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Are we preparing GP trainees for patient death?

Are trainee doctors who are about to enter general practice psychologically ready to deal with the loss of a patient? The majority of dying patients are cared for outside hospital by generalists. In 2014 there were 58 469 doctors in training, of whom 10 746 are becoming GPs.¹

Patient death is identified as the greatest stressor in medical practice and it can significantly reduce a doctor's wellbeing, inducing a moderate-to-strong emotional effect in nearly two-thirds of hospital doctors.² GPs report experiencing such emotions as sadness, guilt, stress, frustration, and anger, and admit to sometimes turning to alcohol to cope with the aspect of their job that involves dying patients.³ Is there any place for death in the young doctor's idealistic world? A study showed that less than 25% of foundation year 1 doctors are aware that, after qualifying, they will be responsible for a dying patient and experience patient death in the course of their duties.⁴

Young doctors facing the death of a patient for the first time experience a similar range of negative feelings as senior doctors, such as sadness, guilt, disgust, and confusion, with a sense of self-blame because of a perceived professional failure to save lives.⁵ Trainees are not always effectively taught how to speak about a patient's death.⁴ Even more experienced doctors express the belief that showing negative feelings associated with patients is a sign of weakness. They are afraid to be perceived by their peers and supervisors as being too sensitive for this profession.

What makes experiences of patient death so difficult? A medical culture driven by the pursuit of cures and improving patients' lives can push the death phenomenon into an unspoken 'taboo' and interpret a patient's death as a professional failure.⁴ A study of GPs showed the tendency not to reveal emotions in connection with patient death.³ Making the topic a 'taboo' can be extremely damaging to new doctors and their psychological preparation for patient death.

What is the solution? The valuable

lesson to be learned here is changing the stigma of death in trainee GPs. Taking into account that 86% of doctors identified getting emotional support from others as the best coping mechanism,² one possibility we suggest is the mentoring of trainee GPs by doctors who work with high volumes of dying patients. Our reasons for suggesting this are twofold.

First, trainee GPs, if mentored by someone outside their specialty, will not fear being negatively appraised as a consequence of revealing their troubled feelings about dying patients. Second, trainees who are informally mentored by registrars or consultants who work in oncology, palliative medicine, or any specialty with a high rate of patient mortality, will learn about effective coping strategies. Indeed, a study showed that young doctors found the help they got from a palliative care team as extremely valuable.⁴

Doctors dealing with patients' deaths adopt such coping strategies as getting support from others, trying to interpret death from a different, more positive perspective, and occupying their mind with various activities.² When dealing with patient death interns express a higher need for support from others to cope.² Sharing experiences is therefore crucial for trainees to do, in order to create a psychologically-healthy professional identity.⁵ Doctors who work with high volumes of dying patients can mentor trainee GPs, offering them:

- the chance to openly share experiences and feelings about patient death; and
- the chance to change the way a trainee perceives and interprets death experiences.

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REFERENCES

1. General Medical Council. *The state of medical education and practice in the UK report: 2014*. <http://www.gmc-uk.org/publications/25452.asp> [accessed 5 Mar 2015].
2. Redinbaugh E, Sullivan A, Block S, *et al*. Doctors' emotional reactions to recent death of a patient: cross sectional study of hospital doctors. *BMJ* 2003; **327(7408)**: 185–188.
3. Zambrano S, Barton C. On the journey with the dying: how general practitioners experience the death of their patients. *Death Stud* 2011 **35(9)**: 824–851.
4. Gibbins J, McCoubrie R, Forbes K. Why are newly qualified doctors unprepared to care for patients at the end of life? *Med Educ* 2011; **45(4)**: 389–399.
5. Kelly E, Nisker J. Medical students' first clinical experiences of death. *Med Educ* 2010; **44(4)**: 421–428.