

Can Education Help Make Death Notifications Better in The Frame Of Bioethics?

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When a death case happens in a hospital, one of the most important things to do is performing death notification. Since death notification is performed by physicians generally, they also have to manage death cases professionally. Although notifying death has a procedure, it is a challenging issue for physicians.

According to previous studies, the attitudes of physicians who perform death notification have permanent effects on the bereavement of families (Kusakabe et al. 2016). However, it is a very stressful experience for the physicians and it requires special skills. In general, death can take place in hospitals under two circumstances regardless of the diagnosis: expected death and unexpected/sudden death (Naik 2013). The expected death is the more common one and the patient's relatives are aware of the seriousness of the illness, and they expect natural death. They are probably mentally prepared for the bad news. Whereas, in the situation of the unexpected or sudden death, the relatives probably cannot easily cope with the bad news and hardly believe that sudden loss of their loved one. They also would be very sensitive and emotionally highly charged. So, any mistaken behavior from the healthcare staff might trigger violent or grief reaction. Moreover, anger might be directed towards the hospital staff, too (Naik 2013). And we can see closely the real examples of those unwanted events in a hospital in Turkey. In a study which is conducted in a hospital in Ankara, in 2012, shows that 65% of residents had difficulty in notifying death. The most difficult cases were unexpected and sudden deaths with 51%. The others are deaths of children (36%), trauma (8%) and other cases (5%). While 64% of residents were comfortable to perform it single, 36% of residents would prefer having residents or attending physicians with them. Also 84% of residents preferred to be with security staff due to security reasons. Residents who had difficulty in this procedure because of informing the patient's relatives during the resuscitation are more often, and they requested more security staff (Celik et al. 2014). Therefore, the procedure of death notification has many components such as the type of death, the approach of healthcare staff, skills of physicians, the emotional status of the deceased's relatives and some security reasons.

In Bioethics, it is necessary that to reach most useful

Meslek kimliği bilinci kazandırılmış, iletişimde ve insan ilişkilerinde başarılı, bilimsel ve teknik donanımı yanında meslek etiği açısından da donanmış, toplumunun sorunlarına duyarlı bir hekim / avukat / eğitimci / siyasetçi... yetiştirmek yükseköğretimin öncelikli hedefi olmak durumundadır. İlgili meslek / uğraş adayına, uğraşı tanıtılırken, onda "kimlik kaygısı" ve "sorumluluk bilinci", "meslek bilinci" yaratılmalıdır. Böylece aday mesleki kimliğinin nasıl biçimlendiğini görerek, kendi rolünü daha gerçekçi ve geniş açıdan algılayarak, uğraşını değerlendirebilmelidir.

Kuşkusuz mesleki profesyoneller olarak hepimizin değişik kimliklerimiz var; cinsel kimlik, inançsal kimlik, etnik kimlik, politik kimlik... Ancak mesleğimizi uygularken profesyonel kimliğimizin, profesyonel ve etik değerlerimizin kişisel kimliğimizi belirleyen, diğer tüm faktörlerin önünde yer alması gerektiğini de unutmamamız gerekmektedir.

Meslek etiği eğitiminde hedef, bireysel etik düşünmeyi ve ekip ortamında tartışmayı geliştiren birçok olguyu etkin biçimde ve etik metodolojisine uygun olarak çözme başarısını kazandırmak; etik sorunlar yasal ya da ahlaki ilkelerin ihlaline dönüşmeden çözüm bulma becerisini geliştirmek; doğal süreç içinde kazanılan ahlaki duyarlılığı, ahlaki bilinç biçimine dönüştürerek, eylemlerin bu bilinçle gerçekleştirilmesini; etik ilke ve değerlerin uygulamalarda etkin biçimde kullanılmasını sağlamaktır.

Evet, ilgili meslek alanı bilgisi bir tuşun gerisinde, beceri eğitimi ile ilgili gelişmeler de pek çok ve önemli. Ancak öyle görünüyor ki yükseköğretimin geleceği mesleki etik ve profesyonizm üzerinden yükselecek...

