



A Survey of Medical Students’ Attitudes Toward Clinical Death After Teaching the Philosophy of Death

Nicholas Ludka B.A.¹, Abram Brummett Ph.D², Jason Adam Wasserman Ph.D²

¹ Medical Student, Oakland University William Beaumont School of Medicine, Rochester Hills, MI

² Department of Foundational Medical Studies, Oakland University William Beaumont School of Medicine, Rochester Hills, MI

Introduction

The pluralism of views that surround death, both within the bioethics community and society as a whole, can be a source of frustration for medical students and physicians who encounter surrogate decision makers who deny the standard medico-legal view of death. There are large gaps in knowledge regarding brain death among medical students, likely due to the lack of educational initiatives and the reliance of media for information, which often portrays inaccurate descriptions of brain death.¹ Despite the growing literature on the inadequacy of medical students’ knowledge of brain death, there has yet to be investigation into students’ *attitudes* toward brain death and other, non-standard views of death.² Therefore, we developed a lecture with an accompanying questionnaire to determine students’ knowledge and attitudes for different views of death.

Aims and Objectives

- Measure baseline attitudes of 2nd year medical students toward different views of death.
- Determine medical students’ understanding of the current medico-legal standards of death.
- Investigate how increased awareness of the history, application, and current debate surrounding various views of death affects students’ attitudes toward surrogates who hold non-standard views of death.

Methods

- Deliver an 80-minute comprehensive philosophy of death lecture for second year medical students during a neuroscience course
- Distribute survey and collect data before and after lecture to assess change in student attitudes and knowledge

Disclosures

The authors have no disclosures to report.

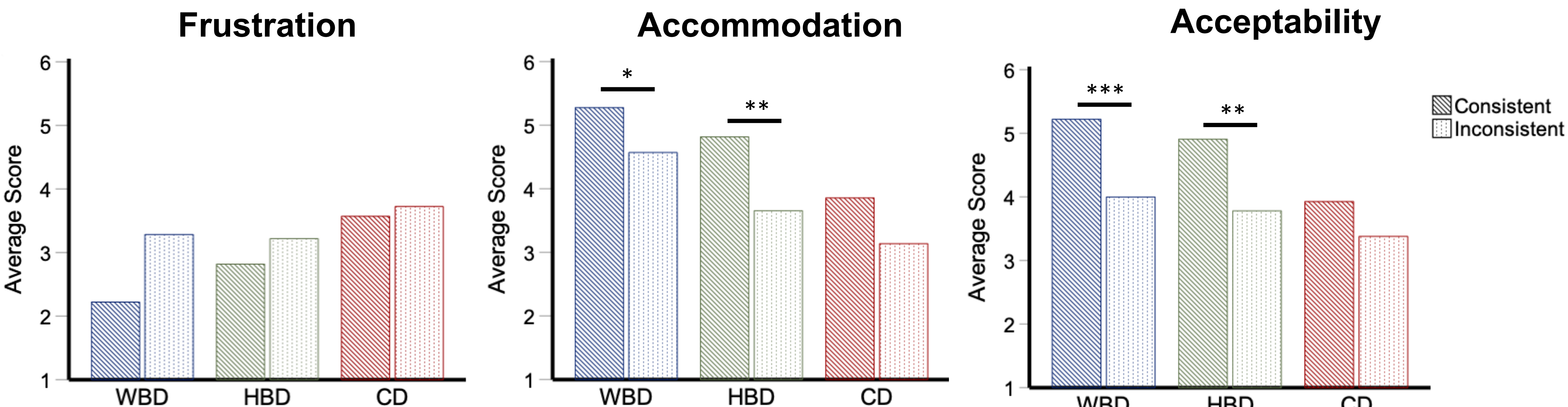


Figure 1. Relationship between medical students’ attitudes and the perceived medico-legal standing of three views of death. Pre-intervention average scores of the affective, behavioral, and cognitive measures of attitude for students who identified the whole-brain death view as consistent (n=36) or inconsistent (n=7), the high-brain death view as consistent (n=11) or inconsistent (n=32), and the circulatory view as consistent (n=14) or inconsistent (n=29), with the current medico-legal standard. *p<.05, **p<0.01, ***p<.001.

