

END-OF-LIFE AND PALLIATIVE CARE ISSUES IN MEDICAL AND NURSING SCHOOLS IN THE UNITED STATES

GEORGE E. DICKINSON

Department of Sociology and Anthropology, College of Charleston,
Charleston, South Carolina, USA

Medical and nursing schools in the United States have traditionally had a limited emphasis on end-of-life care. The present study is a comparison of these 2 professional programs' current offerings on death education. Data were gathered via a mailed survey from the 122 medical schools in 2005 and the 580 baccalaureate nursing programs in 2006. Return rates of 81% and 71%, respectively, were received. All medical schools and 99% of nursing schools reported offering something on death and dying, with over 90% of students in these programs participating. The average number of hours offered in both professional programs is less than 15. Over 87% in both programs have offerings in palliative care. Whereas nursing programs rely almost solely on nurses for end-of-life course provisions, medical schools are more interdisciplinary by faculty. End-of-life issues are presented in both medical and nursing curricula, though on a limited basis. This emphasis exposes students to the issues, though not in an in-depth way.

End-of-life issues in the 1960s and 1970s received very little attention in nursing and medical schools in the United States. For example, a review of the Cumulative Index Medicus under the topic *death education for nurses* for the period 1960–1977 revealed only 15 articles related to death education programs and experiences for nursing students (Thrush, Paulus, & Thrush, 1979). Likewise, in the mid-1970s, the majority of medical schools in the United States tended to give little emphasis to death education (Dickinson, 1976). By the mid-1980s, however, 80% of baccalaureate nursing programs and 82% of medical schools had death and dying units integrated into other courses and/or lectures, with

Received 12 July 2006; accepted 22 January 2007.

Address correspondence to George E. Dickinson, Department of Sociology and Anthropology, College of Charleston, 66 George Street, Charleston, SC 29424. E-mail: dickinson@cofc.edu

15% and 12%, respectively, offering a full semester course in death and dying (Dickinson, 1986, 2006). Offerings in end-of-life care have increased in nursing and medical schools in recent years, yet in 1997 the United States Institute of Medicine of the National Academy of Sciences identified large gaps in health care professionals' knowledge of strategies in dealing with patients' end-of-life issues (Aulino & Foley, 2001). Likewise, Schwartz and colleagues (2005) noted that the curriculum needs to be continually upgraded, despite the recent improvements on end-of-life education.

Researchers have systematically examined end-of-life care and education for nurses over the past 20 years and have consistently cited deficiencies (Mallory, 2003; Matza, Sherman, Penn, & Ferrell, 2003). Evaluations of end-of-life programs, however, have yielded differing results. For example, several researchers found that reduced death anxiety, increased knowledge, and an improved attitude toward caring for the dying was associated with the completion of an end-of-life program in nursing school (Degner & Gow, 1988; Kurz & Hayes, 2006; Lockard, 1989). On the other hand, death anxiety levels may increase after an end-of-life education program: Johansson and Lally (1990) reported that junior nursing students who completed an end-of-life program had higher death anxiety scores after the program than senior and junior students who did not participate in the program.

More attention is given to dying and death today in nursing schools, yet the amount of content that deals with the wide range of end-of-life issues continues to be minimal (Walsh & Hogan, 2003). Of all health professionals, however, nurses are in the most immediate position to provide care, comfort, and counsel near the end-of-life for patients and families, given the nurses' time spent in a hospital or hospice facility (Mitka, 2000). Nurses in such facilities work a shift of 8 hours or so several days a week, unlike most physicians who come and go and perhaps spend less than 5 minutes per day with the patient. Thus, nurses are in the patients' rooms several times per day, increasing the probability that nurses will interact with the patient during his or her final days and hours. Because death anxiety and personal attitudes related to end-of-life issues are shaped during students' initial educational programs (Kurz & Hayes, 2006), it is important that nurses recognize and confront their own reactions to death in training so that they can help their patients do so.

Similarly, an orientation about end-of-life issues in medical school can make a difference in a positive way for medical students. For example, a recent study of third-year medical students, who took a 4-day orientation to end-of-life issues in which they were exposed to concepts regarding hospice and palliative care, were given a session on breaking bad news, and then visited hospice patients, revealed that the students showed significant improvements in competence and knowledge and a reduction in concern about end-of-life issues (Porter-Williamson et al., 2004). In another study, control and experimental groups of medical students were used to evaluate the responsiveness of attitudes to changes caused by an end-of-life curriculum (Schwartz et al., 2005). Those students in the end-of-life curriculum, compared with those not in this program, reported less concern about working with dying patients at the end of the course and increased their valuation of clinical criteria in thinking about a “good death.”

