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Talking about dying and death: exploring the views of an ex-coal mining community in the UK

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Objectives

There is a general perception held by hospice and palliative care practitioners that society is reluctant to talk about dying and death, which can be detrimental to dealing with bereavement. This study aimed to: identify perceptions, barriers and facilitators of the general public and health care professionals (HCPs) surrounding talking about dying and death, and propose methods of increasing participation of talking about dying and death.

Methods

Two semi-structured focus groups enabled exploration of a wide range of views from a variable population from the general community (n=10) and HCPs (n=9). The focus group sessions lasted between 60-75 minutes and were led by a facilitator and assistant, audio-recorded and transcribed. Systematic and analytical coding of transcripts was undertaken.

Results

A set of four conceptual themes with sub-themes were identified (Table 1)

Themes	Subthemes
1. Emotions, beliefs and behaviours	fear and worry, acceptance, influence of culture, faith and family, influence of personal experiences, influence of professional role
2. Coping with adversity	practicalities, language, personal and family communication, professional aspects
3. Difficulties, barriers and tensions	an upsetting topic, family tensions, medical language, organisation and coordination of palliative care services
4. Fostering a participative future	outreach to community, services open to public, experiential education and training

Conclusions

Dying and death was articulated as an upsetting topic, and remains a taboo in this culture accompanied by a belief that talking will bring harm. Some HCPs take the view that they 'do not want to upset patients' and choose avoidance, while others are intrinsically drawn to talking as an integral aspect of their role. Shared thinking and actions from HCPs, managers and the public is advocated.