

Learning Community Global Health  
**End of Life: Terminal phase and decision to resuscitate or not**  
Year: 1 Semester: 2 Task Number: 6  
*Facilitators Guide*

## 1. Competencies central in this task

**Medical Expert:** A recent Bachelor's graduate can apply medical knowledge in educational and/or simulated professional situations.

In regard to the CanMEDS 2015 the student should:

- know the description of different roles of physicians in CanMEDS model
- know the social, cultural, and religious factors that are important in patient care

**Communication:** A recent Bachelor's graduate can communicate efficiently (both oral and in writing) in educational and/or simulated professional situations.

In regard to the CanMEDS 2015 the student should learn:

- about treatment conversation: engage and stimulate patients and their peers in developing plans that reflect their health care needs and goals

**Professional:** A recent Bachelor's graduate demonstrates professional behaviour in educational and/or simulated professional situations.

In regard to the CanMEDS 2015 the student familiarize:

- ethical theories and common ethical dilemmas in patient care (with regard to cultural challenges) and reflect on these in a meaningful way

**By the end of the task student will be able to:**

- apply knowledge gained from literature, seminar and meetings related to the role and medical skills of the physician concerning their patients facing the end of life
- reflect on his/own value judgments and dilemmas in medical decision making in relation to the wishes of a terminal patient and/or the decision to resuscitate
- identify and address socially and culturally sensitive issues related to the end of life

## 2. Introduction

Issues surrounding terminal illness, breaking bad news, suffering, the possible choice of (refraining from) Cardio-Pulmonary Resuscitation (CPR), and death are difficult and important topics of the medical profession. The physician may be faced with a patient with a patient who carries a Do Not Resuscitate (DNR) declaration, while he/she is in need of CPR. Most doctors will be inclined to act because they are used to think in a lifesaving way.

Good communication skills are pivotal in these cases. End-of-life issues involve ethical and legal considerations for a satisfactory outcome for those involved. Since the doctor always brings his/her own convictions and cultural 'luggage' to the scene, it is important that students are aware of the impact of these personal factors.

This task addresses both cultural and personal factors surrounding end of life. The focus lies on the way a student would address a culture-sensitive scenario and how does (s)he reflect on it.

The task links to the topic of ischemia in the basic program and is set to prepare for the care internship, in which students might be confronted with the end of life issues and specific wishes of patients.

## 3. Description of the task

In the **Opening Seminar** students will discuss end-of-life issues with an expert, stimulated by movie fragments. Students will have to prepare questions for the **first coach group meeting**; this coach group meeting will be held on the following day after the seminar. After studying relevant articles, the students are asked to discuss their experiences and opinions with regard to end of life in the coach group meeting.

Each student will prepare the second coach group by interviewing four persons (two in the age group younger than 30 and two in the age group over 50). Students will interview them about DNR and ask them whether they have a DNR badge. In the **second coach group meeting** students are asked to summarize and present their personal interviews and personal view on DNR issues in an overview sheet. In the discussion the student should be able to express is/her opinion regarding DNR and the possible dilemmas he or she may be faced with. The student should also be able to express an opinion about surrounding medical, ethical and moral issues. In the group discussion the student should show the sensitivity of dealing with other opinions than his/her own. Then the LC group will produce a bullet list, containing instructions for ward physicians on how to discuss CPR and DNR.

In the **closing seminar** the general issues of DNR (Do Not Resuscitate) are addressed and discussed: how does DNR affect the clinician to refrain from acting, what are the medical implications of applying Cardio-Pulmonary Resuscitation

(CPR)? What are the moral and ethical issues surrounding DNR? Students will present their bullet list and discuss this with a professional who leads this seminar and with the audience.

The **final product** is a reflection whereby the student considers end-of-life and DNR from various view points, and produces a conclusion showing his/her own position vis-à-vis ethical and cultural issues.