At the end of medical or nursing school, if students feel comfortable educating the patient and family about the dying process, are ready to respond to patients who request assistance in dying, or, in the case of medical students, are ready to break bad news to a patient and family, then these professional programs will have come a long way toward educating students about end-of-life issues. The objective of this research is to update information by comparing the current state of end-of-life and palliative care issues in nursing and medical schools in the United States.

Method

Participants

A brief structured questionnaire on end-of-life and palliative care issues was mailed to the 122 accredited medical schools in the United States in the spring of 2005, followed by three mailings to those who did not initially respond. The surveys were sent to the academic deans of each of the schools, with addresses obtained from the *2005 Association of American Medical Colleges Directory*. Accordingly, a similar survey was mailed to the deans of the 580 baccalaureate nursing programs listed in the *2004 National League for Nursing State-Approved Schools of Nursing Directory* in the United States in the spring of 2006, with two follow-up mailings.

The Institutional Review Board for the Protection of Human Subjects gave ethics approval for both studies.

Instrument

The questionnaire was designed to gather information on course provisions on palliative and end-of-life care, the percentage of students taking these offerings, the background of the faculty, the teaching methods used, the total number of hours of the offerings in the curriculum, percentage of students spending time with a hospice patient, and the end-of-life topics covered in the curriculum. End-of-life topics chosen were based on a previous survey of medical schools (Dickinson & Field, 2002) in the United States and United Kingdom.

Results

The nursing schools' return rate was 70.7% (410 out of 580) and for medical schools 81.1% (99 out of 122). A methodological observation noted here is that my six previous surveys of U.S. medical schools, going back to 1975, yielded return rates ranging from 90–96% with an initial mailing and 2 follow-ups. Similarly, a 1984 survey of U.S. nursing schools had a return rate of 86% with only an initial mailing and a follow-up. Whatever the reason, my experience with survey research in the 21st century has yielded significantly lower results than previously.

As is shown in Table 1, offerings in death education are about the same in nursing and medical schools. Both nursing

TABLE 1 Offerings in Death and Dying Issues in Nursing and Medical Schools (in Percentages)^a

Offering	Nursing ^b (<i>n</i> = 408)	Medical (<i>n</i> = 99)
Full semester course	18	16
Unit integrated in another course	46	55
Lecture(s) in various courses	54	60

^aPercentage totals more than 100 as a result of some schools checking more than one option.

^bFive U.S. nursing schools stated no formal death education; all medical schools offer something in death education.

and medical schools report that over 90% of their students (93% and 96%, respectively) take the end-of-life offerings. Regarding the instructors of these various curriculum provisions, medical schools take a more interdisciplinary approach. Nursing schools almost exclusively use nurses as instructors of their end-of-life offerings, with limited additional teaching help from outside the nursing discipline (Table 2). Medical schools use nurses to help with the teaching of end-of-life issues in over two-fifths of the schools. On the other hand, nursing schools only have physicians teach in less than 1% of the programs.

Both professions use the lecture mode of teaching, closely followed by seminar/small group discussion, although medical schools use the latter more than nursing schools (Table 3). Clinical case studies are used in approximately two-thirds of both groups. Hospice visits are incorporated in approximately two-fifths of nursing and medical programs. Audiovisual aids exist more in nursing schools, whereas medical schools more often use role playing, simulated patients, and patients with an end-stage illness. The average number of teaching hours on the topics of dying, death, and bereavement in both nursing and medical schools is about the

TABLE 2 Nursing and Medical Schools with End-of-Life Instructors from Various Professional Backgrounds (in Percentages)^a

Instructor	Nursing ^b (n = 402)	Medical (n = 99)
Nurse	100	43
Theologian	6	39
Social worker	4	35
Psychologist	3	24
Philosopher	2	14
Physician ^c	<1	96
Sociologist	<1	5
Psychiatrist	<1	31
Ethicist	<1	14
Attorney	<1	20

^a Percentage totals more than 100 as a result of some schools checking more than one option.

^b Others listed were gerontologist, music therapist, bereavement facilitator, grief counselor, thanatologist, and anthropologist.

