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The Undertakers: Learning from an unusual work experience placement

Dying affects us all

The provision of care for people who are dying and their families is a key responsibility for every doctor, and a fundamental part of general practice. There are currently many barriers to the effective provision of such care at individual and organisational levels (Mitchell, Loew, Millington-Sanders & Dale, 2016), as well as cultural and social barriers to discussing the end of life and dying (www.dyingmatters.org). The extent to which we are exposed to death during training is highly variable, and the way that we are educated to cope with both the practicalities and the many emotional aspects of death and dying receives little attention in undergraduate or postgraduate training.

So how can we better prepare to manage death and dying? What types of experiences or training could help? I recently had the opportunity to consider this in some detail when I was approached by Alex, a 16 year old A-level student who asked for help to arrange work experience which would be relevant to his application for medical school. Together, we decided to organise two weeks of work experience, one at a local hospital and one much more unusual placement with some local undertakers. Both placements complied with NHS Guidance on finding work experience.

In this article, Alex describes his reasons for spending his placement with the undertakers, what he learnt through his experience and why he would recommend this to other school students, medical students, junior doctors and GP registrars:

Why I went to work with undertakers

“Doing work experience at an undertakers might be seen as very strange especially

considering that I want to be a doctor, but it is far more interesting and useful than people may think. So many people die without making choices or talking openly about their end of life care and death, which can lead to people receiving medical treatments and hospital admissions that they may not want, as well as expensive and traditional funerals which may not be what the person wanted at all. So I thought it would be great experience to work with undertakers and get an idea of what it is that they do.

I arranged my work experience with a local undertaking business which was set up in 2014 with the specific aim of giving families more care and choice when organising a funeral for a loved one.

Experiences and learning

The week provided a whole range of different experiences. The main event was a funeral. Preparation for this event included cleaning out the car, collecting flowers and collecting the deceased. It was certainly a weird experience to see a dead body, as I hadn't seen one before, and I was amazed that I got to experience it. I helped to lift the body and watched as the undertakers dressed her. I felt a sort of chill at first, but after a while she just seemed like any other person. The woman was cared for incredibly. We treated her as if she was sleeping and never referred to her as 'the body' or 'it'. Having this experience will definitely help me to care for people who are dying or those who have died with respect and dignity.

During the funeral service I was shown all of the steps to cremation, including the ovens and how they work, a side to funerals that people don't often see. After the funeral the undertakers spoke to the deceased's family, showing true compassion and empathy; the type of compassion a doctor also needs, even when under pressure and in difficult

circumstances.

During the week I realised that in order to run their business, the undertakers do not settle for anything other than perfection in what they do. They work together effectively as a team and their business has already won awards. I saw many of the little things that they do to make a funeral a true celebration of someone's life through compassion, determination, care and pride; all things that doctors must also show in their work.

Through the week I learnt much more about the funeral business and the practicalities of making arrangements after someone has died. I researched information about different crematoria on the internet and by phone to add to the business website. I collected the ashes of a cremated woman to deliver to her family. I also learnt about options that I had never considered before including digital autopsies. Digital autopsies seemed to me to be so simple and an obvious choice over normal autopsies which really intrigued me. This showed me more about different medical technologies and how they are being used. I also got to visit a natural burial ground. It was quite a shock to see how much calmer and less eerie it felt than a normal cemetery; more like a place to remember and celebrate someone's life instead of mourning their death.

People today don't often talk to friends and family about personal issues like death, but it is necessary to tell people how it is you want to be remembered and where you want to be. Having a conversation with a loved one can make all the difference. Places like Death Cafes (deathcafe.com) are also an option for conversations.

This work experience has shown me many different skills that will help me on my way to being a doctor. I have developed my communication skills, and learnt the importance of

having pride in what you do, whether that is cleaning out the car or talking to bereaved families. I know more about what families face after the death of their relative and what choices are available. I would recommend this to every medical student and doctor who will encounter death as part of their work.”

A recommendation

The placement provided a unique and memorable experience for Alex, with the opportunity for new insights and the development of skills which are highly relevant to a career in medicine. The week also highlighted the need for more open and honest conversations about death and dying in society. This is an increasingly important concern which is outlined both in national policy and the recent RCGP position statement for Palliative and End of Life Care (RCGP: 2017) and is becoming more pressing as the number of people living and dying with long-term incurable conditions rises

In the past, GPs have been well placed to organise opportunities like this for medical students and GP registrars on placement in their practices. We would like to highlight the value of this placement and the many potential benefits, and to encourage students, medical students and junior doctors to organise similar placements as part of their personal and professional development.

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References

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Dying Matters. <http://www.dyingmatters.org>

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