

Defying death.

Do we risk moral injury by medicalising the end of life?

DR COLETTE HAWKINS

ACADEMIC CONSULTANT IN PALLIATIVE MEDICINE

SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

MIDDLESBROUGH, UK





**End of Life
Academy**

connect
challenge
change

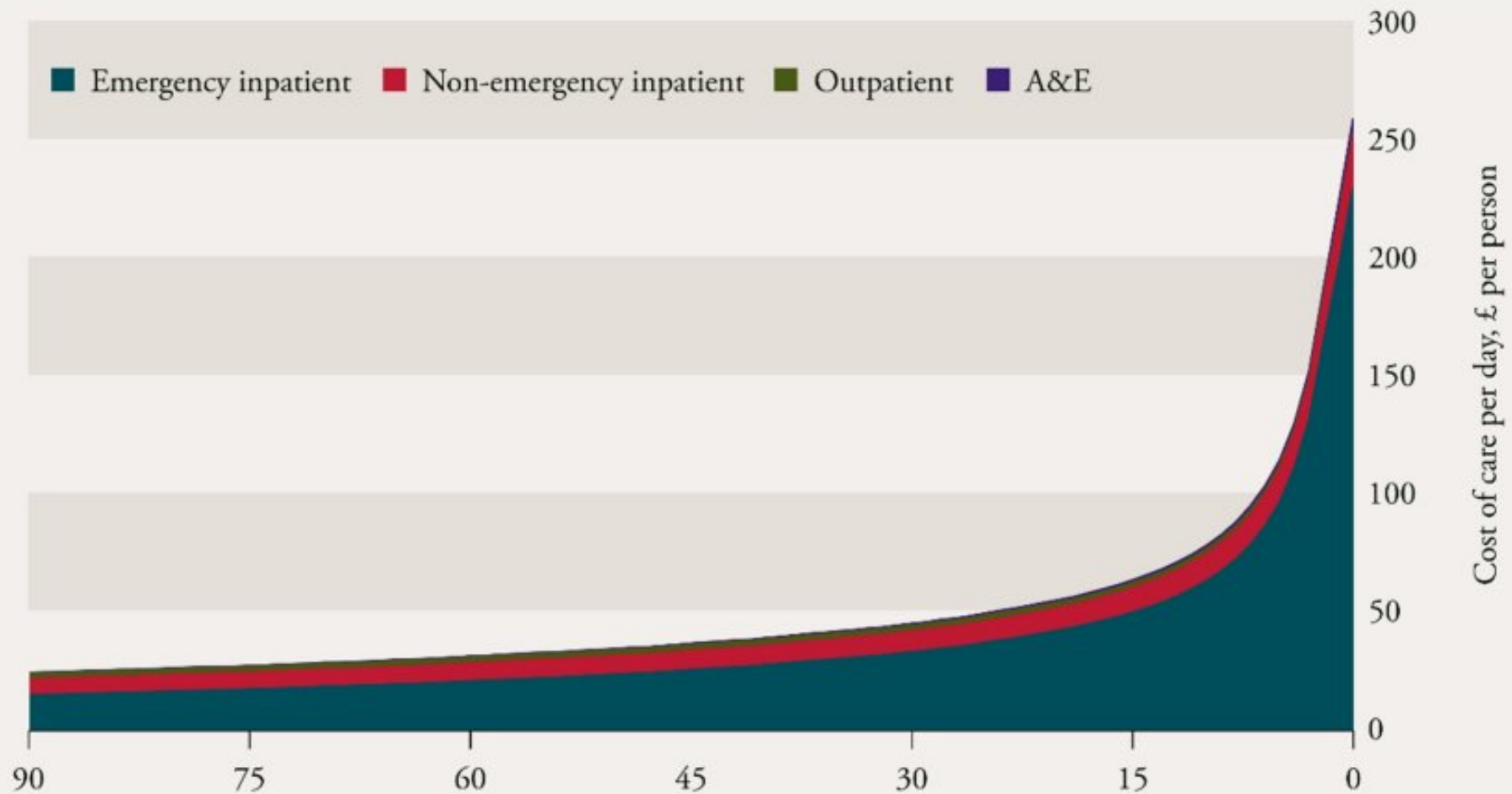
Problem

- ▶ *We have a problem with care of people who are dying through natural decline with terminal illness*
- ▶ *Medicalisation of death is a key factor; doctors' moral code focusses on survival*
- ▶ *The public expectation of 'a good death' is founded on a different moral code*
- ▶ *Hypothesis: medicalisation of death leads to moral injury*