^c Includes all medical specialties (MD) except psychiatry.

TABLE 3 Teaching Methods Used in Death and Dying Course Provisions (in Percentages)^a

Teaching methods	Nursing (<i>n</i> = 408)	Medical (<i>n</i> = 99)
Lecture	94	87
Seminar/small group discussions	66	86
Clinical case discussions	66	70
Video/film	60	39
Hospice visit	40	45
Role-play	21	33
Simulated patients	5	39
Funeral home visit	3	0
Patient with terminal illness spoke	1 ^b	27

^aPercentage totals more than 100 as a result of some schools checking more than one option.

^bOthers with less than 1 percent were: obituary writing, reflective journal, poetry, support group, story telling, and cemetery visit.

same, 14 and 12, respectfully. The percentage of students spending time with a hospice patient is also similar with the 2 professional programs—48% in nursing schools and 52% in medical schools.

A complete course in palliative care (not just a unit or lecture within a course) exists in about one-tenth of nursing and medical schools (11% and 8%, respectively). Palliative care is offered as a module of a larger course more in medical schools, whereas nursing schools favor “1 or 2 lectures” on the topic (Table 4). The majority of nursing and medical schools (88% and 94%, respectively) offer something in palliative care.

TABLE 4 Palliative Care Offerings (in Percentages)^a

Offering	Nursing (<i>n</i> = 318)	Medical (<i>n</i> = 99)
Covered in a separate course	11	8
Module of a larger course	32	59
Covered only in one or two lectures	59	24
Throughout the curriculum	15	12
Not formally taught	12	6

^aPercentages total more than 100 due to some schools checking more than one option.

TABLE 5 Topics Covered in the Curriculum on End-of-Life Issues (in Percentages)

Topics covered in the curriculum	Nursing (<i>n</i> = 407)	Medical (<i>n</i> = 99)
Advance directives	98	94
Grief and bereavement	98	87
Attitudes toward death and dying	97	90
Communication with dying patients	92	92
Communication with family members	92	87
Religious and cultural aspects of dying	91	70
Psychological aspects of dying (e.g., depression)	90	79
Experience of dying (e.g., pain, anxiety)	86	70
Social contexts of dying (e.g., family care)	80	68
End of life hydration	74	59
End of life nutrition	73	60
Relating to patients with AIDS	71	50
Neonatal issues	70	37
Euthanasia	66	51

Regarding topics offered, the highest priorities for both professions are advance directives, attitudes toward dying and death, communication with dying patients, grief and bereavement, and communication with family members (Table 5). Other high priorities for nursing schools are religious and cultural aspects of dying, psychological aspects of dying, the experience of dying, and the social contexts of dying. On all 14 topics, nursing schools have a greater emphasis (with the exception of “communication with dying patients” where nursing and medical schools are tied at 92%). All of the 14 topics receive relatively high priority for nursing schools and medical schools, except for medical schools where neonatal issues, relating to patients with AIDS, and euthanasia are near the 50% mark or lower.

Discussion

Nursing and medical schools in 2006 and 2005, respectively, overwhelmingly reported offering something on end-of-life/dying, death, and bereavement issues with over 90% of their students participating. Although end-of-life issues are included in the curriculum, the average time devoted to this topic is less than

15 hours. Thus, these students are receiving limited education on end-of-life issues. One study (Alanaiz, 2000) found that more than half of surveyed nurses considered their end-of-life training inadequate. Likewise, studies from fourth-year medical students at Georgetown and Mayo Medical Schools indicated that only 41% considered their instruction regarding end-of-life issues to be adequate and 80% favored more education on this topic (Buss, Marx, & Sulmasy, 1998).

Less than one-fifth of nursing and medical schools offer a full semester course on dying and death, a pattern that has historically existed (Dickinson, 1986, 2006). Even when such an elective course is offered, it is generally taken by only a minority of students. An entire course may not fit into curriculum offerings. Integration of end-of-life issues throughout the curriculum and in the clinical years, rather than a complete course on end-of-life issues, might give the students a better overall exposure within a variety of venues. Confirmation of this suggestion is found in a recent survey of medical school deans (Sullivan et al., 2004), which concluded that most favored integrating end-of-life care into existing courses or clerkships, rather than creating new courses. An end-of-life course, segmented from the remaining curriculum, may not put such issues into focus of the “big picture” for medical doctors and nurses, thus depriving a student of an important perspective.

