Episode: *Ethics Teaching and Learning: How Can Dying Be Healthy?*

Guest: Helen Stanton Chapple, PhD, RN, MSN, MA
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[mellow theme music]

[00:00:03] TIM HOFF: Welcome to the new Ethics Teaching and Learning podcast series from Ethics Talk, the *American Medical Association Journal of Ethics Podcast* on ethics in health and health care. I'm your host, Tim Hoff. In this series, we talk with educators about teaching ethically complex content to health professions students. We'll discuss strategies for navigating tension between challenging students and trainees and supporting them as they navigate ethical ambiguity and uncertainty. We'll focus specifically on relationships forged among patients, clinicians, and organizations when we work, teach, learn, and assess learning together.

Joining me today is Dr Helen Chapple, a professor at Creighton University in Omaha, Nebraska, where she teaches health care ethics to nursing students. She's here to talk about teaching health professions students and trainees about acknowledging and realizing dying in a healthy way. Dr Chapple, it's so great to have you back on the show. [music fades]

DR HELEN CHAPPLE: Glad to be here with you.

[00:01:02] HOFF: So, how do you introduce this topic to health professions students, or colleagues even, who are unfamiliar with why it's interesting, important, and complex?

CHAPPLE: Well, it's interesting to think about end of life or the idea of dying itself, especially in the United States health care system, which is really organized around rescue and avoiding dying at all costs still. This has been complained about for decades now. And there is an ever-interesting set of problems that we need to overcome that are well-described by three people in a book called *The Worm at the Core: On the role of Death in Life*. And the authors are Sheldon Solomon, Jeff Greenberg, and Tom Pyszczynski. What they're basically saying to us is that we are all trying to make sense out of our lives and believe that we are going to make a difference. And so, the fear of death—and they call it "terror management theory," trying to manage that terror of the fact that we're going to die—involves our needing to feel more closely connected to a greater reality like the United States or the ideals of the United States or our faith or something like that, something that's larger than us. We need to build our own self-esteem, and we need to, as I say, sort of feel more a part of that group that we're identifying with.

[00:02:45] So, what I want to do is to get people to go into some places that are not comfortable, to help them understand that they need to pay attention to the senses of uncertainty and ambiguity that there are in life and to expand on those rather than to run back to what they are most comfortable with. So, we have to get, and of course, some people are very interested in the topic, but other people are going to run the other direction. So, that's sort of a problem that we need to overcome, especially in situations where the topic is required, and students are maybe not, so wouldn't have taken this particular [laughing] class if they had had the choice.

HOFF: [chuckles] I mean, sure, that's understandable given how difficult it can be to engage with this, as you note. [00:03:42] So, which features of this content are hardest for students or colleagues to navigate?

CHAPPLE: So, one of the issues that we need to always be aware of when we're doing education in the area of death and dying is that people have their own stuff. They have losses that they maybe haven't grieved fully. They have unfinished business around those kinds of things. Maybe they had a pet die. Maybe they were not allowed to go to a funeral of someone that they loved in their childhood. So, there are, we just need to be aware of these pieces of struggle within folks and try to call them out if we can, if the people, and make it safe for that to be a part of, if not the discussion, at least that when it bubbles up for the person, that they are not...that they're not suppressing it and pushing it down, that they can find safety in noticing that there are some things, right, that are troubling for them.

HOFF: Mmhmm. [00:04:48] And so, what are some of the strategies for ensuring that your students know that they're exploring these topics in a safe environment?

CHAPPLE: One of the ways to, I have done it, used in the past is to, in preparation, before the lectures on this topic is to ask students to ask me questions that they have never felt comfortable asking anybody before—

HOFF: Hmm.

CHAPPLE: —so that I have some sense of what's bothering them, what's bad or, you know. And so, what I get a lot of times, people are afraid to give bad news, they're afraid to tell anyone that they're dying, and they're really concerned about how to be, how to behave, what's a professional way to behave in those situations. So, it's interesting to hear what they find to be problematic.

HOFF: Sure. So, that sort of gets the students talking at the beginning, but what about the other end? [00:05:46] What features of this content make it hard to assess whether and how students are learning what you're teaching?

