

Death Education

A New Look for an Ancient Tradition

Todeserziehung

Ein neuer Look für eine antike Tradition

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The article considers the topic of death education and its relocation from the religious to the secular and, specifically, the clinical realm. In the past, when religions signified and founded the basic behavioural rules of communities, death education was called ‚memento mori‘ and imparted through indoctrination processes. In Western countries, since secularisation, this process has widely faded, and a cultural and educational void has remained at the societal level, which is connected to the significant removal of reflection on finitude. The consequences of this change are mostly studied in anglophone countries, where scholars and clinicians try to find novel strategies to dismantle the removal of death and enhance awareness of finitude. The article considers some pragmatic aspects of death education that are useful for the smooth functioning of the relationship between individuals and healthcare professionals.

Death Education, memento mori, denial of death, death and dying, communication about death and dying

Dieser Artikel befasst sich mit dem Thema Todeserziehung (Death Education) und deren Verlagerung vom religiösen in den weltlichen und insbesondere klinischen Bereich. In der Vergangenheit, als Religionen die grundlegenden Verhaltensregeln von Gemeinschaften begründeten, wurde Sterbeerziehung ‚Memento mori‘ genannt und entsprechend indoktriniert. Seit der Säkularisierung hat dieser Prozess weitgehend abgenommen. Eine kulturelle und bildungspolitische Lücke blieb zurück, die mit einem generell Niedergang des Nachdenkens über die Endlichkeit zusammenfiel. Die Folgen dieser Veränderung werden hauptsächlich in den anglophonen Ländern untersucht, wo Wissenschaftler*innen und Klinikärzt*innen versuchen, neue Strategien zu finden, um der Verdrängung des Todes entgegenzuwirken und das Bewusstsein für die Endlichkeit zu stärken. Der Artikel betrachtet einige pragmatische Aspekte der Todeserziehung, die für das reibungslose Funktionieren der Beziehung zwischen Individuen und medizinischer Fachkräfte nützlich sind.

Todeserziehung, Memento mori, Todesverdrängung, Tod und Sterben, Kommunikation über Tod und Sterben

Introduction

Death education consists of interdisciplinary trainings on death and dying that include teaching on death's biological, cultural, philosophical and psychological aspects. Its main aims are, on the one hand, offering competencies for people who are affected by death and, on the other hand, enhancing the maturation of skills suitable for the management of choices in the cases of severe illnesses, grief, end-of-life and palliative care.

Historically, just managing something similar to death education, religions have been an important cohesive factor for communities and people's psychological well-being (Pargament 2001; Weber 1920). The »memento mori« was the substantial strategy that made it possible for religious authorities and ministers to set the moral meaning of life in the name of salvation beyond death. Indeed, at the root of their power lay the edification of behaviour based on morality that regulates the relationship between finitude and immortality (Solomon/Greenberg/Pyszczynski 2015). The belief that there is a supreme God in a transcendent dimension who makes humans immortal endorsed the adoption of social rules organised following the supposed divine wills. The sociological view does not question whether such religious depictions are true or false, as philosophy does, but only considers their social effects (Furseth 2017; Lundskow 2008): religious rituals and symbolism exhibited a strong power of aggregation that, however, has been decreasing significantly in the last decades in Western countries.

Indeed, literature shows how secularisation is eclipsing religions (Walter 1995). Despite, on the one hand, there is not a single theory that tries to explain this phenomenon – Bruce (2002) uses the term »secularisation paradigm« to indicate the complex constellation of this construct – and, on the other, sociologists signal a new cultural phase, named »post-secularism« to indicate a renaissance of collective spiritual instances (Possamai 2017), evidence shows that such waning is significant. The study by Inglehart (2021) shows that an overwhelming majority of countries became less religious and that the decline was the strongest in high-income countries. The most powerful factor that causes this decline in religiousness is closely related to the moral imperative. Throughout history, religions that did not promote the high birth rate as a value gradually disappeared because of the extinction of their followers due to infant mortality and low life expectancy. At present, a higher quality of life and the discoveries of medicine have drastically modified the situation, making these traditional norms no longer necessary. The seventh wave of the World Values Survey (World Values Survey Association 2022) indicated that secular-rational values are contrary to traditional values in those countries and that these societies place less emphasis on religion, traditional family values, and