Medical schools tend to be more interdisciplinary in their offerings than nursing schools. The more applied disciplines of nursing, social work, and law have increasingly contributed to medical schools’ end-of-life offerings (Dickinson, 2006). Why are medical schools more interdisciplinary? I speculate that because physicians traditionally have limited formal background in end-of-life issues, they perhaps feel more comfortable bringing in outsiders to present such concerns. Certainly it is common throughout academe to bring in “experts” on particular topics. To take an oath to “prolong life” may make it more difficult, however, to teach about dying and death. It is counter to what medical school professors themselves learned in medical school and may suggest failure to physicians. To “teach” about something that is contrary to your own professionalization may not be easy. Perhaps nursing programs give more of a “nurturing” orientation toward dying patients. After all, physicians give the orders and nurses carry them

out. Because nurses likely relate more often to the dying patients than do medical doctors, they may feel more comfortable in such a setting and do not feel a need to bring in non-nursing faculty to assist with end-of-life offerings.

These end-of-life topics are presented in various ways in nursing and medical schools. One of the more popular methods of disseminating information is the lecture mode of teaching. This format, however, has been criticized by Hill (1995) who argued that the emphasis is on the content of the curriculum, while neglecting the process of learning. Hill noted that the impediments to proper education in the care of the dying remain institutional as well as attitudinal. Also commenting on the lecture mode of presentation, Mermann (1997) stated that what may be missing in a lecture is the unique individuality of each of us, especially when confronted by an approaching death situation with its accompanying anxiety and the possibilities of pain and suffering.

One way to improve teaching, whether by lecture or another format, is to educate faculty. Both the medical and nursing professions are now providing end-of-life seminars for faculty who then go back to their respective schools and share the knowledge with other faculty. The medical and nursing professions have recognized that they have an obligation to prepare students to provide end-of-life care in a skilled, informed, and compassionate manner and in order to do so they must have qualified instructors.

Perhaps individuals cannot really be “trained” to work with the dying, at least before the students themselves feel comfortable with the topic. Educators recognize that death anxiety and personal attitudes related to end-of-life issues are shaped during students’ initial educational programs (Kirchhoff, Beckstrand, & Anumandla, 2003). Medical and nursing schools, therefore, have a golden opportunity to help students sort out their own feelings toward end-of-life issues. Students need to think about their own values and beliefs and understanding of dying before they can be caring and insightful to dying persons and their families. For example, how do medical and nursing students feel about the dying process? Are the feelings of students, for example, questioned when asked to obtain a DNR (Do Not Resuscitate) from a dying patient?

A lecture-based course on end-of-life care, integrated with reflective exercises, however, may prove to be useful, as noted in

second-year medical students at the University of Iowa's College of Medicine (Rosenbaum, Lobas, & Ferguson, 2005). These students in this lecture-based course took part in four activities to promote self-reflection: (a) visualizing their deaths, (b) documenting their experiences with death, (c) writing essays reacting to course content, and (d) participating in physician-led small group sessions. Analysis of essays and evaluations demonstrated that these activities allowed students to critically examine and discuss their experiences and concerns regarding providing end-of-life care. Thus, this course gave evidence that a variety of activities can be incorporated into a largely didactic curriculum to promote student reflection, thereby laying a good foundation for their practice in caring for the dying.

Certainly, an awareness of the situation with dying patients and their families could help students to deal with the scene. Professional schools can help in this way through instruction and clinical situations. A recent study of nurses, for example, concluded that those exposed to an end-of-life communication program felt more comfortable talking about end-of-life issues than those nurses not participating in such programs (Deffner & Bell, 2005).

Outside of classroom exposure to end-of-life situations sometimes includes spending time with a hospice patient. Approximately half of the nursing and medical students in this research participate in such contact. A study of practicing nurses by Dunn, Otten, and Stephens (2005) revealed that those who spent more time with families and/or dying clients had more positive attitudes than those with less exposure. MacLeod, Parkin, Pullon, and Robertson (2003) commented that student exposure to hospice patients is an intervention that can greatly enhance students' spiritual awareness and enable them to care more effectively for people who are dying. With the emphasis in hospice on the "whole person," such an experience might prove beneficial to both the patient and the student. With the majority of both medical and nursing schools including religious aspects of dying in their curriculum on end-of-life care, the offerings could augment such exposure in the hospice setting (MacLeod et al., 2003).

