

**ON DEALING WITH DEATH AND DYING: A QUALITATIVE STUDY OF THE
EXPERIENCES OF SURGEONS, ONCOLOGISTS, INTENSIVE CARE, AND PALLIATIVE
MEDICINE SPECIALISTS**

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Tidal Wave

*So many have passed this way before,
ocean rising behind the door,
the sea forestalled no more.
What do you want of me?
So many have passed this way
knowing what's behind the door
needing solace and nothing more.
What do you expect of me?
So many have passed,
wanting my miracle,
not seeing the Sirens behind the door.
Oh god, what do you demand of me?
Where in the lexicon of learning
was I taught
the wave action of this moment.
Never, never more
did I learn the pulling of the tide
on those entrusted to me, to me.
I am not young anymore
God damn, summon me.
So many have passed this way,
and I, one more.
Stand-down and let it pass.
Ocean falling behind the door.
Tidal wave,
taunt me no more.*

Frank L. Meyskens, MD

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To those close to me who have died and from whom I learnt significant lessons, here is hoping that your legacy is honoured.

Abstract

This thesis explores the experiences with death and dying of medical specialists who frequently deal with patients with life-threatening illnesses. Thirty-three participants from Surgery, Oncology, Intensive Care, and Palliative Medicine responded to interviews that lasted between 29 and 105 min, with an average length of 48 min. The interviews were analysed thematically. Measures to preserve qualitative rigour were employed from the initial stages of the process until the writing of the results.

From the thematic analysis, four areas were chosen as a focus for the thesis, each was the subject of a separate paper: a) the experiences of surgeons, b) the experiences of palliative medicine specialists, c) the emotional connection as developed in the four specialties, and d) an analysis of commonalities and differences between specialties in how they experienced the death of their patients.

Surgeons' experiences and coping mechanisms, as described in Paper One, were influenced by personality traits favoured in surgical practice, such as distancing from patients. In contrast, participants from cancer surgery displayed a proclivity towards developing a closer relationship with their patients. Sources of support, particularly peer support, were not considered essential.

Palliative medicine specialists were the focus of Paper Two. These participants highlighted the role of emotions, and emphasised their ability to derive positive meaning from their work. Religion was identified as a coping mechanism, and differences were identified in relation to those participants with no religious affiliation. The homogeneity of participants' experiences was attributed to aspects that may refer to the philosophy of practice within palliative care.

Paper Three drew on the emotional connection that developed between participants from all four specialties and their patients. Ambivalence about developing or refraining from establishing an emotional connection with their patients was the central theme. To reconcile the ambivalence, some participants resorted to finding a balance in their exchanges with patients, but tended to employ strategies that invalidated their emotional reactions. Other participants preferred an approach where they reaffirmed the emotional nature of working with dying patients.

The common themes amongst the four specialties were the subject of the fourth paper. These themes were related to two overarching aspects: participants' professional practice, and the impact of their professional role on their personal lives. Professional practice aspects were related to frequent exposure to death and dying, limited training opportunities, decision-making process, and the delivery of bad news. The impact of the professional roles on personal lives was related to these medical specialists' experience of emotional uncertainty, individual differences (e.g. gender, years of medical practice), the impact of dealing with death and dying of their patients, and how they deal with death and dying without support.

The findings presented in this thesis may be valuable in the development of strategies to support medical practitioners to deal with common aspects of medical practice, such as the recognition of one's and others' emotions, as well as to enhance

learning opportunities through medical training. Furthermore, the results suggest that the focus of research should be widened from death itself, to experiences during practitioners' entire contact with patients approaching death, particularly from when an impending death is acknowledged.

Statement of Originality of the Work

I, Sofia Carolina Zambrano Ramos, hereby declare that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution, and, to the best of my knowledge and belief, it contains no material previously published or written by another person, except where due reference has been made in the text.

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1.1 List of publications contained in this thesis

Zambrano, S.C., Chur-Hansen, A. & Crawford, G.B. (2012). On the Emotional Connection of Medical Specialists Dealing with Death and Dying: A Qualitative Study of Oncologists, Surgeons, Intensive Care Specialists and Palliative Medicine Specialists. *BMJ: Supportive & Palliative Care* (In press) Published Online First, DOI:10.1136/bmjspcare-2012-000208

Zambrano, S.C., Chur-Hansen, A. & Crawford, G.B. (2012). The experiences, coping mechanisms and impact of death and dying on palliative medicine specialists. (Accepted for publication in *Palliative & Supportive Care*, July 2012)

1.2 *List of conference presentations based on the thesis*

What can we learn about the way that medical specialists deal with death and dying in a palliative care context? (Zambrano, S.C.; Chur-Hansen, A. & Crawford, G.B.) 11th Australian Palliative Care Conference, September 2011. Cairns, Australia.

On the emotional connection of medical specialists dealing with death and dying (Zambrano, S.C., Chur-Hansen, A. & Crawford, G.B.) Joint meeting of International PsychoOncology Society - 14th World Congress and Clinical Oncological Society of Australia - 39th Annual Scientific Meeting. November 2012, Brisbane, Australia.

Medical specialists caring for the dying: an insight into their experiences and attitudes towards death and dying (Zambrano, S.C., Chur-Hansen, A. & Crawford, G.B.) Joint meeting of International PsychoOncology Society - 14th World Congress and Clinical Oncological Society of Australia - 39th Annual Scientific Meeting. November 2012, Brisbane, Australia.

1.3 *List of poster presentations based on the thesis*

What can we learn about the way that medical specialists deal with death and dying in a palliative care context? Zambrano, S.C., Chur-Hansen, A. & Crawford, G.B. 11th Australian Palliative Care Conference, September 2011. Cairns, Australia.

What can we learn from oncologists' experiences with death and dying?

Recommendations for improvement of medical training and practice. Zambrano S.C, Chur-
Hansen, A, Crawford, GB. Multinational Association for Supportive Care in Cancer
Conference, Athens, Greece 23 - 25 June 2011. (Presented by Crawford, G.B.)

_____ Sofia C. Zambrano R. Date: _____

Preamble

To the reader,

As you read this thesis, I would like you to note that this thesis is formatted as a ‘thesis by publication’, comprising four articles, an Introduction and a Conclusion that draws the work together. Secondly, please note that my advocacy for a palliative care approach in the care of the dying can be evidenced early in the text. I am a registered Colombian psychologist, with clinical and research experience in psychological aspects of palliative care. While you are reading this thesis, you are asked to consider the thesis in the context of these two issues.