*We have a problem with care of people who are dying
through natural decline with terminal illness.*



Figure 7: Average hospital costs per day over final 90 days of life (N=1.22 million)



Day prior to death

Nuffield Trust 2014



This is a three-minute video available at
<https://www.youtube.com/watch?v=TI8xHyx6kww>

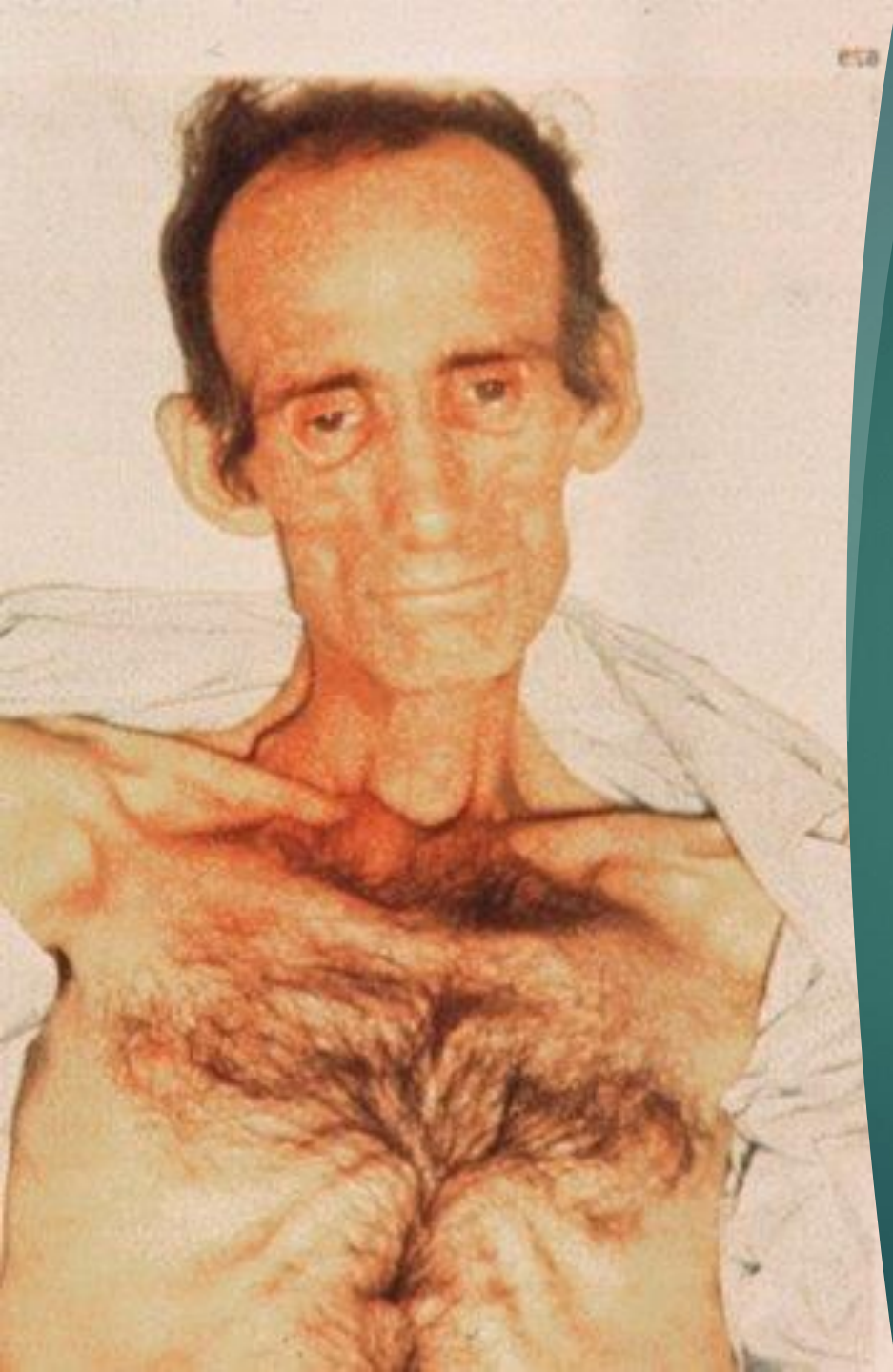
- ▶ *Medicalisation of death is a key factor; doctors' moral code focusses on survival*