Hospice epitomizes palliative care. The role of palliative care, according to Lugton and Kindlen (1999), is to assess needs in all life-threatening illnesses that have implications for the physical, social, psychological, and spiritual health for both the individual

and his or her family and to plan, implement, and evaluate appropriate interventions. It aims to improve the quality of life and to enable a dignified death. An entire course in palliative care is rarely offered, however, in nursing and medical schools. Yet, the majority of both professional programs (>87%) have offerings in palliative care.

Regarding specific end-of-life topics covered in medical and nursing schools, advance directives received the highest priority. Advance directives (living wills and durable power of attorney for health care) are not the perfect solution for helping dying patients to avoid prolongation of the dying process because advance directives vary from state to state. In addition, medical personnel may not be aware of a patient's advance directive. Professional programs of nursing and medicine, therefore, obviously see this as a topic about which their students need to be informed. Not only is knowledge of advance directives important for medical and nursing students, but medical and nursing schools need to address the feelings of students toward these issues, as noted earlier. In coming to personal terms with such issues, the practicing nurse or medical doctor could be more effective in such situations.

Based on the selected list of 14 topics that could be covered in the curriculum for end-of-life issues, nursing schools appear to have a more comprehensive coverage than medical schools. Being a nurse on an 8-hour hospital or hospice shift means that the nurse will spend more time on average with patients and their families than will physicians. With nurses having more contact with patients than physicians, perhaps nursing school faculty believe that it is more imperative that their graduates be well informed on end-of-life issues.

By addressing personal concerns and knowledge regarding end-of-life and palliative care with nursing and medical students, these professional programs could make a major contribution to healthcare in the 21st century. If students, physicians, and nurses can recognize dying, and ultimately death, as the "final stage of growth," as Elizabeth Kubler-Ross (1975) entitled one of her books, and feel comfortable with accepting care over cure with seriously-ill patients, nursing and medical schools will have contributed in a positive way to end-of-life and palliative care issues.

Limitations and Directions for Future Research

It would be of interest to know which end-of-life topics receive the greatest concentration, though these data do not allow for such a delineation. Simply noting that a topic is “covered” in the curriculum does not indicate the degree of coverage, a limitation of this study. Future research might address this shortcoming, thus giving a better profile on end-of-life and palliative care issues covered in medical and nursing schools in the United States.

Knowing which books, journal articles, and other materials are used in the end-of-life and palliative care offerings could be beneficial to programs wishing to evaluate these topics for inclusion or expansion in their curriculum. Such information was not sought in this study, because the objective was to give an overall profile of the current state of such offerings in U.S. nursing and medical schools.

In addition, no effort was made here to assess the impact in medical and nursing schools that end-of-life and palliative care offerings have on practicing nurses and physicians. An assessment with nurses and medical doctors some three to five years after graduation, regarding these issues, could be most useful in future curriculum planning.

Finally, it is not known from these data whether a multidisciplinary approach to teaching about end-of-life and palliative care issues is more effective than exclusively using a nurse or a physician in the respective nursing and medical programs. Such a finding in future research could prove beneficial in planning such course provisions.

References

- Alanaiz, J. (2000, October 2). Nurses recognize need for better training to deal with end of life issues. *NurseWeek*. Retrieved February 19, 2006, from <http://www.nurseweek.com>
- Association of American Medical Colleges. (2004). *2005 Association of American Medical Colleges Directory: Medical school admission requirements, United States and Canada*. Washington, DC: Association of American Medical Colleges.
- Aulino, F. & Foley, K. (2001). Professional education in end-of-life care: A US perspective. *Journal of the Royal Society of Medicine*, *94*, 472–476.
- Buss, M. K., Marx, E. S., & Sulmasy, D. P. (1998). The preparedness of students to discuss end of life issues with patients. *Academic Medicine*, *73*, 418–422.
- Deffner, J. & Bell, S. (2005). Nurses’ death anxiety, comfort level during communication with patients and families regarding death, and exposure

