

Document #9

A STATEMENT OF ASSUMPTIONS AND PRINCIPLES CONCERNING EDUCATION ABOUT DEATH, DYING, AND BEREAVEMENT FOR PROFESSIONALS IN HEALTH CARE AND HUMAN SERVICES

Introduction

These assumptions and principles are intended as an aid for those concerned with education about death, dying, and bereavement for professionals in health care and human services.

This education is designed for a wide range of occupations and roles. These include both those who have direct responsibility for the care of individuals and families coping with life-threatening situations, dying, and bereavement, as well as those who have indirect or occasional responsibility in such circumstances.

ASSUMPTION: A statement accepted as fact on the basis of commonly observed experience.

PRINCIPLE: A collective judgment as to the proper response to the assumption.

Assumptions

171. Services and resources allocated to those who are coping with life-threatening situations, dying, and bereavement reflect basic values of individuals, society, and the health care system.

172. A curriculum is a statement of priorities in education.

Principles

Education about death, dying, and bereavement should be a required, distinct, and substantive part of the core education of all health care and human service professionals.

173. Health care and human service professionals have a variety of fundamental and inescapable roles to play in the care of individuals and families coping with life-threatening situations, dying, and bereavement.

174. The public has a right to expect that health care and human service professionals will be able to respond effectively in caring for the dying and the bereaved.

Education about death, dying, and bereavement should:

- a) be based on the current state of knowledge from a variety of disciplines,
- b) integrate theory and practice,
- c) promote sensitivity, awareness, and skills development through role modelling and supervised practise, and
- d) provide emotional support and foster confidence.

175. Individuals bring to their educational programs experiences that have emerged from a diversity of social, cultural, and religious backgrounds.

Education about death, dying and bereavement should provide for:

- a) appreciation and utilization of individual differences,
- b) sharing of experiences, and
- c) promotion of personal growth.

176. Individuals will have had a range of exposure and responses to loss and death-related experiences.

177. Care of individuals and families who are coping with life-threatening situations, dying, and bereavement requires the involvement and cooperation of personnel from many disciplines.

178. Health care and human service professionals have a long-term impact on the care of individuals and families who are coping with life-threatening situations, dying, and bereavement through their involvement in health care and human service systems, and by their roles in educating the next generation of health care and human service professionals.

Education about death, dying and bereavement needs to develop appropriate strategies to increase exposure to loss and death-related experiences.

Educators have a responsibility to anticipate and to be sensitive to the death-related experiences of their students, and should be prepared to provide appropriate support.

Education about death, dying, and bereavement should be interdisciplinary in nature, that is, it should examine perspectives from different disciplines and demonstrate relationships among these perspectives.

Education about death, dying and bereavement should:

- a) include awareness of how social context, values, and policy-making influence such care, and
- b) foster the ability of health care and human service professionals to serve as agents for constructive change.

179. The ability to help others also involves the ability to help oneself.

Education about death, dying, and bereavement should:

- a) enhance the ability of professionals to identify and meet their own needs, and
- b) provide an awareness of resources available to professionals for their own use.

180. Changes in society and in the context for health care and human services are never-ending, even as exploration of issues related to death, dying, and bereavement is ongoing.

Continuing education about death, dying, and bereavement is necessary to respond to social changes and to address developments in death-related issues.

181. Individuals who offer formal or clinical education in the field of death, dying, and bereavement provide instruction to prepare health care and human service professionals for their death-related roles.

Preparation for individuals who assume responsibilities for offering formal or clinical education in the field of death, dying, and bereavement should:

- a) promote awareness of and sensitivity to distinctive needs and responsibilities of the diverse populations to be served,
- b) develop knowledge bases appropriate to distinctive instructional missions, and
- c) develop skills essential to effective instruction

182. Research is required to evaluate varying strategies for education about death, dying, and bereavement for health care and human service professionals.

Research should systematically describe the process of education about death, dying, and bereavement in order to permit replication of successful programs.

183. Research is required to evaluate the effectiveness of education about death, dying and bereavement in meeting its goals.

Research findings should be used to revise educational programs about death, dying, and bereavement in order to improve their effectiveness and outcomes.

Research should examine effects of education about death, dying, and bereavement on outcomes for the dying and the bereaved.

Research should examine effects of education about death, dying, and bereavement on knowledge, attitudes, and behaviors of health care and human service providers.

*Developed by the Education Work Group of the International Work
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