

# **Death is Something to be Avoided**

The psychodynamics of end-of-life planning  
for the general practitioner.

A thesis submitted as a requirement for the degree of  
Doctor of Philosophy

by

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Trust me,  
this will take time  
but there is order here,  
very faint, very human.<sup>1</sup>

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<sup>1</sup> Ondaatje M. **In the Skin of a Lion**. New York: Knopf, 1987.

## P. PREFACE

### P.1 ABSTRACT

The seeds for this research were planted in the emergency rooms of a tertiary Metropolitan Hospital Emergency Department where I practise as an Emergency Physician. My aim in the research is to develop an understanding of the psychodynamic processes that limit general practitioners from involvement in the groundwork of end-of-life planning with their patients who suffer from chronic and terminal illnesses and the dependent elderly patient. The focus in this thesis is to communicate an understanding of the general practitioners' perception of the community and their role within it to end-of-life plan. At the commencement of the writing I acknowledge my limitations in the academic spheres of sociology, philosophy, anthropology and social history but these aspects of the thesis are developed to contextualize the research within the community of work of the general practitioners.

Over a period of days, a number of frail elderly patients were transferred from their Nursing Home by a mobile intensive care ambulance to the Emergency Department to be resuscitated. My feelings of concern for these individuals generated questions. Who decides? Who has the right to make life and death decisions for others. Where is choice? Are the patient's wishes known at this time? Do the patients have any rights when they are incapable of making their own choices known? Does anyone know what their choices would be? Or, is 'death something to be avoided', no matter what the circumstances?

So this research springs from a passionate concern for the rights of the other, with the desire for others to appreciate their personal autonomy and their capacity for choice, in dying and death, as in life. As Yalom puts it:

If he doesn't *know* he is about to die how can your patient make a decision about *how* to die? Yes, he must decide *how* to face death.<sup>1</sup>

The research commences with a quantitative study using data derived from a survey of adult patients attending the Emergency Department in May 2002, to quantify if end-of-life planning is occurring in the community. It then moves to the process of purposefully selecting a group of general practitioners, as a series of case studies, with whom to explore and understand the concept and process of end-of-life planning within the community. Using an interpretive paradigm with a clinical method of in-depth interviewing, data are collected from these general practitioners. System psychoanalytic and psychodynamic theories and practice are applied for the analysis of the data.

The dissertation reveals the factors that limit general practitioners in end-of-life planning. These factors include; emotional collusion with members of the community, the lack of clarity in the primary task, the inability to recognize and manage the emotional experience associated with the role and limited education in communicating issues of significance. Theory is generated depicting the context of the work, and recommendations are made for future participation in end-of-life planning by the general practitioner and members of society.

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<sup>1</sup> Yalom I. *When Nietzsche Wept*, USA: Basic Books, 1992: p. 69.

## P.2 STATEMENT of ORIGINAL CONTRIBUTION

I state that the dissertation is to the best of my knowledge my original work, although it is extensively referenced by the writings of others. These excerpts are acknowledged and referenced within the text as well as in the bibliography.

Any errors in the writing of the dissertation belong with the researcher.

I state that the thesis and the material contained herein have not been submitted for the award of any diploma or degree in any other tertiary Institution or University.

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### P.3 ACKNOWLEDGEMENTS

I sincerely acknowledge the general practitioners who participated in the research process. I acknowledge your honesty and commitment to the exploration of end-of-life planning with me. The collected data are profound. What sits with me is an immense sense of responsibility to work with this data respecting your diversity. Each person involved has granted me a unique insight into their own praxis.

Dr Jenny Ouliaris enlisted the support of the staff of the Regional Division of General Practice by arranging meetings with the Chief Executive Officer.

Mr Ken Mansbridge, the Chief Executive Officer of the Division, in recognizing the importance of this research facilitated the participation of the general practitioners within the Division of General Practice and enabled the research to occur.

Professor Susan Long, my supervisor supported and sustained me from the beginning of the research to its completion. Her scrutiny, generosity in time and teaching are recognized.

Associate Professor John Newton has been available and always helpful.