authority. Divorce, abortion, euthanasia, and suicide are seen as relatively acceptable. Then we can adopt the very consolidated and largely utilised construct of secularisation to historically place contemporary death education (DeEd) issue, which is the one we want to deal with. Indeed, sociological literature emphasises that Western post-industrial society is increasingly secularised and has replaced the community as the individual's living space. The »societalization« (Wilson 2016) causes the loss of integration of the communities because of large-scale industrial and commercial enterprises coordinated through impersonal bureaucracies. In this kind of society, which is the environment where individuals mostly live and prefer to live, organised religions and their representations of death or immortality lost many points of contact with people (Bruce 2003).

With respect to secularism, if sociology highlights how individualism and liberal democracy undermine religious beliefs, on the contrary, philosophical standpoints underscore the concept of the »death of God«, which is the perspective deriving from the critical thinking which characterised the 19th and 20th centuries. If in ancient Greece and the Middle age, »melete thanatos« and *memento mori* practices characterised social customs (Ariès 1977; Morin 1970), on the contrary, the rational critique of metaphysical explanations of the world has profoundly undermined the truth foundation of religions that intended to explain the origin of the world and its purpose (Severino 2015). What has been lost is the idea that contents deriving from belief in God are »incontrovertible truth«, and the persuasion that religious convictions are basically mythological has been acquired. The decline of the certainty that religions indicate truth has decreed the demise of adherence to their moral imperatives and the exercise of *memento mori* (Testoni/Ancona/Ronconi 2015).

Religions have always handled representations of death by educating the believers to think, on the one hand, of their own mortal condition and, on the other hand, of the salvation constructed by their morally righteous behaviour. From the decline of metaphysical beliefs and the change in social life, some psychosocially important effects result, such as the waning of traditional customs that morally regulated people's behaviour and the eclipses of the rituals symbolising the sacredness of life and the hope in immortality. Specifically, the belief that certain behaviours can save from death has waned. Then the reflection on the sense of the moral actions of daily life versus the finitude has practically disappeared. The advancing processes of secularisation are thus leaving the area of existential reflection related to finitude uncovered in the population. The demise of religions has thus left a lacuna with respect to the skills and ability to think about finitude. This lack has negative consequences at both the societal and individual levels. To remedy this problem, one certainly cannot force people to believe in a God they do not believe in and respect values that

do not signify anything to them. Therefore, new cultural spaces for existential reflection on the relationship between life and death must be set up.

Recent background

Recent experiences seem to confirm the need to reprise the existential reflection on finitude. Indeed, the Covid-19 pandemic, war anxiety due to the multiplication of conflicts worldwide, environmental crises and disasters due to global warming have highlighted this exigence (Bland 2020). Indeed, before the last dramatic pandemic period, we have lived through a long period in which language related to death and dying had been removed from social relations, along with the concealment of the dying (Pyszczynski et al. 2021; Solomon/Greenberg/Pyszczynski 2015). Since the second half of the last century, running parallel with secularisation processes, medical achievements have radically changed how we relate to death because the quality and length of life have increased significantly (Vovelle 1983). The efficient hospitalisation of sick people has caused a systematic separation of family members and the community from the dying (Elias 2001). In this way, the direct experience of dying and traditional religious customs that helped individuals strengthen solidaristic bonds have been systematically lost (Metcalf/Huntington 1991). Suddenly, climatic catastrophes and pandemic brought death back into our homes through the mass media, and the mass media made us realise that science and medicine are highly beneficial; however, they are not omnipotent. In particular, the effects of the pandemic were thus devastating to the population as much as to health care professionals, and we thus realised that before all this, we were immersed in an exceptional bubble of serenity and, at the same time, recklessness. We imprudently assumed that we would never again have to deal with pestilence, wars and major death scenarios.

