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# The death of a patient: how does it affect me?



## Goal of the workshop

In this workshop we wanted to achieve the following goals:

- reflection on personal and professional values concerning dying;
- raising awareness of intercultural differences in care for dying patients;
- confirmation or refining of our patient-doctor model.

## Background

The origin of this workshop was an interview study we did among Dutch GPs. We asked 9 individual GPs and 9 other GPs in a focus group how the death of a patient had affected them. The result was a summary of factors that influenced the doctor's behaviour. We arranged these factors into three categories: professional values and experiences, personal values and experiences and the opinions of the GPs as to what constitutes a good death. Out of these three groups we constructed a model, which we presented to the participants at the end of the workshop.

## Methods of the workshop

In two exercises of each 20 minutes couples of GPs from different countries shared their answer to the following questions:

- Share with your neighbour your memories of the death of one your patients. Choose a case in which you provided terminal care.
- Are you happy with your role as care providing GP in this case? Has this case affected your professional or personal values?

In a plenary session we evaluated this sharing of views and feelings. After this session we presented the doctor-patient model (fig. 1).

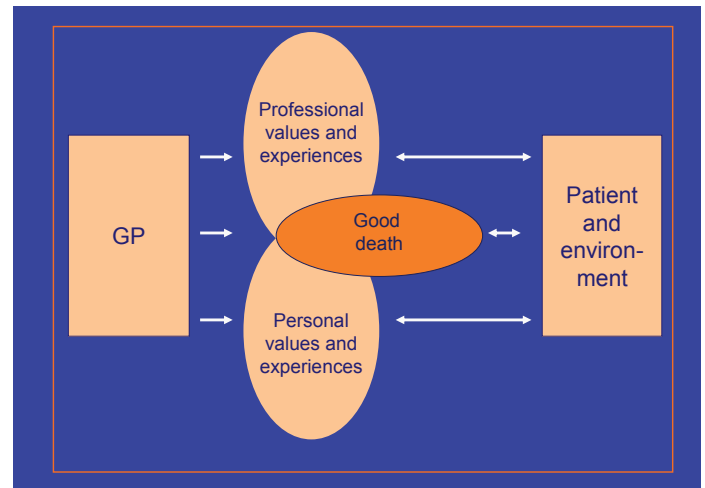
The participants of the workshop were engaged in a lively conversation; all demonstrated their involvement as GP in these issues. In the plenary evaluation the main findings of our study were confirmed such as:

- acknowledgment of the shift in the GPs' own values by the unique interaction between patient and doctor and the cumulative experiences of the doctor with his patients;
- acknowledgment of the importance of personal experiences such as the death of the GP's own parents or the care for his patients;
- the opinion of the GPs about as to what constitutes a good death has also a mutual relation with the patient.

Furthermore an important observation was made: in Switzerland most patients die in hospital while in The Netherlands most of them die in their own home. This must have considerable consequences for the part the GP has in the terminal care for the patient.

Some European GPs arrange an end-of-year ritual with their colleagues while remembering the patients who had died this last year. Such a ritual helps the GP to cope with the loss of his patients.

Another participant was surprised by the openness in which the Dutch GPs share their views and feelings around death and dying, in the training of GPs as well as between GP colleagues in practice. The history of euthanasia in the Netherlands might be a factor in this



**Figure 1**  
The doctor-patient model.

awareness of personal feelings, while during postgraduate training GP trainees are encouraged to reflect on their feelings in surgery. The place of these values and experiences were located in the doctor-patient model, (fig. 1), which made talking about the doctor-patient relationship more clear.

In the heart of the model are the three categories of statements about professional values and experiences, personal values and experiences and descriptions of how GPs understand a good death or a good dying process. These groups of statements overlap.

These three groups of statements made by the GPs are influenced by the doctor-patient relationship and embedded in it. There is a mutual influence between the doctor and the patient. This is indicated by arrows pointing both ways. The patient to whom the arrows point is a unique patient. The doctor and patient may together make a final decision concerning the patient's care which would be different in the case of another patient. The doctor-patient relationship on its part is influenced by society and culture. This is shown in the model by the square that surrounds it.

## Conclusion

This workshop confirmed our doctor-patient model and refined it at some points. It was refreshing to exchange experiences about the situation when a patient dies. GPs are all human with human experiences, but they also have their individual, personal histories. Both influence the care for their patients.

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