Death and the Professions: 
Religious Studies 1725 (UHC)

Instructor: Jonathan Weinkle, MD, FAAP, Clinical Assistant Professor, Family Medicine and Pediatrics.

Texts:

Introduction
The American culture of the 20th and 21st centuries has been called, not death-defying, but death-denying. It is often said that America is the only place in the world that treats death as optional. Once upon a time, we couldn’t have open, public conversations about breast cancer, because the word could not be uttered aloud. In many places, it is just as hard today to have an open, public conversation about death and dying. This phenomenon is not just a social more; it affects the practice of many professions and entire segments of our economy and society. This course will explore our individual and cultural reactions to mortality, the ways in which dying in today’s America is different from dying throughout history or elsewhere in the world, and the responses of a variety of professions, both within the field of healthcare and beyond, to their encounters with people in the various stages of dying. Students will be asked, at turns, to be scientific, philosophical, clinical, analytical, and emotional in encountering the concepts and material presented here. This should be a true interdisciplinary experience.

Learning Objectives:
1. To articulate attitudes, fears, feelings, and beliefs regarding death, dying, and mortality on both a personal and a cultural level, and to gradually expand and refine those attitudes in response to what we study
2. To examine the effects those beliefs have on lifestyle choices, institutional practices, and societal policies
3. To question and challenge the validity of these practices and policies
4. To apply current medical, biological, and social science data, as well as alternate belief systems, to try to answer the questions raised in objective #3.
5. To prepare for inevitable future encounters with death and dying in professional and personal life.

Course Outline: Major Topics:

Week 1. Overview of course. Take home message: Speaking about death is difficult
- Class reading of Margaret Edson’s \textit{W;t}.
- Initial reactions to the play
- In class “game”: \textit{My Gift of Grace}, “a conversation game for living and dying well” to get students used to talking about this topic and opening up

Week 2. How We Die: Past, Present, Future. Take home message: death and dying in the wealthy West/global North is very different than ever before and may become even more so.
- Biblical account of death of Jacob
- David Moeller, \textit{Dancing with Broken Bones}
- Atul Gawande’s account of his grandfather’s death in \textit{Being Mortal} (“The Independent Self”)
- Tolstoy, \textit{The Death of Ivan Ilyich}
- Kurt Vonnegut, “Fortitude”

Week 3. Attitudes Toward Death: fear, hope, resignation, reliance. Take home message: don’t assume that everyone views death as a calamity to be avoided at all costs – and don’t assume that everyone has internalized their own mortality, either.
- Erica Brown, introduction “Overcoming the Fear of Death”
- Religious attitudes toward death (Muslim, Buddhist, Jewish, Hindu, Catholic, non-Catholic Christian) – brief reading representing each of these traditions
- John Donne, “Death be not Proud”
- Dylan Thomas, “Rage . . .”

Week 4. Aging without Death? Take home message: getting old is not a disease but we treat it like one.
- Reading: Gawande chapters on medicalizing old age and nursing homes (Chapters 2 through 5)
- Field trip to continuum of care facility (UPMC Canterbury or Jewish Association on Aging): tour and discussion
  - How do you envision your old age? What would your priorities be for that stage of your life?
  - How does what you have seen here and what you have read in the Gawande reading serve the goals you have described? How does it fall short?
  - What would you do differently?

Week 5. Defying Death: science and science fiction in the pursuit of immortality. Take home message: Do you really want to live forever?
- Robert Heinlein, “Methuselah’s Children” and “Lifeline”
- Gary Shteyngart, \textit{Super-Sad True Love Story}, Chapter 1
- Promotional materials from anti-aging websites

Week 6. Death and Modern Healthcare: Perception and Reality. Take home message: Dying in America is a very complicated process
- End-of-life plays by Bryan Harnetiaux: \textit{Vesta, Dusk, Holding On – Letting Go} (student’s choice one of the three)
- Gawande, “Letting Go” (Chapter 6)
- Gutkind anthology – student’s choice any 2 stories
Week 7. Fighting Until the End: Capabilities and limits of modern life-prolonging medical treatments. Implications for medicine, nursing, pharmacy, therapy professions, and the business of healthcare. Take home message: technology can simultaneously save your life and make you wish you were dead – and it is hard to have the wisdom to know which outcome you will get sometimes.