The most paradoxical expression of our inability to cope with death is that even those who work in health care do not address the issue of death, and there is a lack of dedicated training courses on the subject (Cheung et al. 2018; Puente-Fernández et al. 2020). In fact, although those who work in contact with disease are involved in experiences of loss on a daily basis, undergraduate and graduate courses that train health professionals do not yet devote sufficient attention to the issue (Gamino/Ritter 2012; Testoni et al. 2019a).

Society must come to terms with reality again and thus regain real contact with death and dying, which was already apparent a few years before the pandemic. The movements for self-determination in end-of-life and death cafes have been engaged for some years now in Europe as well in promoting consciousness to raise social actions in the population with respect to the fact that

reflections and rituals help deal with end-of-life and mourning (Chakravarty/Parmar 2002; Fong 2017; Miles/Corr 2017; McCormick 2011; Morgan 2017; Samanta/Samanta 2013). The most recent manifesto of *The Lancet*, which has even created a commission on *The Value of Death*, whose focus is centred, on the one hand, on the management of death in the medical field to promote increasing competence and, on the other hand, on the de-medicalisation of death, meaning on restoring the dimension of the normality of dying, fits in this direction. The commission aims to explore variations in cultural approaches to death, investigating anthropological and psychosocial aspects related to the concept of ›good death‹ and implications related to the search for meaning involving issues of immortality (Lancet Commission 2018). The commission's first report (Sallnow et al. 2022) highlights how the story of dying in the 21st century is paradoxical. On the one hand, many people are treated in hospitals with disproportionate care, leaving family members and communities on the sidelines. On the other hand, other people die from lack of care because they cannot access it, and others suffer from excruciating pain because they do not know they can access palliative care (Hawley 2017; Love/Maher-Liversage 2014).

The inability to relate appropriately to death and dying creates significant costs to public finance (Osti/Steyrer 2017). Consider, for example, defensive medicine and the rising insurance costs that physicians face. In fact, the rise in patients' claims for impossible cures that avert death is matched by rising costs to health systems caused not only by futile cures but also by legal recourse by patients and family members against health care professionals (i. e. Berlin 2017; Baungaard et al. 2020). This phenomenon is partly due to rising expectations of medicine and the perception of injustice suffered by users when care does not provide the desired outcomes (Sullivan/Scott/Trost 2012; Tucker et al. 2015).

However, the desire to live longer must necessarily be disregarded. Paradoxically, we do not know how to deal with it precisely because the subject of death is not taken into account in everyday life, and therefore we are not adequately prepared to deal with situations in which we are called upon to face the most challenging but also most important moment of our lives. Reflection on death certainly mobilises important psychological and existential aspects, and this requires very careful attention before planning such an intervention. Undoubtedly, it is necessary for those who activate such courses to ensure thorough expertise on the psychological, spiritual and cultural aspects involved. Unfortunately, this difficulty is one of the factors limiting the possibility of implementing such training courses. As indicated by Kastenbaum (1993; Kastenbaum/Moreman 2015), this does not detract from the fact that the exponential

growth of complexity and costs in social life and health care highlights the necessity to organise DeEd courses aimed at educating the population regarding the natural limits of life and medicine. Indeed, according to the *Lancet Commission*, it is crucial to restore the ability to reflect on death and dying through educational pathways to raise public awareness of the topic and targeted training for health care providers. DeEd meets this demand.

Death education

If religions oriented the social values and individual behaviour in the past, today it is necessary to find new languages to promote familiarisation with death and dying.

The field within which DeEd is studied boasts an important history: that of *death studies* or *cultural thanatology*, an interdisciplinary space in which medical sciences are interwoven with psychological, philosophical, anthropological and historical sciences. Particularly, these themes have taken on considerable importance in English-speaking countries, at least at the academic level. In the US and the UK, the focus of the thanatological studies developed through different disciplines, considering customs, beliefs and practices that express how dying is addressed in different contexts, such as bereavement and end-of-life and palliative care.

The phenomenon may be partly related to the fact that anglophone countries are characterised by the highest income with high well-being and secular, democratic culture. Where the state somehow takes a theocratic stance or is strongly influenced by the political will of religious powers, such as Eastern and Middle Eastern countries, the issue of death is handled by religious ministers.

