

# *Lack of Death Education in Chinese Medical Students and Countermeasures*

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**Abstract:** Medical students would face a large number of life and death patients in the future medical practice. Death education plays an important role in cultivating medical students' humanistic care and professional quality. However, there are some problems in the death education of Chinese medical students. This study investigated the knowledge reserve, attitude and practice of death education of medical students in different grades in China by means of questionnaire, and put forward corresponding countermeasures. It is found that Chinese medical students have less knowledge and practical experience in death education, and there are misunderstandings about hospice care and pain relief, as well as fear and taboo about death. This lack not only affects the professional quality and clinical practice ability of medical students, but also has a negative impact on the quality of life of patients. In order to improve the level of death education of Chinese medical students, this study puts forward several countermeasures, including strengthening the setting of death education curriculum, improving the teaching quality of teachers, carrying out practical education and multi-disciplinary cooperation. Finally, the experimental results showed that after receiving death education, the fear of death of medical students gradually decreased with the passage of time, and the fear level dropped from 5.3 to 3.0. These measures help to improve the level of death education and clinical practice ability of medical students, and improve the quality and effect of medical services

## 1. Introduction

With the aging of the population and the continuous advancement of medical technology, death and hospice care have become an important topic in the medical and social fields. In this context,

death education for medical students is particularly important. However, there are many deficiencies in death education of Chinese medical students, which not only affect the performance of medical students in future clinical practice, but also have a negative impact on the quality of life of patients. Therefore, this study aims to explore the current situation and countermeasures of death education for medical students in China, so as to improve the professional quality and clinical practice ability of medical students and promote the quality and effect of medical services.

In recent years, many studies have focused on death education and related issues. In other countries, many higher medical schools have incorporated death education into the education plan of medical students, and has achieved some success. In China, the relevant research and practice are relatively few. Among them, Raccichini M studied the effect of a seminar on death education for Italian high school students. After death education intervention, the self-efficacy level of students in the experimental group was significantly improved [1]. Dadfar M found that using 8A model to conduct death education can reduce death pain and promote mental health [2]. Wang Y believes that better death education for college students can shape their healthier mental state [3]. Chinese medical students have cognitive misunderstandings and psychological barriers about death and hospice care, and lack corresponding practical experience and communication skills. Therefore, it is necessary to conduct in-depth research on the current situation of death education for Chinese medical students and put forward corresponding countermeasures to improve the level of death education and clinical practice ability of medical students.

This study investigated the knowledge reserve, attitude and practice of death education of medical students in different grades in China by means of questionnaire, and put forward corresponding countermeasures. Through this study, the status quo and problems of death education for Chinese medical students can be more deeply understood, and it can provide reference for the future death education and medical student training.

## **2. Death Education**

### **2.1 Concept and Importance of Death Education for Medical Students**

Death education for medical students refers to the education of knowledge, understanding and emotion related to death and hospice care for medical students, so as to cultivate their respect and care for patients' lives and improve their ability and accomplishment in facing death [4-5]. It specifically includes hospice care, patient family communication, medical ethics and other aspects of education.

Death education of medical students is of great significance for training excellent medical personnel. First of all, death education can help medical students better understand the nature of death and the meaning of life, and improve their cognition and acceptance of death [6-7]. Secondly, death education for medical students can help medical students better understand the importance and significance of hospice care, improve their ability to care for patients and improve the quality of medical services. In addition, death education of medical students can also improve their medical ethics, make them better follow medical ethics norms, regulate medical behaviors, and avoid medical disputes and medical accidents.

In short, death education of medical students is a very important part of medical education, which is of great significance for training high-quality and high-level medical talents and improving the quality of medical service.

### **2.2 Current situation and Deficiency of Death Education for Medical Students in the World**

There are some differences and problems in the status quo of death education for medical

students in the world. Compared with other countries, the research on death education in China is relatively insufficient and backward [8-9], as follows.

#### Current situation of death education for medical students in China

In terms of death education for medical students in China, although some universities and medical institutions have begun to offer relevant courses, the following problems still exist on the whole:

(1) The educational content is not comprehensive and in-depth. The content of death education course in some medical colleges is lack of in-depth discussion, pay attention to the imparting of theoretical knowledge, and lack of practical operation and emotional education.

(2) Single form of education: Death education in most medical colleges in China is still dominated by lectures and classrooms, lacking diversified and personalized forms of education to meet the needs of different students.

(3) Insufficient educational resources: Due to the limitation of teaching resources, death education in some medical colleges lacks sufficient teaching equipment and practical opportunities to meet the practical needs of students.