Eve Steel, as supervisor, has encouraged my commitment and exploration; challenging me and aiding my synthesis and analysis of the research data.

Mrs Joanne Lee-Dow has assisted me to improve my writing style.

Alastair Bain and my training peers of the 2002 Fellowship group, of the Australian Institute of Socio-Analysis stimulated my interest, exploration and learnings.

My friend Beverley has encouraged my writing.

My father and my mother have fostered within me a need to explore and with the exploration to gain understanding, and so to continue to learn.

My partner Brian demonstrating his love, patience and endurance has accepted my need to close myself away in my world to explore.

My canine writing companions are always at my feet, their loyalty is ever-present.

## P.4 STYLE & STRUCTURE of this DISSERTATION

### *P.4.1 The Style*

Each chapter of the dissertation commences with an overview of the specific topic to be explored. Following, is an academic framework of the theories and concepts used in the development of the topic: these are defined and discussed. The theory used is then contextualized into the current doctoral research and the data relating to the topic is analysed and working hypotheses generated. Theory is used extensively as it aids in illuminating and analysing the data and the generated themes pertinent to the task of end-of-life planning. Each chapter culminates with a summary of the exploration and further questions derived from the exploration.

Because system psychodynamics and system psychoanalysis is central to the methodology, the analysis of the system, group and dyad are fundamental to the research, the individual is rarely emphasized. Quotations are given and used as derived from the membership of the group.

Citations from the general practitioner interviews are introduced, indented, and annotated as [Interview: 1 to 13] at the end of each excerpt, for example, [I:3]. For other references including books and journal extracts, the Vancouver System for bibliography is used. Referencing, as an endnote, occurs at the conclusion of each chapter.

The research component of the thesis is written in the present tense.

The researcher is referred to in the first person.

The general practitioner is referred to as s/he, the balance of males:females involved in the process is 7:6. The style acknowledges this balance of genders and supports confidentiality in the writing.

The patient is also stated in the male:female gender; except for excerpts relating to specific patients in case histories, where the gender is factual.

## ***P.4.2 The Structure of This Thesis***

This dissertation has three distinct sections each of which focuses on a particular component of the research.

### ***Part 1: Context and Methods***

The section on Context and Methods places myself as the researcher within the research environment for end-of-life planning and then discusses the methods which are the essence of praxis in this clinical, interpretive research paradigm.

As researcher, I consider it important to contextualize this research formally before commencing the chapters that deal with the analysis of the data collected and theories generated.

In Chapter 1, I describe the background and the origins of this research. One question is: 'do general practitioners take up end-of-life planning as a component of their primary task?' The chapter commences with an internationally publicized debate about end-of-life planning decisions and their complexity. It then moves to survey, through a questionnaire, end-of-life planning for the adult patients attending the Emergency Department in which the researcher practices as an Emergency Physician. The next phase of the chapter discusses the difficulties in developing a researcher-researched relationship and the attendant anxieties in performing this research. The second chapter reviews the ontological and epistemological theories used to fulfil the purpose of this doctoral research. Chapter 3 relates to the methods employed. This includes not only the aptitude and skills required of the researcher, using the qualitative platform, but also the processes involved in data collection, analysis and the generation of theory. These initial chapters form the context and the paradigm for this research thesis.



### *Part 2: The Research Issues: the Theories and Research Findings.*

This section details the topics germane to end-of-life planning in the environment of community General Practice. Chapter 4 begins by grounding the reader, in the community of the general practitioners, communicating their perception of the attitude of the community to dying, death and end-of-life-planning. Chapter 5 communicates the general practitioners' opinions of the primary task of General Practice as it relates to end-of-life planning. Chapter 6 gives an account of the general practitioner's interface with the systems within his/her sphere of work. A psychodynamic perspective is used to discuss the interplay between the internal and external the psychic aspects of the individual -the doctor, the dyad - the doctor-patient relationship, the group - the family with the doctor, and the organizations - the Primary and Acute health Sectors, for each relates to the practice of the general practitioner in the community. Next, chapter 7, the role of the general practitioner is discussed using psychodynamic frameworks of role. Finally, chapter 8 reflects upon the general practitioners' assessment of conventional educational methods and their estimate of its adequacy in addressing critical issues and performing the task of end-of-life planning.