**End of Life
Academy** | connect
challenge
change

Moral code: doctors

- ▶ Doctors are trained to treat
- ▶ Moral code: *death is a failure (survival at all costs)*
- ▶ Demand for treatment
- ▶ Moral code: *do something*
- ▶ Availability of interventions
- ▶ Moral code: *person is problem to treat, not a person with hopes, values, wishes, and a life beyond their illness (depersonalisation)*



“He’s starving! What are you going to do?”

The public expectation of 'a good death' is founded on a different moral code



Moral code: public

- ▶ A 'good death':
 - ▶ Choice (94%)
 - ▶ Pain free (87%)
 - ▶ Emotional wellbeing (64%) – tying loose ends, discuss meaning of life and death

Meier et al. *Am J Geriatr Psychiatry* 2016;24:261-271



What is public experience?

I had no idea
how ill he was

I feel worse
for this
treatment

We weren't
told she
might die

We've missed
so many
opportunities

No-one's
listening



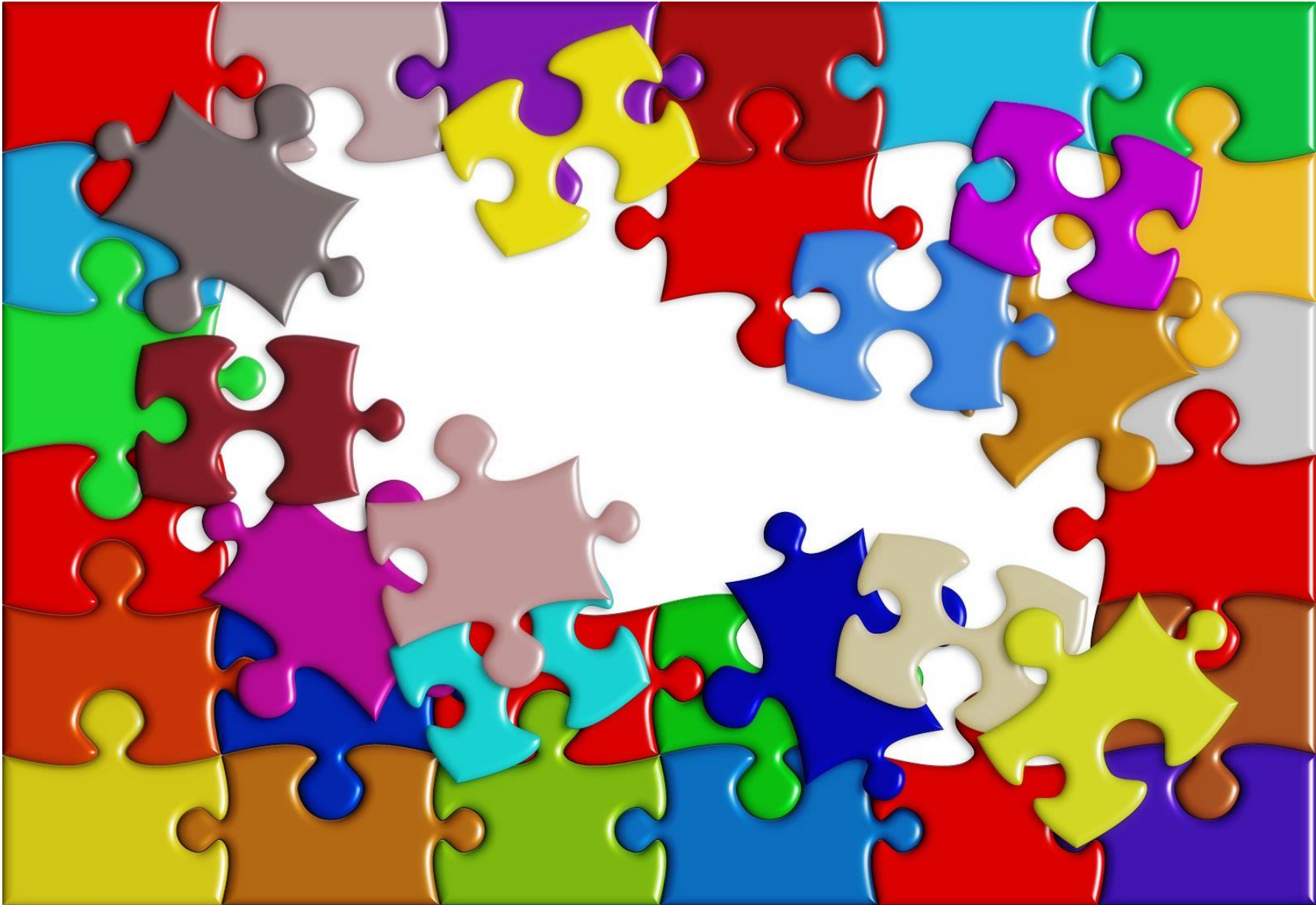


**End of Life
Academy**

connect
challenge
change

Hypothesis: medicalisation of death leads to moral injury





**End of Life
Academy**

connect
challenge
change



Medicalisation of death

- ▶ Increase suffering:
 - ▶ Failure to recognise dying
 - ▶ Traumatic/futile treatments
 - ▶ False hope
 - ▶ Depersonalisation
 - ▶ Excluding family/carers
 - ▶ Under-management of symptoms

Sallnow et al. *Lancet* 2022; 399: 837–84

Gawande 2014. *Being Mortal*



**End of Life
Academy** | connect
challenge
change

Moral Injury? Public

Complicated grief (14%)