#### Status of death education for medical students in other countries

Compared with China, the forms and contents of death education for medical students in other countries are more diversified and in-depth, but there are also the following problems:

(1) Lack of standardized education system: In other countries, there are differences in the standards and contents of death education in different medical colleges and institutions, and there is a lack of unified standards and norms [10-11].

(2) Insufficient practical education: Although death education in other countries pays more attention to practical education, some students still lack practical operation and experience due to the limited practical opportunities.

(3) Insufficient emotional education: Death education in other countries pays more attention to emotional education, but in actual teaching, emotional education still lacks in-depth and personalized training.

In general, the status quo of death education for medical students in the world has different degrees of problems and differences, which need to be improved and perfected in the aspects of educational content, teaching forms and practical opportunities.

### 2.3 Effectiveness of Death Education

The study on the effectiveness of death education for medical students is the process of evaluating and studying the influence and effect of death education for medical students. Effectiveness research can be evaluated from different perspectives and levels, including knowledge, attitude, skills, practice, etc. [12-13]. The following are some common methods and evaluation indicators of the effectiveness of death education for medical students:

**Knowledge:** Medical students' knowledge of death and hospice care can be tested. The evaluation indicators include the definition of death and hospice care, the knowledge of patients' rights and interests, and medical ethics.

**Attitude:** The attitudes and views of medical students on death and hospice care can be investigated through questionnaires and other means. The evaluation indicators included caring and caring attitude towards patients, cognition and acceptance of death and so on.

**Skills:** The skill level of medical students in hospice care and patient family communication can be tested through simulation and practice. Evaluation indicators include the ability to communicate effectively with patients and families, and the ability to provide effective end-of-life care.

**Practical aspects:** The ability of medical students to apply their knowledge and skills in death and

hospice care in practical work can be tested through practical assessments and other means. The evaluation indexes included the ability of medical students to correctly implement hospice care in practice and to deal with communication with patients' families.

The research on the effectiveness of death education for medical students needs to comprehensively apply different evaluation methods and indicators to evaluate the effect and influence of death education for medical students in a scientific, objective and comprehensive way, and provide scientific basis for further improving death education for medical students [14-15].

### 3. Investigation and Countermeasure

#### 3.1 Participant Recruitment and Questionnaire Design

Participant recruitment and questionnaire design are important steps in effectiveness research. When conducting an effectiveness study, a certain number of subjects need to be recruited to participate in the study. Participants can be recruited by putting up posters in places such as medical institutions, communities, schools or through social media. In the recruitment process, subjects should be given adequate explanation and informed consent to ensure the participants' right to know and autonomy.

Questionnaire design is an important part of effectiveness research. The design of the questionnaire should take into account the research purpose and research questions, reasonably select the types and order of questions, and avoid induction and subjectivity. Common types of questionnaire questions include single choice, multiple choice, fill-in-the-blank, rating questions, etc. The questionnaire should include some basic information, such as age, gender, educational background, etc., to facilitate stratified analysis.

The following factors need to be considered when designing a questionnaire for research on the effectiveness of death education:

- (1) Knowledge questions relating to death and end-of-life care can be designed to assess the subject's level of knowledge.
- (2) Attitude questions involving death and end-of-life care can be designed to assess subjects' attitudes and perceptions about death and end-of-life care.
- (3) Behavioral questions involving aspects of death and hospice care may be designed to assess the subject's ability to apply knowledge and skills about death and hospice care in practical work.
- (4) A comprehensive evaluation problem can be designed to conduct a comprehensive evaluation of the above three aspects to evaluate the overall effect and influence of death education.

This survey recruited 50 undergraduate and junior college students, of whom both men and women were randomly recruited, and statistically analyzed their questionnaire results. Table 1 shows the results of this questionnaire on death cognition:

*Table 1: Survey results*

<b>Death cognition</b>	<b>Boys</b>	<b>Girls</b>	<b>Undergraduate</b>	<b>Junior college</b>
Familiarize	7	9	9	7
Understood	6	7	8	5
Just know	5	6	3	8
Don't know	8	2	1	9

The degree of awareness of death is obviously higher among girls than boys, which may be caused by the fact that there are more female nursing majors in China. Undergraduate students have a higher degree of cognition than college students, which may be the reason why more medical

majors are open to undergraduate students. Among the four groups, 7, 9, 9 and 7 people were familiar with the cognition of death, respectively. There are 6, 7, 8, 5 people who have known about it; Only five, six, three, eight people have heard it; The number of people who did not know at all was 8, 2, 1, and 9, which shows that death education in China has a long way to go.