### *Part 3: Themes in the Thesis.*

This segment of the dissertation reflects the outcomes of the research: on the data analysed. The themes generated which are pertinent to the task of end-of-life planning. The penultimate Chapter 9 advances the paradigms of practice in medicine; Cost-containment, Cure or Care, and their associated defensive techniques to defend against anxiety of the emotional context of the work. The final chapter of the dissertation, chapter 10, *Can Death be Acknowledged*, reflects upon the findings of the research using the working hypotheses of each chapter as a basis to discuss implications for future change. The relevance of the working hypothesis for Society, the Primary Task, Role and Education contribute to the development of recommendations for future action.

# DEATH is SOMETHING to be AVOIDED

## TABLE of CONTENTS

<b>P.</b>	<b>PREFACE</b>	<b>i</b>
P.1	Abstract	i
P.2	Statement of Original Contribution	iii
P.3	Acknowledgements	iv
P.4	Style and Structure of the Dissertation	v
P.5	Table of Contents	viii
P.6	List of Tables	xiv
<b>PART 1 CONTEXT &amp; METHODS</b>		
<b>1.</b>	<b>BACKGROUND: 'Is Death Something To Be Avoided?'</b>	<b>1</b>
1.1	Whose choice - research rationale	2
1.2	What is End-of-Life Planning?	6
1.3	Beginning to research	8
1.3.1	Initial Survey: the Acute Healthcare Sector	8
1.3.2	Transition: Emergency Physician to Researcher	16
1.3.3	Community Aged-Care Facilities	17
1.3.3.1	Aged-Care Facility 1	17
1.3.3.2	Aged-Care Facility 2	24
1.3.4	Regional Division of General Practice	25
1.4	Anxiety	26
1.4.1	Personal anxieties	27
1.4.2	Professional anxieties	28
1.4.3	Group level anxiety	31
1.4.4	Anxiety in the Role of Researcher	31
<b>2.</b>	<b>METHODOLOGY</b>	<b>33</b>
2.1	The Stance of the Current Research	34
2.1.1	Interpretive Inquiry	36
2.1.2	Phenomenology	38
2.1.3	Heuristic Inquiry	39
2.1.4	Psychoanalytically informed research	40
2.1.4.1	Projective Identification	45
2.1.4.2	Transference	46
2.1.4.3	Countertransference	47
2.1.4.4	Containment	49
2.1.4.5	Subjectivity	50

2.1.5.	Systems Psychodynamic Theory	51
2.1.5.1	Social Defence systems	52
2.1.5.2	Basic Assumption activity	53
2.1.5.2.1	baFlight/Fight	55
2.1.5.2.2	baDependency	55
2.1.5.2.3	baPairing	56
2.1.5.2.4	baOne-ness	56
2.1.5.2.5	baMe-ness	57
2.2	The researcher and the researched	57
2.3	Summary	60
<b>3.</b>	<b>METHOD</b>	<b>64</b>
3.1	Contexts for the Current Research	65
3.1.1	Acute Healthcare Sector	66
3.1.2	Aged-Care Facilities	67
3.1.3	Regional Division of General Practice	67
3.2	Sampling	68
3.2.1	Probability sampling	68
3.2.2	Non-probability sampling	69
3.3	Characteristics Important to Qualitative Research	69
3.3.1	Ethical behaviour	70
3.3.2	Responsibility	71
3.3.3	Neutrality	72
3.3.4	Empathy	73
3.3.5	Verstehen	74
3.3.6	Language	75
3.3.7	Listening	76
3.3.8	Reflexive Questions	77
3.4	Qualitative data collection	79
3.4.1	Interviews	79
3.4.1.1	A structured interview	80
3.4.1.2	An un-structured interview	80
3.4.1.3	In-depth interview	80
3.4.2	Observation as a research method	81
3.5.2.1	Participant-observation	82
3.4.3	In-direct methods of data collection	83
3.5	Using Inductive & Abductive logic	84
3.6	Working Hypothesis	86
3.7	Current Research	88
3.7.1	Design	88
3.7.2	Research Process	88

