

APPG Death, Dying, Bereavement and The Arts.

As a psychotherapist trained in using the arts and a group facilitator working in hospice settings I have witnessed often the power of the arts to reduce intra psychic and spiritual distress e.g. Patient with terminal asbestosis who was enabled to resolve trauma of near death experience following a session dialoguing with art images. He was able to move from an immobilised state of 6 months duration to living well, walking, driving the car and conversing with his wife so much, no TV needed.)

Today I wish to focus on the benefits of the Application of the Arts in End of Life Care Education

There is widespread acknowledgement and agreement that training in care of the dying is a key area of improvement for all HCPs.(Access to Palliative Care Bill, 2015).

We have a significant challenge:

- Death is notoriously difficult to discuss for both professionals and the public.
- We do not have a language for death and get by with euphemisms e.g. 'passed away'
- In spite of increased sophisticated development of EoLC training materials and many good educators the problems related to communication persist. This relates to fear and death anxiety.
 - 1 in 4 nurses do not feel competent to broach the subject of death with a patient or carer. (Nursing Times, 2010)
 - 25% of GPs (Dying Matters 2014) had not initiated end of life care discussions with their patients nearing the end of life

The Arts offer a language and a vehicle that allows translation.

Arts based methods of training offer us ways to combine clinical and affective education and tackle 'the elephant in the room' (death)

- 2008- present I have been applying the arts in end of life care education using visual images, poetry, writing, drama 'Am I dying nurse?' scenarios. My belief and experience is that if professionals are actively enabled to reflect on their own personal beliefs and attitudes about death in a safe environment it reduces fear and taboo and increases likelihood of engaging in difficult conversations with patients and carers.
- I have observed in USA how **Visual Arts Training** (evidence based) is being used in over 50 universities to train HCPs in art galleries (WCMT fellowship) with the outcome of enhancing observation skills, improving visual assessment skills through dialogic looking, critical thinking and improved team working.
- There is evidence that integrating arts based training at a fundamental stage in training can build empathy, compassion and communication skills organically.
- Increase recognition of efficacy and potential of the arts in healthcare education .
- Increase partnership working between healthcare and arts professionals.
- More professionals need to be trained in arts and healthcare and comprehensive curricula for both artists and HCPs need to be developed.

We need to expand our vision and repertoire of training methods and utilise the arts to educate and fortify staff

- **How do we formalise the case for arts in healthcare (eolc) education in future policy and lead to mainstream implementation and acceptance?**

Do not go gentle into that good night

Rage Rage against the dying of the light (Dylan Thomas)

The Arts can empower staff to deal with death and dying.

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