- Christakis – prognostication
- Brown
- Student presentations of critically appraised topics

Week 8. No One Dies Alone: Hospice, fears of abandonment and loneliness, and the burden of dying. Roles of nursing, social work, and clergy in presence-based care. Take home message: Sometimes healthcare is mostly health care, until you get to the end of life. That’s where the caring part really starts.

- WQED documentary The Last Chapter
- Giacquinta B. Helping Families Face The Crisis of Cancer.

Week 9. Spiritual care at end of life: the role of clergy in counseling on decision-making, comforting during pain and grief, and contextualizing during illness and death. An exploration of different faith traditions in their beliefs and practices. Guest speakers (pending availability): Pastor Richard Freeman, Children’s Hospital of Pittsburgh; Dan Leger, UPMC Presbyterian. Take home message: people draw from the well of spirituality for comfort, meaning, and guidance at the end of life; anyone seeking to

- Friedman, Rabbi Dayle A. Jewish Pastoral Care: A Practical Handbook from Traditional and Contemporary Sources (selections)
- HF Reisz, Jr. “A Dying Person is a Living Person: A Pastoral Theology for Ministry to the Dying.”

Week 10. Advance Planning: The legal profession, medical advance directives, wills and trusts

- Advance directive documents from Portland Roman Catholic Diocese, Committee on Jewish Law and Standards of the Rabbinical Assembly, Allegheny County Bar Association/Allegheny County Medical Society
- Five Wishes
- Brown Chapter 10 Using Death to Change Your Life and Appendix on Writing an Ethical Will
- “Making Your Wishes Known – Planning Your Medical Future” http://www2.med.psu.edu/humanities/advance-directives-project/
- Discuss student living wills for those who are willing to share

Week 11. The Funeral Industry (Brown, Mitford, Jokinen)

- Second field trip – funeral home
- Reading: Brown Chapter 1 (The Business of Death) and Chapter 3 (Sanctifying the Body in Death)

Week 12. Grief and Mourning
- Karnes, *Gone From My Sight*
- *Tear Soup*

Week 13. Death, Dying and Public Policy: Oregon, LaCrosse, WI, and beyond
- Patient Self-Determination Act of 1990
- Respecting Choices – Gundersen Lutheran in LaCrosse, WI
- Oregon Death With Dignity Act

Week 14. Communicating about Death: Professional and personal challenges
- Back, Arnold and Tulsky
- Gawande Chapter 7, “Difficult Conversations”

Week 15. Wrap up and review; view videos from assignment #4

Week 16. Final Exam

**Format:**
Mixed format – frontal lecture, reading-based seminar, simulation and role-playing exercises (for communication segment), student presentations and sharing of writing, use of electronic media

**Assessment:**
Five written assignments totaling 300 points; standard university grading scale will be used. A rubric for judging each assessment will be provided prior to the due date; the rubric for assignment #1 will be provided on the first day of class

1. Three brief (one-page) analyses (10 points each for a total of 30) of a work of fiction, poetry, creative non-fiction, TV, or film (web-based also acceptable as long as it is possible for me to view the film somewhere to verify its existence and content). The analysis should
   - Clearly identify the work being analyzed by title, author/artist, and where it can be found (publication info, URL, etc.). One of the three pieces should be one of the Bryan Harnetiaux plays, one should be one of the stories from the Gutkind anthology, and one must be something not assigned by me.
   - Clearly identify the author/artist/filmmaker’s key ideas about death and dying (3 points)
   - Cite specific examples from the text that bring out those ideas (3 points)
   - Relate the work to a real-world issue that we are discussing in class – be it a philosophical or spiritual question, a clinical medical issue, or a systems breakdown. What useful critique, solution, or insight does the literature or film offer us in grappling with this issue? What did you get out of reading or viewing it? (4 points)
   - One analysis per week will be due from weeks 2 through 4.