## 4. Task Step by Step

### 4.1.1 Preparation for the Opening Seminar

The student needs to read the provided literature carefully. This is crucial for a fruitful seminar and following group meeting.

Read the following literature:

1. Facing death, an interdisciplinary approach - Paul Badham & Paul Ballard  
- University of Wales Press, Cardiff, 1996.  
- Chapter 1.2 - The medical professions p.10&11: see Nestor  
- Chapter 1.6 - The journey to death p.19- 25: see Nestor
2. Seibert PS et al. A checklist to facilitate cultural awareness and sensitivity, J Med Ethics 2002;28:143-146 doi:10.1136/jme.28.3.143  
<http://jme.bmj.com/content/28/3/143.full>  
Check out the :  
Cultural Sensitivity and Awareness Checklist at the bottom
3. Oczkowski SJ, Chung HO, Hanvey L, Mbuagbaw L, You JJ. Communication Tools for End-of-Life Decision-Making in Ambulatory Care Settings: a systematic review and meta-analysis. Plos One 11(4): e0150671. doi:10.1371/journal.pone.0150671

### 4.1.2 Opening seminar

Modality and size of the group: 90 students

Content education: The expert, together with the students will reflect on the diversity in treatment goals in terminal illness and the cultural and religious factors surrounding end-of-life issues. The discussion with the students will be held on the basis of the viewing of fragments of movies and documentaries. The student will be made aware of the complexity of issues regarding the end of life.

#### Coach Remarks:

Students should use the input from this seminar for the LC group meeting the next day.

### 4.2.1 Preparation for Meeting 1

The seminar and group meeting are following up on another. The assigned literature mentioned above is indispensable, especially for the meeting, and has to be read.

#### A. Read the following:

##### *Literature:*

1. "Breaking Bad News". Ethics in Medicine – University of Washington, School of Medicine. 2013.  
<http://depts.washington.edu/bioethx/topics/badnws.html>
2. "Breaking Bad News to Patients-A Challenge for Residents" – Clinical Correlations by the New York University. 2008.  
<http://www.clinicalcorrelations.org/?p=670>
3. "End-of-Life Issues". Ethics in Medicine – University of Washington, School of Medicine. <http://depts.washington.edu/bioethx/topics/eol.html>
4. "Religious Diversity: Practical Points for Health Care Providers" – J. Ehman – Penn Medicine.  
[http://www.uphs.upenn.edu/pastoral/resed/diversity\\_points.html](http://www.uphs.upenn.edu/pastoral/resed/diversity_points.html)
5. "Cultural diversity at the End of Life: Issues and Guidelines for Family Physicians" – H. Russel Searight et al.  
<http://www.aafp.org/afp/2005/0201/p515.html>

##### *Website:*

1. The Hofstede Centre – Country Comparison. 2015. <http://geert-hofstede.com/countries.html> *Please select your personal country and the country of comparison to analyze the similarities and differences focusing on: Power Distance, Individualism, Masculinity and Uncertainty Avoidance.*

**B. Answer the following questions** (answers to be found in the literature) and bring the notes to the first LC group meeting:

1. What is the difference between 'care' and 'cure'? Why is this relevant in the world of modern medicine?
2. "To maintain professional standards calls for high levels of commitment and dedication." Why is this so according to the text?
3. The author(s) seem(s) critical of the Western way of looking at and dealing with death. Why is this? What is your opinion?
4. What are the five different stages of Elisabeth Kubler-Ross' model?

