Special Issue The Art of observation
Volume 24, n. 2: 56-61
DOI:10.13135/1971-8551/11317

Death, Dying, Culture and Compassion: the museum as reflective space for doctors-in-training

Jim Harris [1], Ashley Moyse [2], Gina Hadley [3], Joshua Hordern [4] Rachel Lane [5], Ariel Dempsey[6], Sally Frampton [7], Kate Saunders [8], Gabriele DeLuca [9]

[1] Teaching Curator, Ashmolean Museum of Art and Archaeology, University of Oxford; jim.harris@ashmus.ox.ac.uk

[2] Assistant Professor of Medical Ethics, Columbia Center for Clinical Medical Ethics, Columbia University, Vagelos College of Physicians & Surgeons; ajm2348@cumc.columbia.edu

[3] John Henry Felix Fellow and Associate Tutor in Medicine, Harris Manchester College, Honorary Clinical Lecturer in Neurology, NDCN, University of Oxford; gina.hadley@hmc.ox.ac.uk

[4] Professor of Christian Ethics, Fellow of Harris Manchester College, University of Oxford; joshua.hordern@theology.ox.ac.uk

[5] Expert Patient Tutor; c/o gina.hadley@hmc.ox.ac.uk

[6] DPhil candidate in Science & Religion, University of Oxford; ariel.dempsey@theology.ox.ac.uk

[7] Humanities and Healthcare Fellow, Faculty of Theology and Religion, University of Oxford; sally.frampton@humanities.ox.ac.uk

[8] Associate Professor, Director of Medical Studies, Department of Psychiatry, University of Oxford; kate.saunders@psych.ox.ac.uk

[9] Professor of Clinical Neurology and Experimental Neuropathology, NDCN, University of Oxford; gabriele.deluca@ndcn.ox.ac.uk

BACKGROUND

Since 2017, a principal focus of collaborative work between the Ashmolean Museum and the Medical Sciences Division of the University of Oxford has been helping to define a place for the humanities in the teaching of medical professionalism — what it means to be a doctor and how to be a better one. In this arena, the role of the Museum has been to enable consideration of issues around death, dying, and end-of-life care.

MATERIALS AND METHODS

Despite the pervasive importance of death as a driver for cultural production (Hallam and Hockey, 2020), there is little evidence that substantial discussion of end-of-life is a part of most people's experience, certainly in the context of Western cultures (Sallnow et al. 2022; Public Attitudes to Death and Dying in Wales 2022). Furthermore, although every doctor will encounter death during their training, they seldom have time or space to stop and reflect on the experience (Rhodes-Kropf et al. 2005).

As part of the Medical Professionalism course embedded within the Brain and Behaviour (Clinical Neurosciences and Psychiatry) rotation in year five (of six) of the University of Oxford BM degree program, a session was devised with the intention of providing this reflective time and space. Curriculum planning involved clinical specialists in Neurology and Psychiatry, museum professionals, academic colleagues in History, Theology and Literature, and Expert Patient Tutors (EPTs). The session focused on encouraging and enabling medical students to ask questions about their own experience of death and about the encounters they might have with colleagues, patients, their families and other members of their supporting communities.

In the session, we ask students to explore the Ashmolean Museum in groups of 6–8, examining objects and images at seven prescribed stopping points. On this self-guided journey, we invite them to consider, alone and in conversation with their peers, several aspects of death and dying. At each point we offer questions for discussion, touching, for example, on the metaphorical language of terminal illness, the death of a child and the contrasting needs of the dead and the living.

Some questions overlap, for example concerning interactions between medical practitioners and patients, their families and community leaders on issues of religious faith and practice. Others are of more singular pertinence, for example with regard to the self-

care of the physician or the encounter with the deceased body. It is hoped that the discussions prompted will make possible compassionate, listening encounters between the students, which can in turn attune them to the context- and person-specific encounters they are likely to have in clinical practice.

After exploring the museum, the cohort gathers for a plenary session. Each small group ius invited to reflect on their experience of the images and objects they have seen and the discussions that have ensued. These reflections are then opened to the whole cohort, ensuring that as many voices as possible are able to participate.

RESULTS

Feedback from participating students has made clear that they value being given space to consider not only the facts of the end of life but also the effects of death and dying on patients and their loved ones, and themselves. They have also reflected that this space might be expanded to include learning from patients themselves (much as the development of the curriculum was informed by EPTs) which could help to narrow the "gap between what doctors are trained to do and the realities of modern practice" (Tweedie, Hordern and Dacre, 2018).

DISCUSSION

This reflective journey is emphatically not intended to be an art-historical exercise. Instead, as the students move around the Ashmolean, they are encouraged to draw from the experience of long histories and diverse cultures and to interrogate the role of the doctor in the processes of dying and the aftermath of death (Nicol and Pocock, 2020).