2. Searching, explaining and assessing a study (a so-called “critically appraised topic”) from the health sciences literature related to death and dying (50 points) (note – there is no set length for this assignment, as the demands are quite specific, so a paper that goes on for 12 pages but doesn’t answer the questions is worth less than a 2 page document that directly addresses all the points below)
   - Define a research question – for example, “What is the success rate of CPR delivered during an in-hospital cardiac arrest?” or “Does home hospice care
lead to a measurable improvement in quality of life over hospice care delivered in a nursing home?” (10 points)

- Conduct a PubMed search for relevant articles. You must submit your search results, showing the search terms you used, the results, and the specific study you chose by week 5; the assignment is due week 7. NB: you may not use one of the studies assigned as reading for week 7, so you should avoid researching defibrillation out of hospital, Xigris for sepsis, or blood transfusion thresholds. Your study must be one that analyzes data (original or pooled) to reach its conclusion, so review articles and case studies or series are not acceptable. However, systematic reviews that give a methodology, and especially meta-analyses, are acceptable, as are RCTs, cohort and case-control studies. (10 points).

- Explain the findings succinctly, without just rehashing the whole article. Required items include defining the population, the intervention being evaluated, the control or comparison group, the primary and secondary endpoints, and the results, including what statistical measures were used to quantify the outcomes. (15 points)

- Describe the possible impact of these findings on practice, especially if it is possible to relate to your own chosen field of study or practice. Do the findings support or contradict established practice, and in what way? Are they of sufficient magnitude to drive change or to reinforce the status quo? Are there important limitations of the study, and what other research might be done to overcome those limitations? (15 points)

3. Each student will complete an advance planning document of his or her choice. (20 points)

- Choose one of the assigned documents which are in the reading for week 10 and fill it out, or find another one that speaks to you more. (10 points)

- Discuss why you chose the specific document you did and what drove some of your choices on individual issues (at least 4 of your answers should be discussed) (10 points)

- The living wills will be yours to keep; you are under no obligation to share them in class unless you are prepared to do so, and you are under no obligation to use them as anything more than an exercise in understanding the thought process and checking your emotions on the issue unless you choose to turn the document into a binding legal one by officially signing and notarizing it and sharing it with people who may be your healthcare proxy in the future.

4. Research and discuss a societal issue or conflict related to death and dying vis a vis its potential impact on the student’s own likely professional life (100 points total, expected length 8-10 pages – imagine this is a feature to run in a serious magazine setting like The Atlantic, Wall Street Journal, or Huffington Post. Alternatively, this may be presented as a slide show in Power Point, as though you were preparing to lecture on this topic for a course, a public presentation, or a government hearing. If you choose this second option, you must record narration on your slides or provide a written text that the presenter would be using.)

- Present a “case” that illustrates a conflict, vividly enough that both the ethical, clinical, or social issues in play are clear to those hearing the story
(20 points) (obvious example – Terry Schiavo); sources for the case must be cited unless it is either a personal story clearly identified as such, or
  o Expand on the case to demonstrate the scope of the wider problem, using “hard” data from a broad range of sources to balance the “soft” data of the personal story. (continuing example – incidence of traumatic brain injury or cardiac arrest in young people leading to persistent vegetative state; prevalence of living wills in that population; existing case law on the subject) (40 points)
  o Discuss proposed or attempted solutions to the problem and why you feel these solutions are or are not serviceable ones, including solutions you feel have not been considered that are your own suggested approach. Where possible present data to show this (example – Gundersen Lutheran got 95% of people in one community to sign a living will by stimulating discussion; the Florida legislature got involved in one case but failed to address the underlying problem) (40 points)
  o Due week 12, so that I can grade them and reference them in our week 13 discussions.

