The Ωmega Course

The Omega Course – Tackling the Death Taboo

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Introduction

- Taboo surrounding death prevents people from having important conversations about their end of life wishes and advance care planning[1]
- Public health approaches to end of life care aim to tackle this taboo and enable communities to support, and care for, each other through death and bereavement[2]
- This can only be accomplished if people are able and willing to have these important conversations

Aim

- The aim of this study is to assess the effectiveness of the Omega Course in empowering people to discuss death and dying

Methods

- A mixed methods, anonymous questionnaire was developed using Qualtrics
- The questionnaire was distributed electronically to all previous participants of the Omega Course who had agreed to GDPR unless a paper copy was requested (n=62)
- A total of 24 responses (38.7%) were received and underwent thematic analysis using NVivo and statistical analysis using Microsoft Excel
- The questionnaire was designed to assess the barriers that prevented participants from discussing death and dying, their fears surrounding death and dying and the impact of the Omega Course
- Quantitative data was collected from paired questions that asked participants to rank, on a scale of 0-10, how they felt before and after the Omega Course on three main questions:
  - How comfortable they felt discussing death and dying?
  - How often participants discussed death and dying?
  - How afraid participants felt about their own death?

Discussion

The taboo that shrouds death stifles conversation. This is demonstrated by the themes 'Difficulty initiating conversation' and 'Fear of upsetting others'.

The Omega Course helps to reduce the taboo and make its participants more likely to discuss death and dying:

"I learnt it's better to speak than avoid a person or subject"

"I am now not afraid to talk to people who have recently been bereaved".

Increased awareness of the importance of these discussions and increased confidence in initiating them can lead to earlier identification of wishes and needs[3,4].

One of the main fears identified was 'Manner of death' with one participant saying:

"The determination of the medical profession to keep me alive at all costs is not attractive."

This fear is in accordance with the 2018 Royal College of Physicians report "Talking about dying" which highlighted how difficult doctors find initiating conversations about end of life care[3]. The report states: "People receive better, co-ordinated end of life care if they are identified early as being in the last year of life" (Bailey and Cogle, 2018)[3].

The 'Importance of discussion' theme revealed participants realisation of the need for discussion prior to advance care planning. Tackling the death taboo enables these important conversations, and lays the foundation for the development of compassionate communities. This is a step towards fulfilment of Ambition Six of the Ambitions for Palliative and End of Life Care, which is that: "Each community is prepared to help"[1].

Results

Thematic analysis

Figure 1 Themes and associated quotes.

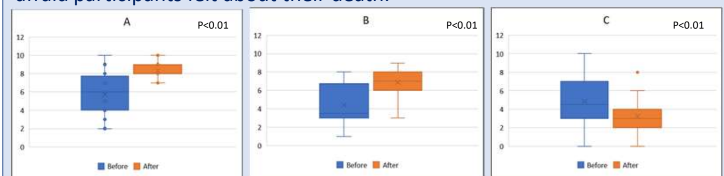
Theme	Quote
Difficulty initiating conversation	• *"One is reluctant to broach the subject for fear of appearing maudlin"* • *"I didn't know what to say. I didn't want to say the wrong thing."*
Fear of upsetting others	• *"Fear of upsetting people"* • *"not being sure about friends' reactions"* • *"fear of causing hurt"*
Manner of death	• *"I don't want a messy death"* • *"A long drawn out process when one has no independence or autonomy"* • *"a prolonged, painful experience"* • *"the manner of dying and possible suffering"*
Importance of discussion	• *"we need to normalise these conversations as they are important"* • *"The course has allowed me to recognise that this is a thing that must be spoken about"*

Statistical analysis

For the quantitative data a paired t-test was performed for each of the three questions, $p < 0.01$ across all three.

Participants ranked the effectiveness of the Omega Course on a scale of 0-10. The mean score was 9.13 (n=24).

Figure 2. Box and whisker plots showing participants scores before and after the omega course: A - how comfortable participants felt discussing death and dying; B – how often participants discuss death and dying; C – how afraid participants felt about their death.



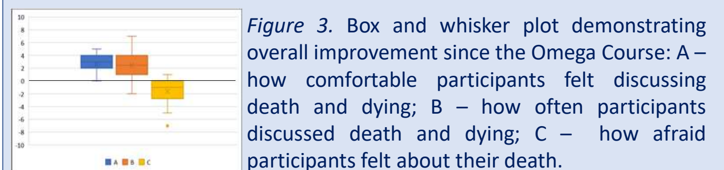


Figure 3. Box and whisker plot demonstrating overall improvement since the Omega Course: A – how comfortable participants felt discussing death and dying; B – how often participants discussed death and dying; C – how afraid participants felt about their death.

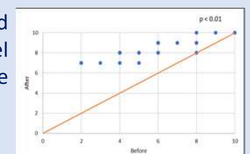


Figure 4. Scatter graph of participants before and after scores for how comfortable they feel discussing death and dying. The orange line indicates the line of no change.

Conclusion

The Omega Course is successful in enabling participants to discuss death and dying. An important step towards taboo reduction, with positive implications for the empowerment of people to take initiative in their own end-of-life planning, and support their loved ones.

References

1. NATIONAL PARTNERSHIP FOR PALLIATIVE AND END OF LIFE CARE. Ambitions for palliative and end of life care: a national framework for local action: 2015–2020. September 2015. http://endoflifecareambitions.org.uk/

2. ABEL, J. & KELLEHEAR, A. 2016. Palliative care reimagined: a needed shift. 6, 21-26.

3. BAILEY, D. S.-J. & COGLE, K. 2018. Talking about dying: How to begin honest conversations about what lies ahead.: Royal College of Physicians | Our Future Health.

4. NORTON, S. A. & TALERICO, K. A. 2000. Facilitating end-of-life decision-making: strategies for communicating and assessing. Journal of gerontological nursing, 26, 6-13.