Mesleki Etik Eğitimi insanların verecekleri kararlarda, davranışlarında, mesleki faaliyetlerinde etik bir boyut olduğunu kavramalarına yardım eder. Bireylerin kişisel, örgütsel ve başkalarına ait değerleri anlamalarını sağlar, meslek alanında yaşanan etik sorunlara ilişkin duyarlılıklarını geliştirir. İnsanların, değerlerin mesleki yaşamdaki farklı davranış seçenekleri üzerindeki etkilerini tartmalarına, verecekleri kararın sonuçlarını hesaba katarak sorgulamalarına yardım eder. Bireyler arasındaki görüş ve anlayış farklılıklarına karşı hoşgörüyü geliştirir, çıkar çatışmaları, örgütsel normlar, etik ilkeler ve standartlar hakkında bilgilendirir. Mesleki örgütsel kültürü besler, etik davranışlar sergilemenin önemi ve etik sorunların çözümü konusunda beceri kazandırır. Tüm bunların sonucunda da Mesleki Etik eğitimi, insanlara özgür yaşamayı ve mesleğini özerk kararlarla uygulamayı öğretir...

steps and behave in an expected way for the benefit of both health care providers and patients and also patients' relatives. It has a two-sided area, and every step should be put carefully and sensitively. Bioethics can draw us a frame with guidelines or give suggestions for taking quick and right decisions, and avoid making mistakes while giving healthcare to patients in hospitals. So, asking questions about some encountered issues, analyzing them and taking preventions about them when before they actually happened, are gaining importance in our age.

The ideal procedure for death notification is one of the subjects of bioethics. It has two main sides as physicians and patient's families, and it is an "existential experience of patient's close relatives" (Sobczak 2013). Thus, it is a difficult process for both of them. For helping physicians in this process, the level of stress, intensity of shock and other negative emotions during the first moments after bad news has been broken may be effectively reduced by the proper way of death notification with special information procedures. Such a professional way can profoundly affect the mental status of physicians, and when their stress or fears are reduced, their professionalism is strengthened successfully. On the other hand, experience of physicians without adequate knowledge can be insufficient to control fear-related reactions or to reduce the level of stress or this can induce completely opposite reactions (Sobczak 2013). However, as Sobczak declares "the preparation of communication strategies might seem doomed to failure from the start," because each case of a patient's death is different according to its dynamics and emotional reactions of the family. It seems impossible to anticipate, but the relatives' expectations are usually the same despite irrespective of complexity and individual nature of such cases. In this manner, physicians are expected both carrying out the medical procedures, and supporting the patient's family informatively and emotionally, so professionalism is assessed from this very perspective. Again Sobczak states that "Although no instructions or protocols can substitute for empathy of the medical personnel, they can frame certain strategies of management, which define typical, universal behaviour patterns even in untypical situations," therefore, the knowledge on breaking bad news definitely makes this difficult and stressful process more tolerable for physicians.

Recently, it is offered that (Sobczak 2013; Stanford 2017)¹ most common problems for death cases are sudden or unexpected deaths, the denial of death by patient's family or by the physician, and lack of education. Guidelines in the world and in a particular country are important for a successful death notification. Approaches for supporting the patient's family contain

information load, privacy and dignity, death notification instructions including telephone notification of death, communication and coaching the family, and also post-death care and cultural sensitivity (Stanford 2017). Another important point is the necessity of education, so courses for medical students and medical doctors are shown as necessary and effective. According to those dynamics of death notification in the frame of bioethics, they should be evaluated in detail for performing a successful death notification.