- to communication education: A quantitative study. *Journal for Nurses in Staff Development*, 21, 19–23.
- Degner, L. & Gow, C. (1988). Preparing nurses for care of the dying. *Cancer Nursing*, 11, 160–169.
- Dickinson, G. E. (1976). Death education in U.S. medical schools. *Journal of Medical Education*, 51, 134–136.
- Dickinson, G. E. (1986). Death education in baccalaureate nursing programs. *Journal of Nursing Education*, 25, 36–37.
- Dickinson, G. E. (2006). Teaching end-of-life issues in US medical schools: 1975–2005. *American Journal of Hospice & Palliative Medicine*, 23, 1–7.
- Dickinson, G. E. & Field, D. (2002). Teaching end-of-life issues: Current status in United Kingdom and United States medical schools. *American Journal of Hospice & Palliative Medicine*, 19, 181–186.
- Dunn, K., Otten, C., & Stephens, E. (2005). Nursing experience and the care of dying patients. *Oncology Nursing Forum*, 32, 97–104.
- Hill, T. P. (1995). Teaching the dying patient: The challenge for medical education. *Archives of Internal Medicine*, 155, 1265–1269.
- Johansson, N. & Lally, T. (1990). Effectiveness of a death education program in reducing death anxiety of nursing students. *Omega*, 22, 25–33.
- Kirchoff, K., Beckstrand, R., & Anumandla, P. (2003). Analysis of end-of-life content in critical care nursing textbooks. *Journal of Professional Nursing*, 19, 372–381.
- Kubler-Ross, E. (1975). *Death: The final stage of growth*. Englewood Cliffs, NJ: Prentice-Hall.
- Kurz, J. M. & Hayes, E. R. (2006). End-of-life issues: Impact of education. *International Journal of Nursing Education Scholarship*, 3, 1–13. The Berkeley Electronic Press. Retrieved November 15, 2006, from <http://www.bepress.com/ijnes/vol3/iss1/art18>
- Lockard, B. (1989). Immediate, residual and long-term effects of a death education instructional unit on the death anxiety level of nursing students. *Death Studies*, 13, 137–159.
- Lugton, J. & Kindlen M. (Eds.) (1999). *Palliative care: The nursing role*. Edinburgh, Scotland: Churchill Livingstone.
- MacLeod, R. D., Parkin, C., Pullon, S., & Robertson, G. (2003). Early clinical exposure to people who are dying: Learning to care at the end of life. *Medical Education*, 37, 51–58.
- Mallory, J. (2003). The impact of a palliative care educational component on attitudes toward care of the dying in undergraduate nursing students. *Journal of Professional Nursing*, 19, 305–312.
- Matza, M., Sherman, D., Penn, B., & Ferrell, B. (2003). The end-of-life nursing education consortium (ELNEC) experience. *Nurse Educator*, 28, 266–270.
- Mermann, A. C. (1997, July 11). Preparing medical students to provide care for patients at the end of life. *Chronicle of Higher Education*, 43, B3.
- Mitka, M. (2000). Suggestions for help when the end is near. *Journal of the American Medical Association*, 284, 2441–2442.
- National League for Nursing. (2005). *2004 National League for Nursing state-approved schools of nursing directory*. New York: National League for Nursing.

- Porter-Williamson, K., Von Gunten, C. F., Garman, K., Herbst, L., Bluestein, H. G., & Evans, W. (2004). Improving knowledge in palliative medicine with a required hospice rotation for third-year medical students. *Academic Medicine, 79*, 777-782.
- Rosenbaum, M. E., Lobas, J., & Ferguson, K. (2005). Using reflective activities to enhance teaching about end-of-life care. *Journal of Palliative Medicine, 8*, 1186-1195.
- Schwartz, C. E., Clive, D. M., Mazor, K. M., Yunsheng, M. A., Reed, G., & Clay, M. (2005). Detecting attitudinal changes about death and dying as a result of end of life care curricula for medical undergraduates. *Journal of Palliative Medicine, 8*, 975-986.
- Sullivan, A. M., Warren, A. G., Lakoma, M. D., Liam, K. R., Hwang, D., & Block, S. D. (2004). End of life care in the curriculum: A national study of medical education deans. *Academic Medicine, 79*, 760-768.
- Thrush, J. C., Paulus, G. S., & Thrush, P. I. (1979). The availability of education on death and dying: A survey of U.S. nursing schools. *Death Education, 3*, 131-142.
- Walsh, S. M. & Hogan, N. S. (2003). Oncology nursing education: Nursing students' commitment of "presence" with the dying patient and the family. *Nursing Education Perspectives, 24*, 86-91.

Copyright of *Death Studies* is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.

Copyright of *Death Studies* is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.