### **3.2 Establish a Sound Death Education System**

The importance of establishing a perfect death education system is to improve the public's cognition and understanding of death and hospice care, promote the progress of death culture and the harmonious development of society. Through death education, people can understand the nature and process of death and realize that death is an inevitable part of life, so as to reduce the fear and rejection of death [16-17]. At the same time, death education can also help people better face death, understand and respect patients' wishes and conditions, and reduce the psychological burden of patients and their families. To establish a sound death education system, it is necessary to promote it from multiple levels such as educational institutions, medical institutions, communities and families, cultivate professional talents, strengthen publicity and popularization, and provide relevant services, so as to comprehensively improve the public's cognitive level and cultural literacy on death and hospice care. In addition, the establishment of a sound death education system can also promote the development and improvement of medical, legal, ethical and other fields. In the medical field, death education can improve the attention and care of medical personnel to patients, and avoid aggravating patients' suffering due to overtreatment or unnecessary extension of treatment. On the legal side, death education can help people understand the legal system's regulations on death and hospice care, and avoid disputes and disputes caused by unclear legal provisions. In terms of ethics, death education can improve people's ethical quality and moral awareness, and avoid contradictions and conflicts caused by differences in values.

In short, the establishment of a perfect death education system is of great significance to promote the progress of death culture and the harmonious development of society. By strengthening death education, it can better face death, reduce the pain of patients and their families, improve the quality and level of medical, legal, ethical and other fields, and realize the sustainable development and progress of human society.

### **3.3 Improve Medical Students' Understanding and Cognition of Death**

It is of great significance for medical students' professional quality and clinical practice ability to improve their understanding and cognition of death. This would help medical students better understand the needs of patients and the nature of diseases, provide more comprehensive and detailed medical services, and further enhance the trust and communication between doctors and patients [18-19]. At the same time, it can also help medical students better face the challenges and pressures in clinical practice, improve their psychological quality and coping ability, and better protect the life safety and health of patients. Here are a few ways to improve medical students' understanding and awareness of death:

**Strengthen the setting of death education curriculum:** Death education can be incorporated into the education plan of medical students, and set up related courses, such as death psychology, hospice care, pain relief and other courses.

**Improve the teaching quality of teachers:** teachers should have high professional quality and teaching experience in death education, and be able to provide high quality teaching resources and guidance for medical students.

**Practical education:** Medical students should have the opportunity to participate in practical death care and hospice care, gain practical clinical experience and communication skills.

**Multidisciplinary cooperation:** In death education and training, it should strengthen multidisciplinary cooperation to form a comprehensive death education and training system, including the knowledge and skills of medicine, psychology, sociology, philosophy and other disciplines.

**Promote the culture of death:** At the social level, it should promote the culture of death, improve the public's awareness and understanding of death, and provide a better social atmosphere and support for medical students.

Through the above methods, medical students' understanding and cognition of death can be improved, their humanistic care and professionalism can be enhanced, and the quality and effect of medical services can be improved [20].

## **4. Implementation Effect Evaluation**

### **4.1 Evaluation Index**

After the implementation of measures to improve medical students' understanding and cognition of death, the subsequent cognition and understanding of medical students were evaluated, and the evaluation indicators were as follows:

**Knowledge of death education:** Medical students' knowledge of death education includes the knowledge level of death psychology, hospice care, pain relief, etc.

**Cognitive misunderstandings:** Medical students have cognitive misunderstandings about hospice care and pain relief, as well as fear and avoidance of death.

**Practical ability:** Medical students' practical ability and communication skills in death education include practical death care and end-of-life care situations.

**Professional quality:** The professional quality and professional ethics of medical students in death education should include the performance of humanistic care, communication skills and teamwork.

**Educational effect:** The educational effect of death education course and its influence on medical students include the improvement of knowledge level, attitude and practical ability.

**Patient evaluation** refers to patients' evaluation of medical students' performance in death education and satisfaction with medical services.

### **4.2 Result and Discussion**

After the implementation of death education for medical students in China, statistics were made on the monthly death education courses in medical and health universities. The majors of this time were clinical medicine, basic medicine, biomedical science and nursing. Figure 1 shows the statistical results.