According to a study, courses for skills to professionally break the news for students of medicine have shown that "adequate knowledge and mastering of the communication procedure significantly enhance the sense of competence and professionalism (from 23% to 74%)" (Sobczak 2013). Likewise, Western medical universities realized the importance of those communication areas for patient families, physicians, and medical services in the 1980s. And "they started to introduce special courses regarding skills of breaking bad news" (Sobczak 2013). The courses contain theoretical aspects as "knowledge on communication protocols, clinical psychology, interpersonal and social communication" with practical aspects as "skills to interpret and control the body language, express empathy, and knowledge of reactive strategies, etc." and the skills are improved accordant with the clinical classes (Sobczak 2013). Additionally, many papers analyze "theoretical and practical aspects of effective breaking of bad news considering the patient's age, dynamics of death (sudden vs. expected), cause of death, social status of the family (in the aspect of those receiving the news), or even religious proveniences" in the USA (Sobczak 2013). And "the practical instructions for students and interns include characteristics of likely behaviors of relatives, appropriate forms of breaking news, possible mistakes, behaviors during the provision of information, and specific formal-administrative procedures" (Sobczak 2013). However, according to some other studies, although death notification has a procedure, generally there is not an effective course for this procedure at medicine faculties or health professionals usually receive little training or preparation for such cases, then they have to learn it with the experience (Celik et al. 2014), and also physicians are rarely evaluated in their performances (Benenson and Pollack 2003). It is clear that physicians need training in notifying death, and some studies show that as above, it is effective for a successful notification. It is also necessary to shape and develop some capabilities by health care workers for the quality of communication in the therapeutic process. According to some articles and studies, some strategies and applications of procedures can be developed in caring services and in educational programmes (Sobczak 2013).

¹ Stanford School of Medicine Palliative Care, 2017.

So, an effective course can play an important role in training physicians to communicate with grieving patients. It will help them maintain some control over their own emotions which will in turns help them handle death notifications better.

In conclusion, since as research shows, participation in courses for developing death notification skills increases the rate of successful notifications, those courses should be offered during the course of a medical degree. So, pre-death care and post-death care can be done in a more professional way. Thus, performing death notification is one of the important issues in hospitals and it is one of the important bioethical procedures which especially requires logical, emotional, behavioral, ethical and educational approach. Additionally, since other bioethical procedures have similar many components, integrating effective courses during the medical education also would be beneficial for them. Therefore, if we pay more attention to educational aspect of bioethics, procedures can be more effective, and the health care workers can be more understanding and successful when they perform procedures.

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Is capital punishment a deterrent to a crime?

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Capital punishment has been used in almost every part of the world and has been practiced by most societies, as a punishment for criminals, and political or religious dissidents. Historically, the carrying out of the death sentence was often accompanied by torture and executions were most often public. But in the last few decades many countries have abolished it.

According to Amnesty International, at the end of 2017, 106 countries had abolished the death penalty in law for all crimes and 142 countries had abolished the death penalty in law or practice. But in modern times, the death penalty as the highest type of punishment in the law system of nearly 52 countries of the world is in effect and each year this punishment is applied to thousands of people.

World experience and crime statistics shows that there are not any decrease about score of felony in these counties which maintains capital punishment than already have eliminated execution, contrarily.

According to almost all the philosophies of religions and nations creator has called into being human and only he can take back his right to life. The right to life is a moral principle based on the belief that a [human being](#) has the [right](#) to live and in particular, should not be killed by another human being. Even if punishment implemented by states, courts, judges, rulers that does not change the fact that capital punishment is still murder and immoral.

Some scholars argue that reasons to abolish the death penalty: **is irreversible and mistakes happen, does not deter crime, is often used within skewed justice systems, is discriminatory, is used as a political tool.** There are many problems and mistakes about impose and fulfillment of death sentences and we can find a lot of examples for it in world experience. But some states, lawyers and philosophers support to keeping capital punishment as a penalty and they have also compelling and trenchant arguments.

Howsoever, we would need to amend regulations to replace the death penalty with other punishments. So if state apply the capital punishment it will repeat the same crime, it also divestment right to life.

The wrong death penalty is a deficiency of judgment, not punishment. Other penalties can also be misused. How