#### 4.2.2 LC Group Meeting 1:

Modality and size of the group: 10

Content education:

- A. The fragments shown in the introductory seminar will be discussed. What fragment was most memorable for the students, and why? How can students relate to the different fragments taking their background into consideration? If it would be the student who was terminally ill, in what way would they like to be addressed? What are students' own experiences with terminally ill persons?
- B. Discussion about the questions prepared by the students, as listed above in Preparation assignment B).
- C. Short introduction to homework of students (interviews)

#### 4.3.1 Preparation for LC Group Meeting 2

**A. Read the following literature:**

1. Schade S.G., Muslin H. "Do not resuscitate decisions: discussion with patients". *Journal of medical ethics* 15.4 (1989): 186-90. (Cited on 25-10-2014). Available on: <http://jme.bmj.com/content/15/4/186.full.pdf>
2. Becker L.B., Ostrander M.P. et al. "Outcome of CPR in a large metropolitan area - where are the survivors?". *Annals of Emergency Medicine* 20.4 (1991): 356-361. Available on: [http://ac.els-cdn.com/S0196064405816543/1-s2.0-S0196064405816543-main.pdf?\\_tid=3f8c99b4-c5a2-11e5-82d2-00000aacb35e&acdnat=1453973814\\_84a6d19eff3289cbad2f2f2c42bbec27](http://ac.els-cdn.com/S0196064405816543/1-s2.0-S0196064405816543-main.pdf?_tid=3f8c99b4-c5a2-11e5-82d2-00000aacb35e&acdnat=1453973814_84a6d19eff3289cbad2f2f2c42bbec27)

**B. Watch the following Video:**

1. "Teaching Doctors How to Close Life's Last Door". BU Today RSS. (Cited on 25-10-2014). Available on <http://www.bu.edu/today/2012/teaching-doctors-how-to-close-lifes-last-door/>

**C. Perform four short interviews as described in annex 1.**

1. The students will interview four persons before the coach meeting (two in age group younger than 30 and two in age group over 50) close to them, either live or via telephone or social media, including e-mail. They will interview them about their position vis-a-vis DNR and ask them whether they have a DNR badge.

**D. Summarise:**

1. **the personal interviews** and personal view on DNR issues in an overview sheet (annex 2).

### 4.3.2 LC Group Meeting 2

Modality and size of the group: 10 students

#### Content education:

- A. The students will present the outcome of the interviews with attention for different age-classes (3 minutes per student).
- B. Afterwards the students will summarize all interviews in one overview sheet
- C. Students will produce a bullet list with instructions for ward doctors on how to conduct discussion with the newly admitted patients on CPR and DNR order (to be produced as one or two PowerPoint-slides to be presented in the closing seminar).

NB (for students): In the instructions consider expected patient knowledge on CPR, age, culture, religion, diseases of the patient. Use the experiences gained from interviewing people.

#### **Coach Remarks:**

The most important thing about the coach meeting is that there be a lively discussion. The students have to present the main outcome of the interviews.

In the group discussion the following topics are to be touched on:

- What was it like to interview people about this sensitive subject?
- What is your personal position regarding having a DNR badge?
- What are possible cultural or religious aspects of DNR?
- What are the ethical and moral issues surrounding DNR (from the patient and doctor perspective)?
- What is it like for a doctor not being able to perform lifesaving interventions?

### 4.4.1 Preparation for Closing Seminar

Each LC group prepares a bullet list per with instructions for ward doctors on how to conduct discussion with the newly admitted patients on CPR and DNR order. (To be produced as one or two PowerPoint-slides and to be presented and discussed in the closing seminar).

### 4.4.2 Closing seminar

Modality and size of the group: 90 students

#### Content education:

The lecture is an interactive session in which the groups will present their bullet list to the audience (2 minutes for each group). Further the seminar addresses general issues of DNR: how does it affect the clinician to refrain from acting, what are the medical implications of applying CPR. What are the moral and ethical issues surrounding DNR?

## 5. End product and Examination

### 5.1. End Product

#### *Reflection:*

The student will write a personal reflection on his/her key learning points from the seminar, movie fragments, interviews, LC group discussion and the task as a whole. The student must put on paper what (s)he has learned and focuses their learning points with the following four paragraphs:

- Personal (e.g. what were your personal learning points)
- Profession/occupation (e.g. what were your learning points regarding your role as a doctor, and other doctors.)
- Patients (e.g. what were your learning points about patients)
- Conclusion: your personal guidance with regard to end of life and resuscitation.