CHAPPLE: I don't know if assessment is so important. If people can hang around and be engaged with the content, that's all you're going to be able to get, probably!

HOFF: Right.

CHAPPLE: So, if they're asking deep questions, or if they are, as I say, sort of able to hang with you in these tough topics, I think that's great then.

HOFF: Mm.

CHAPPLE: Because these are topics that are going to be in their brains and hearts for the rest of their lives. It's not like my course is going to solve it for them.

HOFF: Mmhmm.

CHAPPLE: So, but to get them to be a little bit more comfortable with these topics, and as you were saying, to help make them feel safe to enter into the uncertainty and ambiguity that they raise for us as human beings, that's a great thing to be able to do.

HOFF: Right. Yeah, that makes sense that assessment wouldn't necessarily be the focus of a course on healthy dying so much as having those conversations in the first place. But I'm reminded about something you say, or at least I've heard you say often, we measure what we care about. [00:06:58] So, how are hospitals and other health care systems measuring and tracking whether dying experiences that are happening are happening in healthy ways and whether clinicians are helping that process?

CHAPPLE: That's such a great question because tracking is something that is not well embraced by hospitals in this area. That the history, I mean, so that quality improvement and QI kinds of projects move in many other different directions, but not in wondering whether a particular death occurred in the best possible way.

HOFF: Mmhmm.

CHAPPLE: We often don't have—hospital systems often don't have—ways to follow up on that. Some do. I'm not saying this is not anywhere being practiced because it is, but it's harder. It's much harder for hospitals to care about once the patient is dead and gone, right? I mean, it's, they move on and fast, maybe. But so, there's so that the guidelines for how to do care for the dying well are very easy to find, but to assess whether people are following those guidelines or whether, as I say, a set of deaths in a particular unit, for instance, happened according to any kind of standard, it's much harder.

[00:08:31] HOFF: So, what strategies do you recommend for integrating this content more robustly into health professions curricula and perhaps building some of those strategies for tracking?

CHAPPLE: I wish I knew the answer.

BOTH: [laugh]

CHAPPLE: Honestly, because we've been...the lack of information about palliative care and end-of-life care in general medical textbooks has been decried for a long, long time.

HOFF: Mmhmm.

CHAPPLE: We do have courses that people can take. Oftentimes, they are electives and not required, again, in medical curricula. So, it's tough. I guess we just need more folks who are more comfortable with the content and an awareness that our health care system is built in the opposite direction. And so, we're really swimming upstream here in order to bring in these ideas in this content.

HOFF: Hmm. So, you've contributed to the Journal in the past in a number of ways. I encourage people to read any of your articles and check out all the podcasts that you've participated in. [00:09:28] So, how have you used what you've published with us to motivate students' or even colleagues' ethical inquiry?

CHAPPLE: I will announce—I don't generally promote my own stuff—but I will announce that the *AMA Journal of Ethics* is a very useful and easily accessible resource for people who are in this, in ethics, in end of life, in any of these particular academic frameworks who need, who are curious. That's one of the great things about the *Journal of Ethics* is that the articles are to the point, they're reasonably short, and then they're so broad. The topics are so broadly based that

just to satisfy your curiosity, it's a great place to go. So, I will encourage students to do that. And I see them— I don't mean just to be plugging the *Journal of Ethics*, but it is a very, very useful tool, especially for students who need to be going somewhere other than Wikipedia to learn about a particular ethical question or nuance of a particular thing that they've wondered about in their clinical education. [theme music returns]

[00:11:00] HOFF: Well, any success that we have as a resource is due largely to our expert contributors, and you have been a frequent and greatly appreciated source of expertise over the years. So, thank you so much again for all of your contributions and for being on the podcast with me again today.

CHAPPLE: Thank you!

HOFF: That's all for this episode of *Ethics Teaching and Learning*. Thanks to Dr Helen Chapple for joining us. Music, as always, was by the Blue Dot Sessions. For more articles, podcasts, continuing education opportunities, and more, all free to access, head to our site, journalofethics.org. Follow us follow us on Twitter and Facebook @journalofethics. And we'll be back with more *Ethics Talk* soon. Talk to you then.