3.8	A thesis	90
<b>PART 2 THE RESEARCH ISSUES: theories &amp; findings</b>		
<b>4.</b>	<b>SOCIETY'S FOCUS: KILL death</b>	<b>93</b>
4.1	Demographic data of the <i>General Practitioners</i>	94
4.2	Definition of Society	94
4.3	Contemporary Society: from individual to organization	95
4.4	Australian Society's attitude to dying and death	101
	4.4.1 Anglo-Saxon Background	103
	4.4.2 Multi-Cultural Influence	107
4.5	Religion & Ritual as Containment	110
4.6	Diversity in Defensive Behaviour	116
4.7	Resounding Themes in Defensive Behaviour	117
	4.7.1 Fear, Avoidance, Denial	117
	4.7.2 Myth, Illusion	120
4.8	Working Hypothesis	122
4.9	Medicine in Society Today	124
<b>5.</b>	<b>The Relation of PRIMARY TASK to End-of-Life Planning</b>	<b>132</b>
5.1	Theoretical Concepts of Primary Task	133
5.2	Royal Australian College for <i>General Practice</i>	138
	5.2.1 Definition of <i>General Practice</i>	139
5.3	Working Hypothesis	140
5.4	Taking up the primary task	144
5.5	Timing	145
5.6	Enduring Power of Attorney (medical)	147
5.7	Competence	148
5.8	Whose task?	150
5.9	When to take up the task?	150
5.10	The inhibiting factor of the task	152
5.11	Authorization for task	154
5.12	Conclusion	158
<b>6.</b>	<b>SYSTEM PSYCHODYNAMICS: Where the GP works</b>	<b>162</b>
6.1	Rudimentary System Learning	164
	6.1.1 Autistic-contiguous position	167
	6.1.2 Paranoid-Schizoid Position	169
	6.1.3 Depressive Position	171

6.2	Bion's binocular vision: Group experience	172
6.3	Systems thinking	176
	6.3.1 Boundaries	177
	6.3.2 Double task	180
	6.3.3 Holding Environment/Containment	180
6.4	Fragmentation	182
	6.4.1 Fragmentation in the Individual	182
	6.4.2 Fragmentation in Organizational Systems	184
6.5	Psychodynamic features of the System interfaces	185
6.6	Working Hypothesis	186
6.7	The doctor-patient relationship-the dyad	186
	6.7.1 The Containment in the Transitional Space	187
	6.7.2 Creating a safe place	190
	6.7.3 Failure to Cure	191
6.8	The Doctor with the Family as a System-the small group	194
	6.8.1 The Doctor as container	194
	6.8.2 Roles and Boundaries in the Family	196
	6.8.3 Monocular vision	199
	6.8.4 Paternalism or Basic assumption activity	202
	6.8.5 A 'sophisticated' Work Group	203
6.9	The Primary Health Sector: the Organisation	204
	6.9.1 Change in the System	205
	6.9.2 Task value	207
6.10	Acute Health Sector: Inter-organizations	210
	6.10.1 Systemic or Systematic Dehumanization	210
	6.10.1 Shut Out	214
	6.10.2 Envy	215
	6.10.3 Acquisitive Motive	216
	6.10.4 Abdication	217
	6.10.5 The Interface with the Acute Health System	218
6.11	The Federal Government - Large groups	221
6.12	Fragmentation: the Outcome for Society	226
<b>7.</b>	<b>THE ROLE of the GENERAL PRACTITIONER</b>	<b>237</b>
7.1	How is Role defined?	238
7.2	Role-idea or role-in-the-mind	241
7.3	Managing oneself in role	243
7.4	Organization-in-the-mind	246
7.5	The Role as given for the General Practitioner	248
7.6	Role as taken	252