DeEd developed mainly in the space opened up in the US in the 1950s due to the activities of the *Death Awareness Movement*, which began with a seminar held in 1956 at the Annual Meeting of the American Psychological Association (Doka 2015) and the publication of the volume *The Meaning of Death*, edited by Herman Feifel (1959). Feifel brought together a multidisciplinary group of contributors and proposed an agenda for the socio-cultural understanding of death. The vocabulary adopted was psychologically grounded, and the message offered to people was reconsidering death as a natural fact. Part of this group was Robert Kastenbaum, who first activated a DeEd curriculum in an undergraduate course at Wayne University, where he also opened a research centre for these issues. In his volume *Death, Society and Human Experience* (Kastenbaum/Moreman 2018), now in its twelfth edition, the scholar describes in an interdisciplinary way how different cultures throughout history have made the thought of finitude accessible by making the anxiety this awareness entails

manageable. As a component of the same movement in those years, Hannelore Wass founded the journal *Death Education*, which later merged into the scientific organ of the Association for Death Education and Counselling (ADEC) – *Death Studies* – and is still very active and has an impact on the most important international databases (Wass 2004).

Elisabeth Kübler-Ross, a Swiss psychiatrist who lectured extensively on end-of-life and bereavement issues throughout the US, where she had moved to work with cancer and AIDS patients, also began her important journey of cultural awareness regarding death issues. Her well-known book *On Death and Dying* elaborates on her experiences with the terminally ill (Kübler-Ross 1969). To her, we owe the best-known and most widely used model for describing grief – the five-stage model: denial and isolation, anger, bargaining, depression and acceptance.

In parallel, within ADEC's activities, studies on loss and bereavement have gained increasing importance. Of note are the educational activities of Robert Neimeyer, who founded the *Portland Institute for Loss and Transition*, which offers training and certification in grief therapy. Neimeyer served as President of the ADEC and Chair of the *International Work Group for Death, Dying, & Bereavement*, which organises meetings as workgroups to offer thanatologists the opportunity of a highly collegial and essentially unstructured conversation among colleagues on a topic of mutual interest (Neimeyer 2012).

In Great Britain, there are the *Centre for Death and Life Studies* at the University of Durham and the *Centre for Death and Society* at the University of Bath. Corresponding to these two university centres, the *Association for the Study of Death and Society* (ASDS) promotes the study of death in the arts, humanities and social and allied sciences. ASDS promotes the widespread recognition of death studies and fosters publications, conferences and multi-disciplinary networks, supporting academic professional development in this field. Corresponding to this centre of study and research is the journal *Mortality*, which is of great importance to international thanatology (Davies/Park 2016).

Certainly, the anglophone countries are the contemporary cradle of reflection on what once belonged to classical Greek-Latin and continental culture. Indeed, the first hospices evolved in Europe in the 11th century due to the Roman Catholic tradition that created places of hospitality for sick, wounded or dying persons. It was also the first modern hospice created by Dame Cicely Saunders in 1967, a British registered nurse, social worker and physician who created and developed palliative care (Richmond 2005). Saunders emphasised the importance of focusing on the patient rather than the disease and introduced the notion of ›total pain‹, which includes psychological and spiritual as

well as physical discomfort (Saunders 2000, 2006). She disseminated the philosophy of palliative care in a series of tours of the US in the Sixteenth of the past century when Kübler-Ross (1969) began to consider social responses to terminal illness (Lewis 2007).

Nevertheless, it is in the new world that there has been a proliferation of courses and initiatives to deal with grief support and the ways in which to talk about death, both in schools and in university courses for training personnel working in health care. In contrast, in the old world, when traditional philosophical schools of thought have always thought systematically about the meaning of being for death, the topic was literally erased from real life since the twentieth century. To date, in Europe, only in Italy has there been an attempt to activate courses in DeEd from kindergarten to postgraduate training. Particularly noteworthy are those linked to the Master in *Death Studies & The End of Life* at the University of Padua. The common thread that unites these courses is the awareness that death does not concern only medicine and criminology but also affects all individuals and families as well as all social institutions, including health care.

