

## Death anxiety in brain tumour patients and their spouses

**Reference:** Susan Adelbratt, Peter Strang. *Palliative Medicine*. 2000. 14: 499-507.

**Presented by:** Mim Fatmi, SI4, December 10, 2015

**Background:** When a person is diagnosed with a severe disease, it seems plausible that existential questions and death anxiety are easily intensified. The aims of this study were to explore whether this is the case, to what extent patients and their next of kin experience death anxiety, and how these experiences are expressed.

**Methods:** Following a purposive sampling technique, 20 patients (12 male, 8 female) with brain tumours grades II-IV and 15 of their next of kin (1 daughter, 1 mother, 13 spouses) took part in interviews. Content and context analyses were performed using a hermeneutic approach, in order to identify and analyse main categories.

**Results:** Six main categories common to patients and their next of kin emerged during the process: (1) emotional reactions that could be related to death anxiety and included general anxiety, anguish, sadness, hope and despair; (2) existential fear, existential anxiety and existential pain; (3) contradictions; (4) trigger situations; (5) coping strategies related to death anxiety; and (6) new values for life. Besides these categories, a further category emerged, experiences characteristic of the next of kin.

**Conclusion:** The study shows that both the patients and their next of kin are preoccupied with existential thoughts and death anxiety. The problems are easily overlooked as the death anxiety is not always expressed directly. Staff needs to be more aware of these situations in order to provide existential support.

**Strengths:** good background, alluding to existential issues and quoting philosophers over centuries, talking about the big picture: thinking about your own mortality allows you to live a more authentic life. Conducted a pilot study (n=4) before. Specific to brain tumour patients. Qualitative data coded into template categories by 2 authors. Didn't limit outcomes, categories, overall themes. Attempted to explore next of kin.

**Weaknesses:** n=20. Study design was to interview as many as necessary until "satisfactory conclusion" was reached aka saturation. Didn't discuss how many patients refused interviews, which could cause bias. Data analysis via "hermeneutics", esoteric and hard to understand, no example provided. Didn't seem necessary given the question posed in the title. Easily could have performed a more quantitative analysis to make it more digestible. Section on strategies most clinically relevant, could expand.

**Relevance to Palliative Care:** All palliative patients are faced with an imminent diagnosis of death, and all cognitively intact patients most likely have some form of death anxiety. This article outlines some of the forms eg. fear of the unknown, fear of being forgotten, separation from family, disease invalidating their lives. It is important for us as providers to acknowledge and encourage patients to express these anxieties as well as encourage the most conducive strategies or defense mechanisms. We should be sensitive to defense mechanisms without claiming to fully empathize with patients.