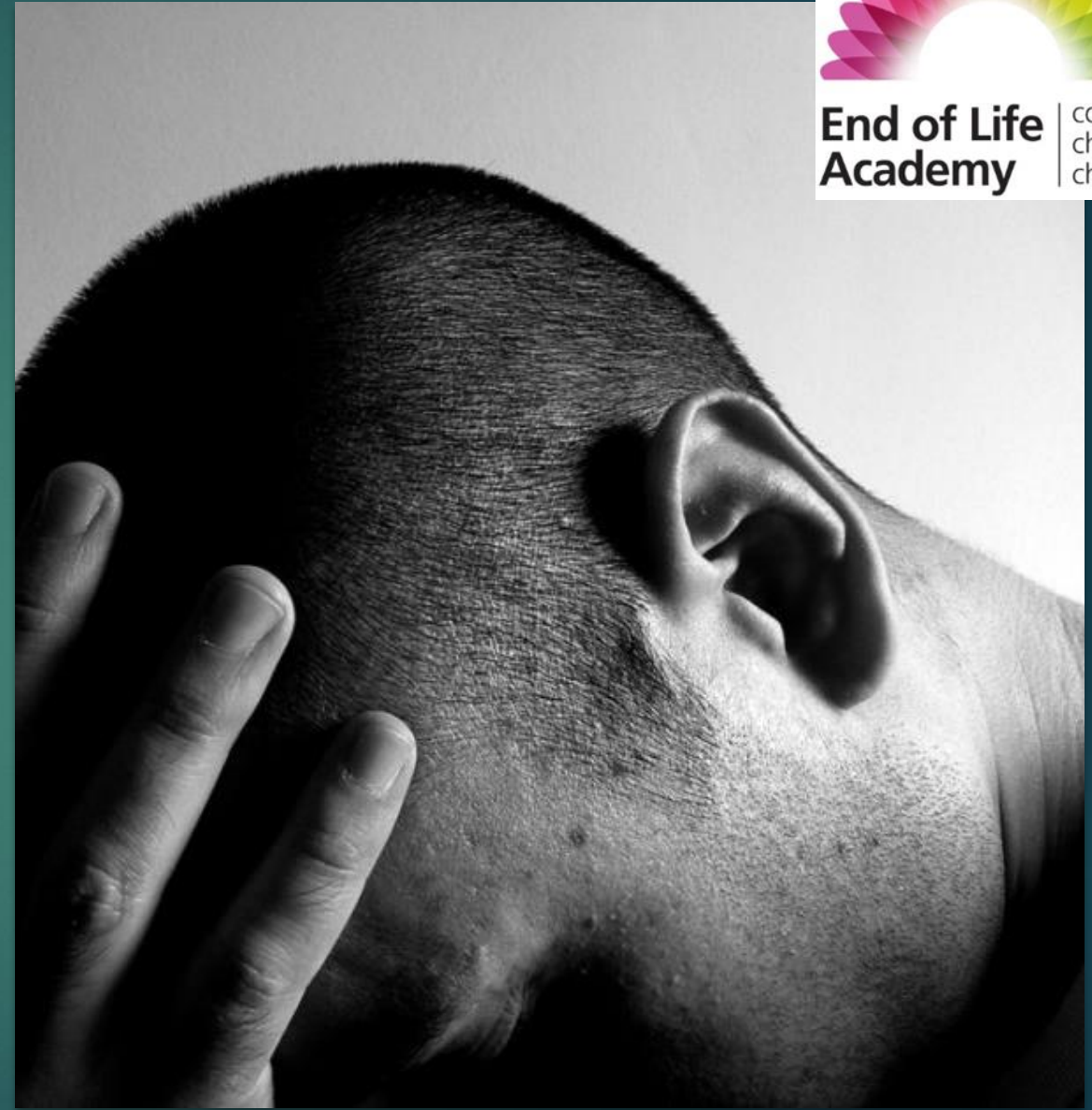
Major depressive disorder (17%):

- ▶ Unpreparedness for death
- ▶ Inadequate explanation from doctor
- ▶ Inability to spend time with family

Aoyama et al *Psycho Oncology* 2018;27:915-921



**End of Life
Academy** | connect
challenge
change



Moral Injury? Doctors

- ▶ 'Moral distress' (situational) – 78% doctors (60% predating pandemic)
- ▶ 'Moral injury' – 51% doctors

BMA 2021: Moral Distress and Moral Injury

- ▶ High levels of mental illness amongst doctors
 - ▶ Clinical depression: 29%
 - ▶ Suicide: 2-5x general population

Harvey et al. The Lancet 2021;398:920-930



Joseph Lazaroff





End of Life Academy | connect challenge change

Joseph Lazaroff

“The chances that he could return to anything like the life he had even a few weeks earlier were zero. But admitting this and helping him cope with it seemed beyond us. We offered no acknowledgment or comfort or guidance. We just had another treatment he could undergo. Maybe something very good would result.”

“We could never bring ourselves to discuss the larger truth about his condition or the ultimate limits of our capabilities, let alone what might matter most to him as he neared the end of his life.”

Gawande 2014. *Being Mortal*



Opportunities

- ▶ Training/learning:
 - ▶ Honesty
 - ▶ Patients as partners
 - ▶ Stories
- ▶ Public empowerment
- ▶ Research





Thank you

Colette.Hawkins@nhs.net