

PLAYING GOD: THE DILEMMA OF THE DYING PATIENT
A Project of the AMSA Task Force on Death and Dying

AMSA®
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Because of the frequent lack of adequate education in the treatment of the terminal patient and the recognition of the terminal patient's rights, AMSA and The Concern for Dying are collaborating to present an example of a terminal health care situation for medical/legal education. What follows is a fairly detailed description of the program and an outline of how to set it up.

(Note to regional coordinators: this was originally intended to be targeted to local chapter officers. Please make any modifications necessary for it to be applicable for use in running the program in the fall regional workshop. The game plan is to introduce the program in - the fall regional workshops. Afterwards, we'll approach the local chapters.)

PART I: THE PROGRAM

Here's a summary of what we envision in the program and what we found successful in the pilot. Suggested time allotments are in parentheses.

1. Salutations and Introduction (5 min.)

Facilitator welcomes audience and explains the evening's sequence of events.

2. Case Presentation (60 mm.)

A controversial case, selected from a local health care facility (see below for resources), is presented by each involved member of the health care team (i.e., doctor, nurse, lawyer, social worker, health administrator). Each has ten minutes to discuss his/her perspective and concerns.

While they are speaking, you may want to show slides depicting the daily rigors involved in the case (e.g., with a cancer patient: chemotherapy radiation therapy, familial and social interactions, etc.). This is suggested for the purpose of better enabling the students to envision the case from the patient's perspective.

Whatever you do, DO NOT tell the audience how the case was actually handled. Save that for the end (see below).

3. Question and Answer Session (15-20 mm.)

The lights go back on (if you have been showing slides) and the interdisciplinary panel is seated before the class to answer any technical questions and further establish the scenario surrounding the case. Again, the final case management decision should be withheld.

4. Small Group Discussion and Refreshments (30 mm.)

Given 5 minutes to gather refreshments, the audience should break into small, INTERDISCIPLINARY discussion groups to discuss their proposed management of the case. Interdisciplinary is stressed because this is where the real value of the program lies. It is the variety of opinions in the small group that force introspection and broader realization upon its members.

We formed our groups by assigning people group numbers or names as they signed in at the door. To do this, we used nametags and the names of local hospitals to line up our groups. This had the same effect as “counting off.” We even had to double check each group since some still tried to sneak off with their buddies. Tolerable to a certain extent, please note that on a large scale this is very counter-productive.

To facilitate constructive discussion, we used each of our panel members to help the small groups get off to smooth start. The facilitator himself or herself should check on the groups progress and make sure things don't get out of hand. Some of the discussions can get a bit lively.

At the end of the allotted time, each group will be asked to reach a decision as to how their particular “hospital” would handle the case. We posted the decisions in front of the audience.

5. Revelation and Comparison (30 min.)

The audience reassembles and a spokesperson for each group discloses what their decision was and briefly explains the reasoning behind it. Following this, the actual decisions and results are revealed. Time should be allowed for reactionary comments.

6. Closing (5 min.)

The facilitator explains the purpose of the program specifically noting that the intent is not to provide all the answers, but only to provoke the questioning, introspection and awareness of patient's rights and the many facets of the decision-making process related to the terminally ill patient. While he/she speaks, evaluation forms should be distributed.

7. Literature Dissemination

Participants should be encouraged to pick up a copy of the Living Will and other literature (which we will provide you) as they leave. Evaluations can be collected at this time.

PART II: LOGISTICS AND PLANNING

There are some logistical considerations. These are some of the major ones along with our suggestions as to how they may be managed.

1. Finding a suitable case

It is probably best to portray a local case to stimulate local interest and take advantage of using local authorities that may have been involved with the case. Many hospitals have an ethics committee that should have an abundance of good cases. If not, it doesn't take much investigation to find a case in Oncology, Emergency, Burns, etc.; the only stipulation is that you approach authorities in a straightforward manner clearly stating your motives and cause.

Obviously you have to use a degree of quality control in selecting an appropriate case. In selecting a case, look for controversy. As we found out, cases don't have to be outrageous to pose serious moral/ethical problems. If you're concerned that you'll lose your audience with a "boring" case, don't be! Audience participation and interest are automatically generated when values, views and beliefs are challenged. In actuality, shock value is just an added bonus.