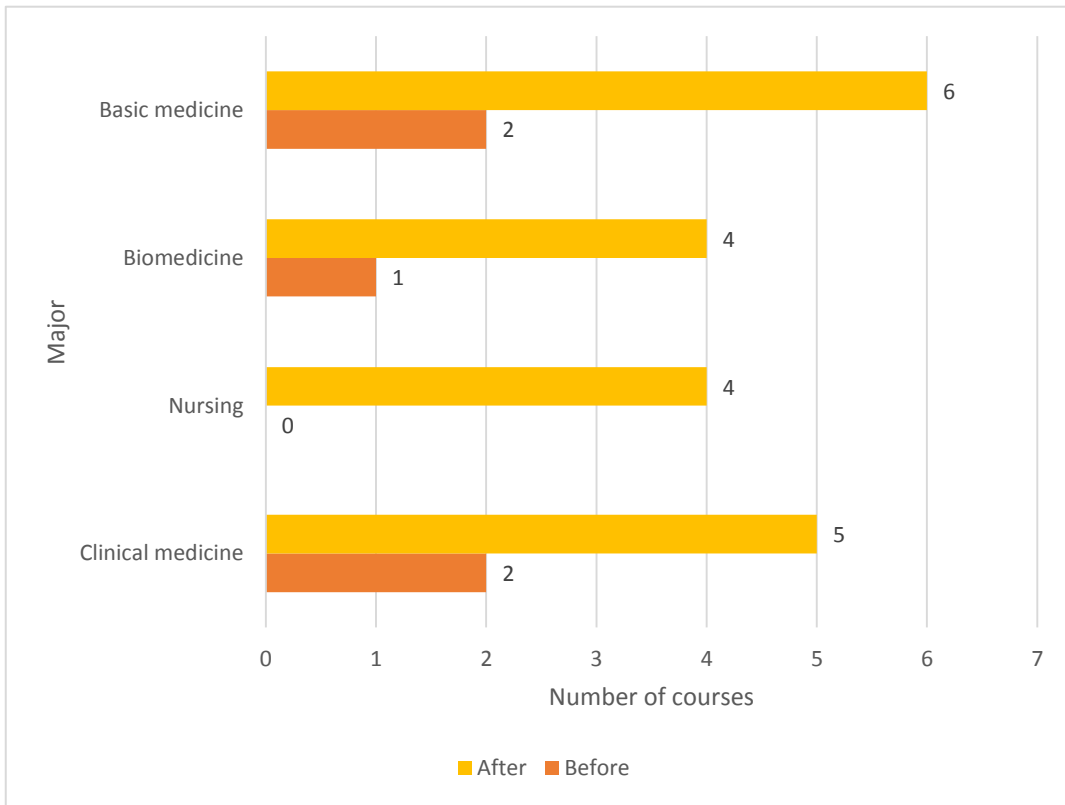


Figure 1: Changes in the number of courses

After the implementation of death education, the number of hours per month of death education courses for medical majors has significantly increased, including basic medicine from 2 to 6, biomedical science from 1 to 4, nursing from 0 to 4, and clinical medicine from 2 to 5.

The fear value of medical students facing death after receiving death education is analyzed, and the result is shown in Figure 2:

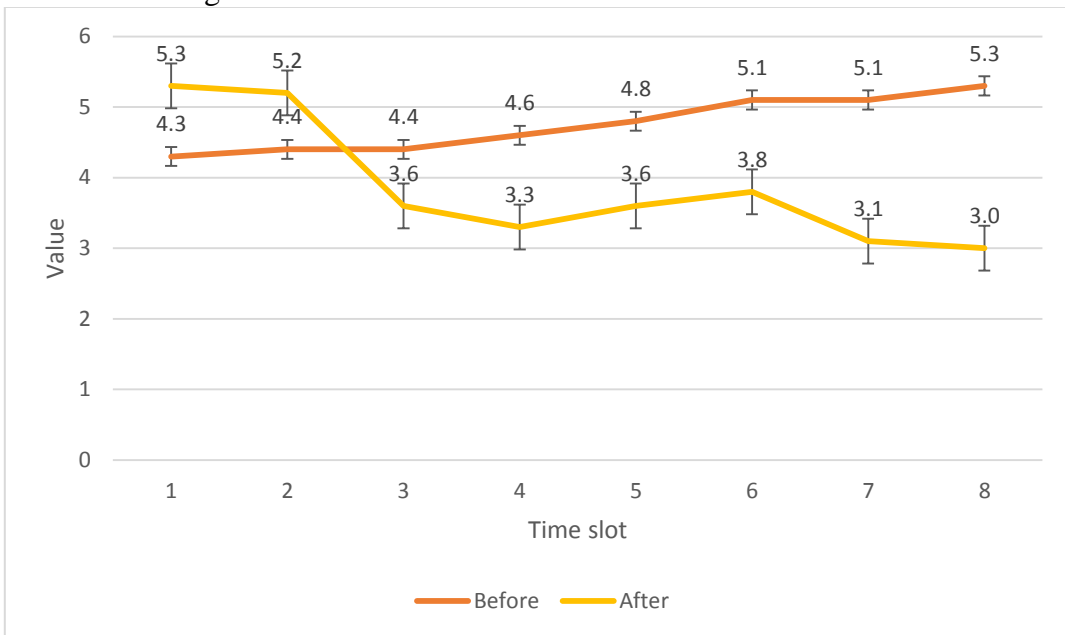
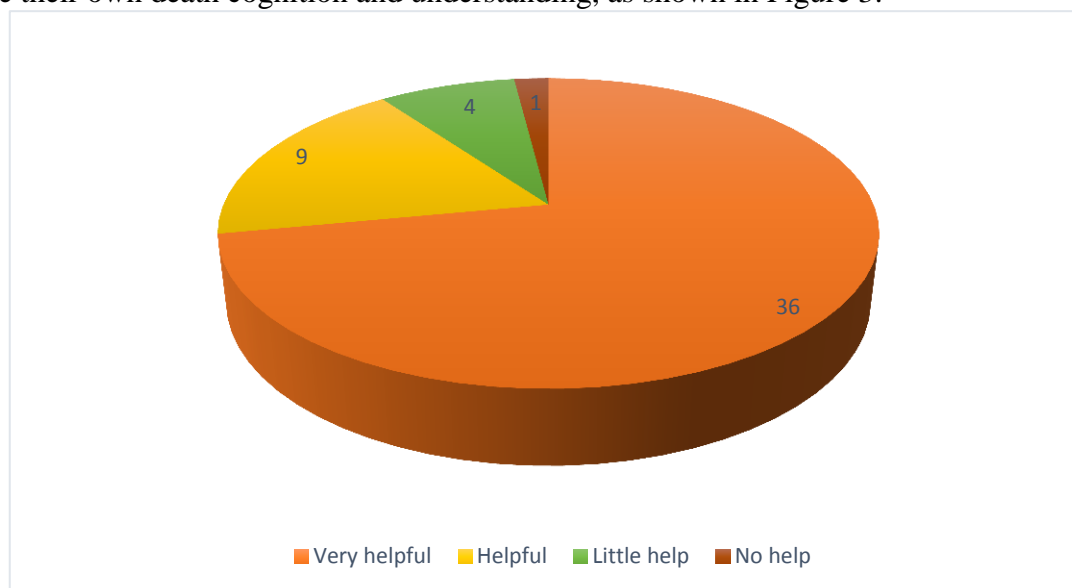


Figure 2: Comparison of fear of death

The vertical axis of the figure shows the degree of fear of death, the higher the score, the more fear of death; The horizontal axis is the time series value, which is the change in the degree of fear over time. Before receiving death education, the medical students' fear of death gradually increased over time, from 4.3 to 5.3. After receiving death education, the fear of death gradually decreased over time, from 5.3 at the beginning to 3.0. It shows that death education plays an important role in students' understanding and cognition. Finally, the satisfaction survey of medical students after death education was conducted to statistically analyze whether they think death education can improve their own death cognition and understanding, as shown in Figure 3.



*Figure 3: Satisfaction survey*

In Figure 3, 36 people said death education helped a lot, 9 said it helped, 4 said it helped a little, and 1 said it didn't help. It can be seen that the implementation of death education can indeed help to change the traditional understanding of death among medical students, which also proves the validity of this study from the side.

## 5. Conclusions

This study investigated the current situation and problems of death education for medical students in China, and put forward corresponding countermeasures. Through the questionnaire survey, the research found that Chinese medical students have a lack of knowledge and practical experience in death education, and there are cognitive misunderstandings about hospice care and pain relief, as well as fear and avoidance of death. This lack not only affects the professional quality and clinical practice ability of medical students, but also has a negative impact on the quality of life of patients.

In order to improve the level of death education of Chinese medical students, this study puts forward several countermeasures. Firstly, the setting of death education curriculum should be strengthened, and death education should be included in the education plan of medical students. Secondly, it should improve the teaching quality of teachers and provide high quality teaching resources and guidance for medical students. Thirdly, practical education should be carried out to provide medical students with rich practical experience and communication skills. Finally, multidisciplinary cooperation should be strengthened to form a comprehensive death education and training system.



Through the implementation of these countermeasures, the death education level and clinical practice ability of Chinese medical students can be improved, their humanistic care and professional quality can be enhanced, and the quality and effect of medical services can be improved. At the same time, this study also provides a certain reference for the future death education and medical students training

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### Data Availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

### Conflict of Interest

The author states that this article has no conflict of interest.

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