7.7	Personal factors influencing the person-in-role	258
7.8	Working Hypothesis	263
7.9	Contextual and societal influences on role-taken	264
7.10	Leadership capacity in role	265
<b>8.</b>	<b>EDUCATION</b>	<b>272</b>
8.1	Preamble	273
8.2	Working Hypothesis	276
8.3	Theoretical knowledge	278
8.4	Experiential Learning	282
8.5	Action learning - Exploring the Unknown	287
<b>PART 3 THEMES in this THESIS</b>		
<b>9.</b>	<b>COST-CONTAINMENT, CURE or CARE?</b>	<b>295</b>
9.1	Which Paradigm - Which Defense?	296
9.2	Who makes the decision and to whose benefit?	297
9.3	Working Hypothesis	299
9.4	<i>Cost-Containment Model</i>	301
9.4.1	Description of the Model	302
9.4.2	Characteristics of the model	303
9.4.3	The defensive patterns of the model	305
9.5	<i>Cure Model</i>	308
9.5.1	Description of the Model	309
9.5.2	Characteristics of the model	309
9.5.2.1	The Myth of <i>Cure</i>	309
9.5.3	The defensive patterns of the model	311
9.5.3.1	The Politics of Salvation or Medical Rescue	312
9.5.3.2	Emphasize the Disease	313
9.6	<i>Care Model</i>	315
9.6.1	Description of the Model	316
9.6.2	Characteristics of the model	316
9.6.3	The defensive patterns of the model	318
9.6.3.1	Being-with the patient	319
9.6.3.2	The patient-care paradigm	320
9.7	Conclusion	322
<b>10.</b>	<b>Can DEATH be ACKNOWLEDGED?</b>	<b>326</b>
10.1	Working Hypothesis I: Society's Focus	327
10.2	Working Hypothesis II: Educating the Doctor	330

10.3	Working Hypothesis III: The 'TASK' clarified	335
10.4	Working Hypothesis IV: MANAGING in ROLE	337
10.4.1	A Transition to <i>End-of-Life Planning</i>	339
10.5	Working Hypothesis V: Whose ROLE?	343
10.6	Summary	345
10.6.1	Who is performing end-of-life planning?	345
10.6.2	Who could end-of-life plan with patients?	346
10.6.3	What are the limiting factors?	347
10.6.4	Who could support the <i>General Practitioner</i> in-role?	348
10.7	Critique and Suggestions for further research	350
10.7.1	Is end-of-life planning supported?	350
10.7.2	Who else could take up the role?	350
10.7.3	Other professionals to research	351
10.7.4	Difficulties in gaining authority to end-of-life plan	351
10.8	Conclusion	352
<b>13.</b>	<b>BIBLIOGRAPHY</b>	<b>357</b>
<b>14.</b>	<b>APPENDIX</b>	<b>372</b>
14.1	Demographic questionnaire for <i>General Practitioners</i>	372
14.2	In-depth questionnaire for <i>General Practitioners</i>	373
14.3	Aged-care facility projected outcomes	375
14.4	Hospital questionnaire	377
14.5	Project aim for <i>General Practitioners</i>	379
14.6	Consent for participating <i>General Practitioners</i>	381
14.7	Themes, topics, concerns??	382
14.8	Demographics of <i>General Practitioners</i>	383

# DEATH is SOMETHING to be AVOIDED

## *LIST of TABLES*

Table 1.1	Clerical Data Collection	9
Table 1.2	Current accommodation	10
Table 1.3	Patients living at home	12
Table 1.4	Patients in Supported Accommodation	13
Table 1.5	Principal person engaged in healthcare planning	13
Table 1.6	Medical data collection	14
Table 1.7	Diagnosis at attendance	15
Figure3.1	Triangulation of Data	78
Table 4.1	Demographic data from the Emergency Department	99
Table 6.1	System interactions	163
Table 6.2	Positions taken up in Psychic Development	166
Table 6.3	Bion's Binocular Vision	173
Table 6.4	Monocular versus Binocular Vision	175
Table 6.5	Positions taken up by Individuals	183
Table 6.6	Thoughts and Feelings at the Interface	219
Figure7.1	Person, Role And System	237
Model 9.1	Cost-Containment Model	301
Model 9.2	Cure Model	308
Model 9.3	Care Model	315