5. Writing, recording, or filming a simulated interaction relating to death and dying in response to a “prompt” about a plausible situation in either professional or personal life, and explaining why the conversation unfolds as it does based on concepts covered in class. (100 points) (This can be filmed almost as a “reality TV” show, using asides from the “characters” to discuss feelings they have about how the conversation went. It is intended to be a group project, so at least 3 students should work together in each group, though I will entertain 2 students if you can make it work. The grade will be the same for all participants in a group unless one of them is obviously derelict in his or her duties [to quote Monty Python, “Sir Not Appearing in this Film”])
  o Choose a “case” to enact – a scenario of end of life conversation that the group will play out in the film. Since the intended skill in this assignment is to develop the skills a professional (lawyer, doctor, clergy, social worker) will need to discuss death and dying, one or more of the “characters” needs to be acting in a professional capacity (in other words, it can’t be a family discussing living wills over Thanksgiving dinner, though this is an important conversation, too). Turn in to me week 13 so I can approve these (10 points)
  o Film one “take” of the conversation unfolding “naturally” – allowing the participants to react as their emotions or instincts would dictate. This could get messy, but try not to “direct” this part. (20 points)
  o Film “asides” from a minimum of three characters, either discussing what was going through their head as the conversation unfolded, citing specific words that were said, postures or gestures that were used, or tones of voice that hit or missed the mark for them, or assuming a narrator’s voice and identifying positive and negative behaviors in the conversation, based on the reading of the Back, Arnold, and Tulsky book on communication, other sources we dealt with in the course, or sources you find on your own (please share these with me separately). (40 points)
Re-run the scene, this time with the professional actively moderating the conversation to address the critiques that were brought out in the asides. (30 points)

The entire video should run between 15 and 20 minutes; the entire conversation need not be included if you are skilled at editing and feel you can give me the essential highlights without the film being impossible to watch. We will watch these videos as a class in the final week and discuss them. Please try to use a standard format (something that can readily play on Windows Media Player, Quick Time, or the like) or provide me with the app to play it if you use something fancy.

6. In addition to the 300 points for assignments, there will be an additional 100 points (that makes 400 total) divided between:

   - Participation (50 points): this is yours to lose by
     - Missing or showing up late to class unexcused (2 times = 10 points, 3 times = 30 points, more than that results in an incomplete)
     - Being rude or disrespectful to others in the discussion
     - Failing to participate more than one-third of the time (one worthwhile comment will do – there are 15 classes, so you get to stay mum 5 times for free; every class after that where you don’t speak up at least once is 5 points). Come to class prepared with one question you really want answered or one idea you really want to share and you’re off the hook.
     - Dominating the discussion (routinely interrupting, responding to everything someone else in the class says, or engaging in one-on-one back and forth arguments during full class discussion) (at my discretion, per incident)
     - Participating in a way that shows you are unprepared for class (making vague, unsupported statements, grossly misquoting the reading or referencing it in a way that reveals a lack of understanding or covering up for not reading) (same as the prior bullet)

   - One open-book, essay format final exam – 4-5 short questions, bring as much of your reading as you wish (there will be some choice in the questions (50 points).

**Policies:**

**Disability Resource Services**
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Office of Disability Resources and Services, 140 William Pitt Union, 412-648-7890, as early as possible in the term. Disability Resources and Services will verify your disability and determine reasonable accommodations for this course.

**Academic Integrity Policy**
Cheating/plagiarism will not be tolerated. Students suspected of violating the University of Pittsburgh Policy on Academic Integrity, noted below, will be required to participate in the outlined procedural process as initiated by the instructor. A minimum sanction of a zero score for
the quiz, exam or paper will be imposed. (For the full Academic Integrity policy, go to www.provost.pitt.edu/info/ai1.html.)

E-mail Communication Policy
Each student is issued a University e-mail address (username@pitt.edu) upon admittance. This e-mail address may be used by the University for official communication with students. Students are expected to read e-mail sent to this account on a regular basis. Failure to read and react to University communications in a timely manner does not absolve the student from knowing and complying with the content of the communications. The University provides an e-mail forwarding service that allows students to read their e-mail via other service providers (e.g., Hotmail, AOL, Yahoo). Students that choose to forward their e-mail from their pitt.edu address to another address do so at their own risk. If e-mail is lost as a result of forwarding, it does not absolve the student from responding to official communications sent to their University e-mail address. To forward e-mail sent to your University account, go to http://accounts.pitt.edu, log into your account, click on Edit Forwarding Addresses, and follow the instructions on the page. Be sure to log out of your account when you have finished. (For the full E-mail Communication Policy, go to www.bc.pitt.edu/policies/policy/09/09-10-01.html.)

Office Hours
I do not have an on-campus office but will be available to meet with students as needed either Tuesday morning between 10 and noon or by phone on Thursday afternoons between 1:30 and 5:00. As I am often traveling around or working on other things during this time please arrange to meet with me ahead of time. The best contact for me is through my work e-mail, jweinkle@squirrelhillhealthcenter.org.