The student can use the Gibbs Model displayed below (annex 3) to give structure to their reflection. The total assignment consists of about 1000 words (margin: 10%).

### 5.2. Assessment Criteria

#### *Medical expert:*

NOT: the product shows insufficient insight in the cultural aspects of the end of life issues and/or is too short or lacks depth or empathy.

OT: the product shows sufficient insight in the cultural aspects of the end of life issues, is of acceptable length and the student clearly demonstrates knowledge of the cultural aspects of the case.

FOT: The product shows 'above average' insight and in-depth knowledge and understanding of the end of life issues. Student clearly demonstrates to understand 'the ins and outs' and has written a clear assignment covering all relevant issues.

#### *Communicator:*

NOT: The student does not show the patient's perspective in the reflection



OT: The student shows clear understanding of the patient's perspective and shows the relevance of interaction between medical professional and patient in ethically and morally loaded issues.

FOT: Student shows very good understanding of the role patient's culture and religion play in his/her opinions about end-of-life issues.

*Professional:*

NOT: Reflection is too short, lacks real reflection and/or the reflection is superficial. The student seems not to have learned from the interviews.

Reflection does not include all three perspectives.

OT: The reflection is adequate; the student clearly shows that (s)he has learned from the task or indicates clearly why the task has not been beneficial for him or her on a personal level. Includes all three perspectives.

FOT: the reflection is excellent and the student shows insight in the topic at hand, and clearly demonstrates how the task has helped in developing professionally and what the relevant key learning points are. The student includes all three perspectives.

**Facilitator Remarks**

The student will receive the same assessment criteria and therefore knows what he/she will be graded on. Please discuss the criteria in one of the group meetings.



## 1. Summary table

<b>1. Place in Bachelor programme:</b>	The task takes place in semester 2, year 1, theme 6. Ischemia.		
<b>2. Relation to basic programme:</b>	The task links to Ischemia of the basic programme in the Bachelors.		
<b>3. Number of hours of this task:</b>	Contact hours related to task: 8 hours.	Study: ca. 14 hours <i>-Reading articles</i> <i>-Preparing for the meetings</i>	Final product and examination: 2 hours

### Annex 1

Interview four people who you know (two under 30 and two over 50 years of age). They may be roommates (not medical students), family members or other. (The easiest is conduct telephone or email interviews.)