Similarly, there is no intention to drive the students toward correct or prescribed answers: it is hoped that students might use the questions and prompts as stepping stones to wider considerations, of death beyond bodily decompensation and efficient causes (Bishop, 2011) and of the cultural output that our collective encounter with death has engendered (Hallam & Hockey, 2020). These considerations lead, in turn, to reflection on death as a universally-shared but uniquely-experienced social phenomenon (Sallnow et al. 2022).

It is important to distinguish this work from the many studies made of the utility of art objects in improving the observational skills of medical professionals (Mukunda et al. 2019; Ike & Howell, 2022). However, we make no claim to fundamental novelty, merely of difference in intention. In this instance, the artwork serves not as a neutral tool whose

precise content is unimportant, but as a value-laden artefact whose content and context are useful in understanding both patient and self as equally complex and value-laden individuals working in relationship. This does not mean that the session is intended to 'humanize' the doctor-in- training, or to inculcate compassion through the encounter with the art object. However, we believe it has the effect of foregrounding compassion as part of a contextually appropriate response to death.

CONCLUSION

It is our hypothesis that this work will help train and empower doctors who are more capable of engaging compassionately in the unique circumstances surrounding the end of their patients' lives. Interest has been shown by general practitioners in using the model both in their own training and in their part in the education of medical students. However, we propose that this concept could and should be adapted more widely. There is not only interdisciplinary but also intradisciplinary relevance, with a planned extension of the project to allied health professionals including nurses, clinical psychologists, physiotherapists, and occupational therapists.

Towns and cities with institutions for training future healthcare professionals have museums, galleries, and other cultural spaces that can provide novel settings, separate from the confines of a clinical environment. This is not a practice constrained by the contents of any one museum but one capable of reinvention in light of whatever collections are accessible. What is offered here, therefore, is not a particular set of images and objects around which this work must be built, but an idea adaptable according to the available visual resources.

Death is one of the only certainties in medicine, and as such must be approached without squeamishness or coyness but equally in a manner which is not only medically but also personally and culturally appropriate. Museums are precisely the kind of capacious, heart-expanding space into which to invite medical students and professionals on a path to understanding what that might entail.

REFERENCES

Bishop, J.P. (2011), *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*. Notre Dame, IN, USA: University of Notre Dame Press.

Hallam, E. & Hockey, J., (2020) *Death, Memory and Material Culture*. Abingdon, UK: Routledge.

Ike, J.D. & Howell, J., 2022. Quantitative Metrics and Psychometric Scales in the Visual Art and Medical Education Literature: A Narrative Review. *Medical Education Online* 27 (1): https://doi.org/10.10 80/10872981.2021.2010299.

Mukundu, N., Moghbeli, N., Rizzo, A., Niepold, S., Bassett, B.,De Lisser, H.M., (2019), Visual Art Instruction in Medical Education: A Narrative Review; *Medical Education Online* 24 (1): https:// doi.org/10.1080/10872981.2018.1558657.

Nicol, J., Pocock, M., (2020), Memento Mori: Can Art Assist Student Nurses to Explore Death and Dying? A Qualitative Study. *Nurse Education Today* 89 (1): https://doi.org/10.1016/j. nedt.2020.104404.

Public Attitudes to Death and Dying in Wales: A Report for the Marie Curie Palliative Care Research Centre, Division of Population Medicine, Cardiff University School of Medicine (2021) https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/h901_public-attitudes-to-death-and-dying-in-wales-2022-v7.pdf (accessed December 15, 2023).

Rhodes Kropf, J., Carmody, S.S., Seltzer, D., Redinbaugh, E., Gadmer, N., Block, S.D., Arnold, R.M., (2005), "This is just too awful; I just can't believe I experienced that...": Medical Students' Reactions to Their "Most Memorable" Patient Death. *Academic Medicine* 80 (7): 634–40.

Sallnow, L., Smith, R., Ahmedazi, S.H., Bhadelia, A., Chamberlain, C., Cong, Y., Doble, B., Dullie, L., Durie, R., Finkelstein, E.A., Guglani, S., Hodson, M., Husebø, B.S., Kellehear, A., Kitzinger, C., Knaul, F.M., Murray, S.A., Neuberger, J., O'Mahony, S., Rajagopal, M.R., Russell, S., Sase, E., Sleeman, K.E., Solomon, S., Taylor, R., Van Furth, M.T., Wyatt, K., 2022. Report of the Lancet Commission on the Value of Death: Bringing Death Back into Life. *Lancet* 399 (10327): 837–84.

Tweedie, J., Hordern, J., Dacre, J., (2018), *Advancing Medical Professionalism*. London: Royal College of Physicians.

Figures

Fig. 1. Unknown artist, *The Death of the Buddha (Mahaparinirvana)*, ca. 200 CE. Grey schist. Ashmolean Museum of Art and Archaeology, EAOS.10. Photograph: Jim Harris. © University of Oxford