However, if you're still unsettled about your choice of cases, there is a very effective alternative. There was a film made not too long ago about a burn victim sufficiently compromised as to be unable to resist treatment forced upon him against his will. The shock value of this film is intense and it is extremely thought provoking. The film on Dax Cowart's case can be forwarded to you from The Concern for Dying upon request.

2. Finding a good time

When you commit to putting on the program, a packet will be sent to you with a variety of information and supplies. Included in the packet will be a list of student contacts at various professional schools in your area. It is probable that no ideal time will be found but working with the other students should narrow the choices. Generally, evenings are better.

3. Finding a place

This should be fairly easy. Most schools will freely lend out use of one of their lecture halls for such a purpose and may even give tangible support if you publicize their involvement. We encourage you to pursue this aspect as far as possible.

The type of room best suited for this program is a multipurpose room since chairs can be rearranged according to needs (either as an “auditorium” or to break into small groups). It is best to make sure there’s room to set up refreshments without interrupting the presentations. If you plan to use slides, be sure to arrange for the necessary equipment.

4. Publicizing

Getting the word out can be the hardest part of the program but it is absolutely critical to the success of your effort. Experience seems to indicate that persistence is the key. Delegate this duty to a responsible individual who can establish and follow up on an effective publicity network.

Along with your list of contacts, flyers will be provided (you’ll have to fill in the details). These can be circulated through the other schools via whatever contacts you have or are provided with. Also, radio stations, newspapers and even television stations offer free public service messages (PS Ms) if you contact them. They may even cover your program if you present it properly (see appropriate AMSA literature).

5. Refreshments

This wasn't nearly as bad as we feared. To keep costs down, we got a group together to bake something, chop vegetables, make ranch dip, etc. Our school cafeteria donated coffee and we purchased sodas and all the ancillary items (cups, ice, cream, sugar). Keep your receipts!

During the first half of the evening (see above), it's best to keep the refreshments out of sight (“out of sight, out of mind”). We were fortunate to have the use of an adjoining room at the back of the conference room. Just as effective would be keeping the goodies on carts until you're ready to wheel them in.

6. Evaluation

Attached is a copy of the evaluation form we used. Admittedly it's a little rough so please feel free to add any questions you feel appropriate. Make as many copies as you think you'll need and keep the receipt for reimbursement.

7. Money

Did you keep your receipts?

Through the benevolence of our colleagues at AMSA national and our friends at The Concern for Dying, we are able to fund the entire effort. We only ask of you that you forward evaluations, a copy of the sign up sheet, your impressions and comments as coordinator of the event and the receipts.

8. Help

You are never alone in this venture--we're only a phone call or a letter away. Additionally, CFD provides the professional expertise and maintains a listing of local authorities in your area.

PART III

All of this may sound pretty involved but actually it is really very simple. After all it's just a glorified talk with refreshments. We have gone into some detail in order to assure a reasonable degree of uniformity and to give you as much direction as we can

Our primary goal in the "Playing God" effort is to reach as many student minds as possible. We hope to encourage students to consider or reconsider their views on death and dying before they are confronted with real situations as they proceed in their education. This program is not intended to be exclusive, for there is a value in participating in such a program regardless of level of education.

If you share our concern or are simply interested in learning more for yourself, come aboard! "Playing God" provides a great opportunity to open channels for multidisciplinary interaction and to mobilize and publicize your chapter-- all the while providing a valuable service to the community.

For further information call the AMSA National Office for the name of the current Death & Dying National Coordinators. (703) 620-6600.

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Program Evaluation

Please take a minute to fill out the following evaluation. It will go a long way in helping us to plan future efforts.

1. Have you been through any programs like this before?
 Yes No
2. Is this what you expected in the program?
 Yes No
3. Did you find the program helpful?
 Yes No
4. Has it changed your perceptions of death and dying?
 Yes No
5. Do you feel this has better prepared you to face this situation in your profession?
 Yes No
6. Was the panel adequate
 Yes No
7. Was the panel too opinionated?
 Yes No
8. Was the perspective broad enough?
 Yes No
9. How did you hear about "Playing God?"
 newspaper radio
 flyer friends
10. Suggestions or comments: