, Feitosa L, Caprara A. Uso do protocolo Spikes no ensino de habilidades em transmissão de más notícias. Revista Brasileira de Educação Médica. 2011;35(1):52-57.
8. Queiroz Luana Cristina. A morte entre planos e performances: história das práticas funerárias no Sertão alagoano (2000-2017) [Trabalho de Conclusão de Curso]. Delmiro Gouveia: Universidade Federal de Alagoas; 2017. 26 s. Licenciatura.
9. Caputo R. O homem e suas representações sobre a morte e o morrer: um percurso histórico. Saber Acadêmico. 2008;(8).
10. Carvalho Ricardo Tavares de, Parsons Henrique Afonseca. Manual de Cuidados Paliativos ANCP: Ampliado e atualizado. 2nd rev. ed. Rio de Janeiro: Academia Nacional de Cuidados Paliativos; 2012.
11. Simões J. Síndrome de luto. Revista do Médico Residente [Internet]. 2014 [cited 30 August 2020]; (v.12n.2). Available from: <http://crmpr.org.br/publicacoes/cientificas/index.php/revista-do-medico-residente/article/view/598>.
12. Leal F. Transmissão de más notícias Revista Portuguesa de Medicina Geral e Familiar [série na Internet]. 2003 Janeiro 1; [Citado 2020 Agosto 30]; 19(1):[sobre ## p.]. disponível em: <https://www.rpmgf.pt/ojs/index.php/rpmgf/article/view/9903>.