

## Humanities: Art, Language, and Spirituality in Health Care

Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

# Physicians' Reflections on Death and Dying on Completion of a Palliative Medicine Fellowship

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**Editors' Note:** A central focus of the Humanities Section has been to provide a forum for health care clinicians to reflect on various related themes in enfolded their personal experiences with challenge, suffering, insight, and healing. Although many of the articles are reflective, we find it helpful occasionally to include a qualitative, systematic review of what it is we may be experiencing, as exemplified in the following study of first-year experiences of palliative care fellows. This serves to both ground and validate our experiences as well as providing a creative example of how we might look at our work anew.

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### Abstract

**Context.** Patient and family dissatisfaction may result when they are not satisfied with the physician/patient interaction, although the physician may feel he/she worked hard to provide information to the patient and family. New approaches to visual analysis can 1) identify significant insights from physicians' personal and clinical experiences in providing compassionate palliative care and end-of-life care and 2) provide an effective and practical vehicle for communicating with patients, their families, and other professional caregivers.

**Objectives.** To elucidate palliative physicians' core experiences with their patients' dying and death.

**Methods.** A qualitative visual analysis was conducted on 75 images created by physicians completing a one year palliative medicine fellowship. These images are part of a larger personal reflections narratives database of images, text, and auditory projects prepared by students, interns, and fellows completing training in palliative care at a large hospice provider. Participation in the personal reflections project is a required part of the training program, with the goal of blending clinical competencies with lived experiences of caring for the dying.

**Results.** Two categories of visual metaphors underlying the images were identified, with both expressing the relationship and transitional dynamics of life and death: portraits ( $n = 30$ , 40%) and nature ( $n = 45$ , 60%). Conventional images representing anxiety, pain, or other dimensions of suffering commonly associated with death and dying were virtually absent ( $n = 2$ , 0.03%).

**Conclusion.** We propose the communication of positive, hopeful, even peaceful perceptions of death and dying was likely the result of effective personal and professional skills gained through physicians' clinical experiences during the fellowship. *J Pain Symptom Manage* 2016;51:633–639. © 2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

### Key Words

Palliative care, physicians, self-reflection, humanism, visual narratives

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### Introduction

Over the past few decades, progress in interdisciplinary understanding of pain and symptom management, psychosocial and spiritual suffering, and

compassionate communication skills has been made. These developments have reduced suffering while improving quality of life for the dying and their families and increased satisfaction for clinical

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professionals who provide palliative care.<sup>1</sup> However, the personal and clinical experiences of physicians, which are grounded in their relationship with their patients, remain understudied and the least understood for delivering optimal palliative care.

Practicing medicine provides rewards but also includes commonly overlooked personal and professional challenges. For instance, in addition to workload-related fatigue, physicians confront stressors that range from changes in clinical practices associated with increasing organizational bureaucracy to patient care demands to processing enormous amounts of information.<sup>2</sup> Combined with personal stressors from working in often highly emotional circumstances, medical practice can negatively impact physicians' overall health, resulting in increased risk for burn-out and addictive and other harmful behaviors, while reducing the quality of care and safety for their patients.<sup>3–5</sup>

Confronting the existential, psychosocial, and spiritual complexities and uncertainties accompanying dying necessarily presents professional and personal demands on palliative care physicians.<sup>6</sup> There is little doubt about the prevalence of significant emotional costs to physicians providing care to their dying patients.<sup>7–9</sup> Many of these end-of-life experiences are unique and powerful but also intangible, with “smoke-like” qualities.<sup>10,11</sup> However, these challenges also can generate “teaching moments” that result in positive personal and professional growth for palliative care physicians, such as personal reflection skills, more humanistic attitudes toward life and death, and flexible coping skills.<sup>12,13</sup> The literature, albeit sparse, suggests these ineffable end-of-life experiences for palliative physicians are relatively ubiquitous and, therefore, may provide important insights into death and dying, and their personal and professional impact on clinicians.

### *Visual Storytelling*

Medicine has always relied on narratives; for example, medical case histories and patients' first-person accounts of their illness are narratives commonly used in clinical practice. Kleinman<sup>14</sup> and Polkinghorne<sup>15</sup> were early advocates calling for increased attention to patients' illness experiences as sources for significant information for evidence-based clinical practices. Illness narratives are first-person stories organized and communicated through written, oral, and, to a lesser extent, visual texts. They represent ways patients attempt to describe experiences of unfamiliar life disruptions, layers of suffering, ways of coping and adjusting to considerable uncertainty, spiritual and emotional challenges, healing, and their relationships with physicians and

other caregivers.<sup>16–18</sup> These stories also actively engage their audiences by inviting them to reflect on the ambiguities, paradoxes, metaphors, and subtleties of illness experiences.<sup>19</sup> Over the past decade, illness narratives have been extended from their original focus on patients' stories to also include clinicians' perspectives and the interpersonal dynamics of patient-clinician experiences. Interactive and contextual use of these stories have played a central role in the emergence of narrative and humanistic medicine, which advocate interpersonal competencies for physicians to promote more sensitive, empathetic, and compassionate skills to the biomedical and nonphysical issues that are part of the patient-clinician relationship.<sup>20–23</sup>

Notwithstanding their use in art therapy, visual narratives are underused compared with their written and oral counterparts in medicine. However, they represent another, and often invisible, component of the illness experience because they are “right-brain” nonlinear depictions of the tacit, intuitive, emotional, and holistic nuances generally referred to as the “aesthetic experience.” They make use of visual metaphors to represent new meaning from the more ambiguous and chaotic experiences that can prompt empathy, personal reflection, and transformation.<sup>24–26</sup> Recently, increasing attention has been given to how paintings, drawings, and photographs might be used as visual narratives for providing insights into less visible dimensions of patient-physician relationships. These studies illustrate the potential of visual narratives for triggering reflection to reveal unrecognized features of clinical practices and promote empathetic, compassionate skills that complement and extend clinical practices, for both patient and physician.<sup>27–30</sup> Although oral and written narratives have become generally accepted practices for understanding end-of-life experiences,<sup>31,32</sup> the potential of visual narratives for gaining insights into one of life's most mysterious and challenging events remains untapped. The main goal of this study was to elucidate palliative physicians' core experiences with their patients' dying and death. As many of these experiences are ambiguous, we analyzed physicians' stories of death and dying represented through visual art-based reflections projects.

## **Methods**

### *Data Collection*

This study is a retrospective qualitative analysis of visual reflections narratives created by physicians at the conclusion of a one year palliative medicine fellowship at San Diego Hospice and The Institute for Palliative Medicine (2006–2011). At the end of their training,

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