#### Checklist for the interview (guideline)

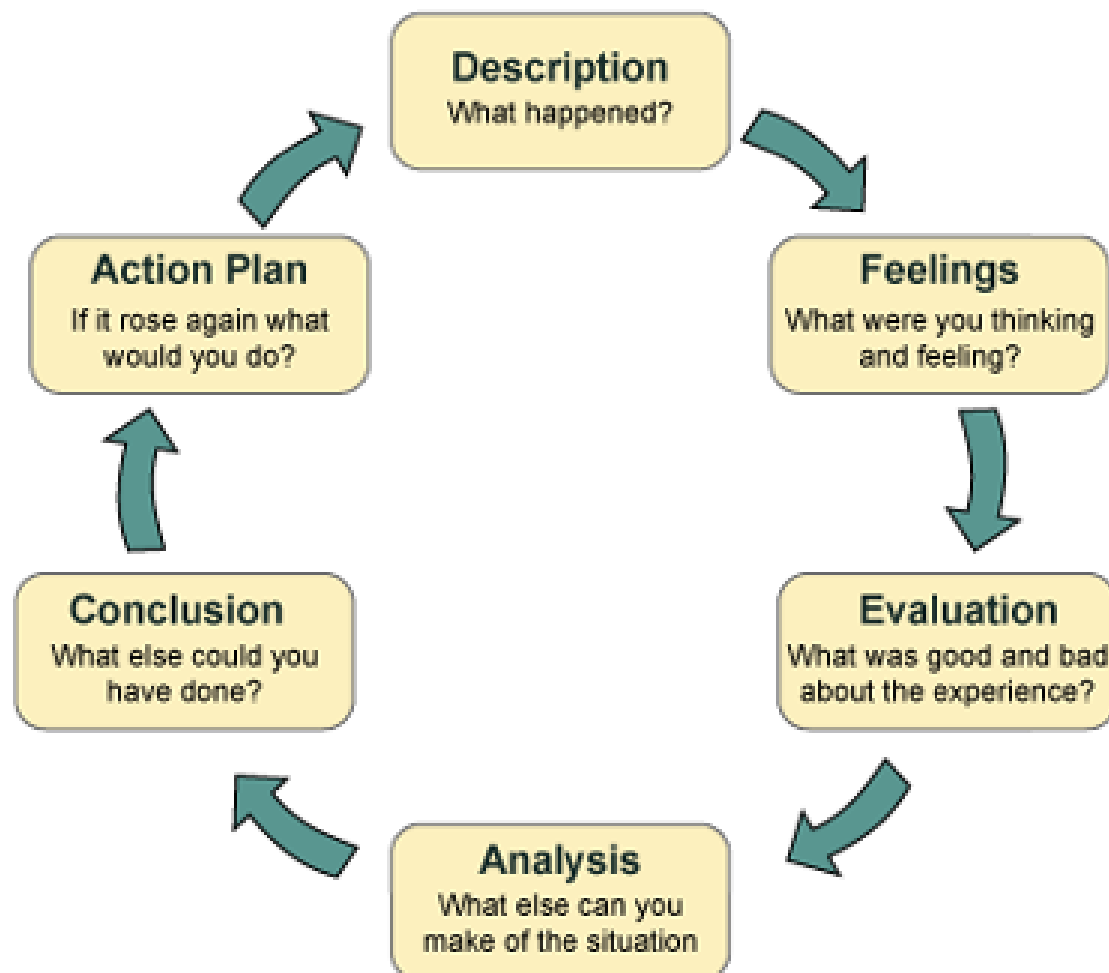
1. Is the respondent familiar with the term Do Not Resuscitate (DNR)? If yes, let him/her describe this in his/her own words. If not, explain this term to the respondent.
2. Did respondent ever consider DNR? If so, what tipped the balance either way in the decision yes or no?
3. Is the respondent morally and ethically opposed to, in favour of or indifferent towards DNR?
4. Are personal beliefs, including religious ones, dominating the viewpoint of the interviewed person (pro or con)?
5. Does respondent know anyone with a DNR badge close to him/her? How does that make the respondent feel?
6. Is the respondent familiar with the outcome rates of CPR? What does the respondent think is the estimated success rate of CPR (e.g. with AED)?
7. If not, explain failure rate and ask whether respondents do change their opinion with regard to DNR after hearing low success rates?

## Annex 2

Annex 2 Overview sheet after interviews	Total Number Interviewed Under 30 years:		Total Number Interviewed Over 50 years:		Remarks
	Yes	No	Yes	No	
1. Familiar with DNR					
2. Considered DNR					
3a. Ethically opposed DNR					
3b. Ethically in favour DNR					
3c. Ethically indifferent DNR					
4. Personal and/or religious beliefs dominant in opinion					
5. Know person with DNR badge					
6. Aware of success CPR outcomes					
7. Interviewed person changed opinion on CPR after explanation					

Figure 1: Gibbs reflective model (1988)<sup>1</sup>

# Gibbs Reflective Cycle



<sup>1</sup> Crowe Associates. Gibb's Reflective cycle 1988. Available at: [http://www.crowe-associates.co.uk/wp-content/uploads/2015/06/gibbs\\_reflective\\_cycle.png](http://www.crowe-associates.co.uk/wp-content/uploads/2015/06/gibbs_reflective_cycle.png). Accessed November, 2015.