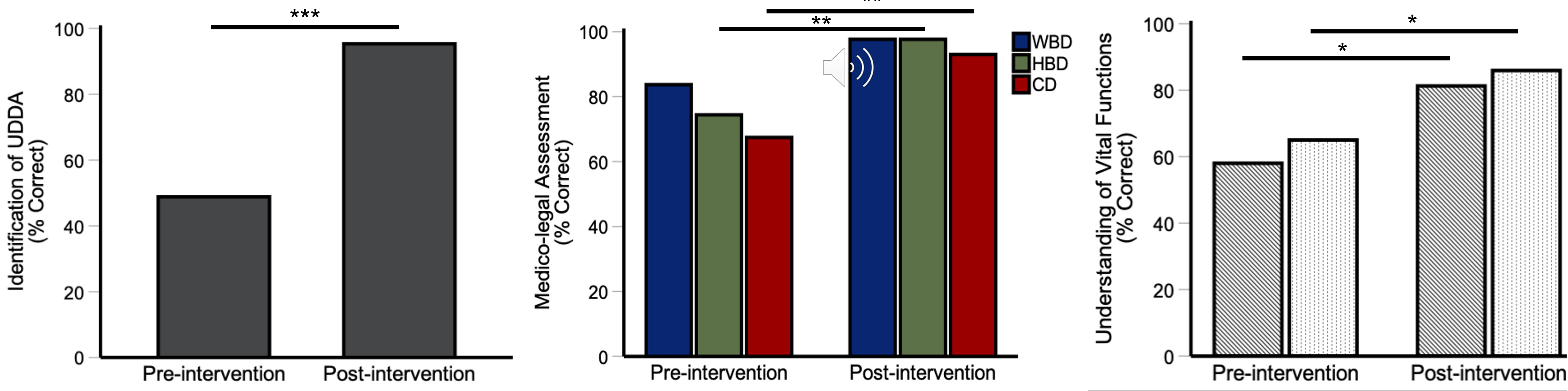


Figure 2. Medical students improved their understanding of the medico-legal standard of death post-intervention. (Left) Students were more capable of selecting the criteria contained in the UDDA after the intervention. (Middle) Students improved in their assessment of whether a case of WBD, HBD, or CD is consistent with current medico-legal standards (Right) Significantly more students understood that death can be declared while the heart is beating (dark) and that loss of consciousness does not entail death (light). *p<.05, **p<.01, ***p<.001

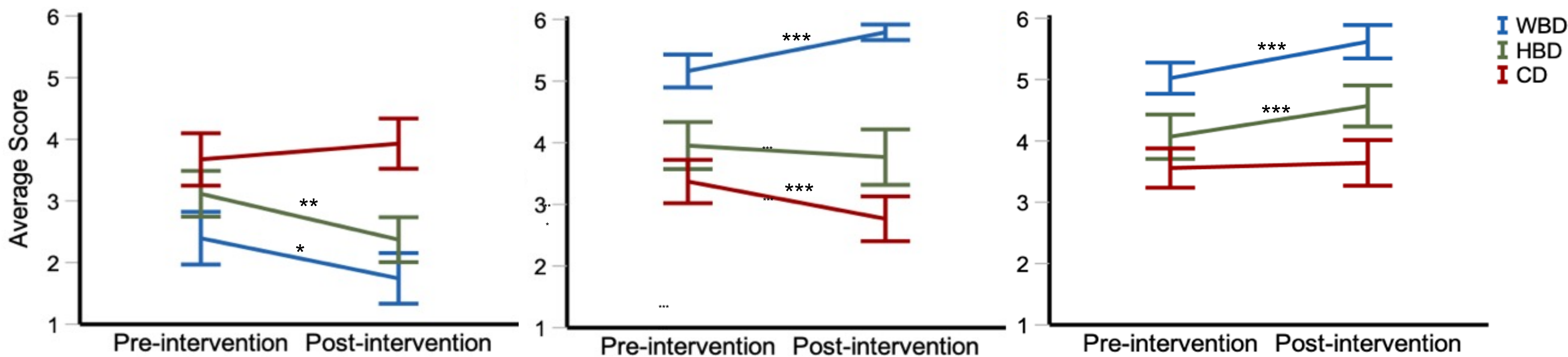


Figure 3. Differential changes in students’ attitudes towards three views of death post-intervention. Change in average scores across the affective, behavioral, and cognitive domains of attitude for the three views of death. Responses were scored on a Likert scale from strongly disagree (1) to strongly agree (6). Error bars represent the standard error of means. Statistics represent difference in average score between pre-intervention and post-intervention for each view of death. *p<.05, **p<.01, ***p<.001.

Conclusions

- Less than half of students understood the language of the current medico-legal standard of death before attending the lecture.
- Although students were less frustrated and more accepting of the high brain view of death after the lecture, their attitude did not change for removing a ventilator.
- Students were less likely to accommodate a request to keep a brain dead patient on a ventilator despite not having changes in frustration or acceptability toward the circulatory view.

Discussion

Our data shows that pre-clinical medical students have a lack of understanding for the current medico-legal standards of death. The shifts in students’ attitudes toward the three different views of death suggests that early educational interventions the philosophy of death facilitates student reflection on their own understanding and opinion of the definition of death. Furthermore, students were less frustrated with the high brain view and found it more acceptable than the circulatory view, despite both being non-standard views of death. This may indicate that students have a “neuro-centric” view of death that holds higher brain function as more critical to life than cardiopulmonary function.

References

1. Daoust A, Racine E. Depictions of 'brain death' in the media: medical and ethical implications. *J Med Ethics*. 2014;40(4):253-259. doi:10.1136/medethics-2012-101260
2. Lewis A, Howard J, Watsula-Morley A, Gillespie C. An educational initiative to improve medical student awareness about brain death. *Clin Neurol Neurosurg*. 2018;167:99-105. doi:10.1016/j.clineuro.2018.01.036