The reasons for the removal of death in the everyday life communication

Although some authors are convinced that death is not denied (i. e., Robert/Tradii 2019), research has been showing the opposite for several decades. Also working within the *Lancet Commission of the Value of Death* are several researchers who have extensively valued psychosocial research related to the reasons that there is a generalised removal in the West of issues related to death and dying. They are the researchers of Terror Management Theory (TMT), a field of empirical research that shows how humans live in a state of latent anguish caused by the conflict between the instinct for self-preservation and the awareness of having to die. To alleviate this condition that makes it impossible for them to live, human beings put psychological defences in place, which can be classified as ›proximal defences‹ (individual psychological removal) and ›distal defences‹ (cultural removal) (Solomon/Greenberg/Pyszczynski 2015). The former are unreflective psychological dynamics and lead individuals to remove that which causes distress automatically; however, because it is impossible to deny the evidence of finitude, the latter intervenes to aid this process of removal by pivoting to the edification of civil society through death-denying symbolisms (›Cultural Worldview‹) that guide individual behaviour. Such strategies make the salience of death secondary and bearable and allow the in-

dividual to maintain a sense of being immersed in a rationally controllable, orderly, stable universe, developing an ultimate purpose. Adhering to the value standards prescribed by one's culture, from the perspective of TMT, it maintains the certainty of being saved through two forms of representation of immortality: *a*) literal, conveyed by spiritual-religious teachings, rituals and conceptions (immortality of the soul, the existence of an afterlife, reincarnation, nirvana, etc.) and *b*) symbolic, defined by identification with social entities (family, institutions, groups, etc.) (Solomon/Greenberg/Pyszczynski 2015).

Actually, DeEd moves in the opposite direction from these defensive strategies. The underlying belief is that it is possible to manage death anxiety not so much by removing the awareness of being mortal but rather by delving into the merits of what ›finitude‹ means. According to Kellehear (2014) and Testoni et al. (2019a, 2020a, 2021b), DeEd can promote well-being through an interdisciplinary approach to deal with representations of death and loss, making people aware of the social power dynamics that develop regarding death and dying.

DeEd thus represents a pathway that responds to the formative demands through which it is possible to enter into the forms of dying and the meanings attributed to death, teaching how to manage this competence in different contexts and situations. Indeed, research amply shows that this solution is possible by managing the relationship between fear of death and awareness of how it affects our lives. Awareness processes that promote awareness of negative feelings related to death allow people to talk about it more freely, and this reduces both stress levels and terror along with the maladaptive behaviours that result from it. From this point of view, DeEd is an opportunity to acquire cognitive strategies that improve people's quality of life and relational and communication skills (see, for example, Raccichini et al. 2022; Testoni/Ancona/Ronconi 2015; Testoni et al. 2019a; Testoni et al. 2019b; Testoni et al. 2020a; Testoni et al. 2020b; Testoni et al. 2021a; Testoni et al. 2021b; Testoni et al. 2021c).

Suppose people do not think about the fact that sooner or later, it will no longer be possible to restore a state of health that allows them to live pleasantly. In that case, they will inevitably relate to the health care system in one way aggressively and in another way passively. The inability to think about the limit causes an inability to understand that the health care system cannot solve all the health problems that afflict us as well as that medicine cannot always guarantee a cure. On the other hand, the same ordinary people do not know that they could be best cared for in the terminal stage of illness if they rely on palliative care. Ignorance with respect to the fact that there are now appropriate programmes for better management of terminal incurable illnesses makes the experience of dying even more painful. The misinformation of ordinary people regarding this type of intervention is still considerable and is also linked to the

lack of knowledge and, thus, the problematic implementation of advanced treatment dispositions. To reduce the gap between the population's need for information and access to the dignity that can be guaranteed until the last breath of a sick person, it is, therefore, necessary to implement DeEd courses for the community.

The idea that DeEd can be an excellent tool to enable people to become responsible even for the management of the end of their lives has been the leitmotif of the entire Death Awareness Movement, which is committed to demonstrating that the familiarisation of issues related to illness and dying is a social and cultural process, much like the ancient *memento mori*. It is in fact a real teaching that focuses on the search for meaning and on the understanding that we become sick because we must die. The skills needed to die in the best way (*ars moriendi*) must be acquired in good time, meaning before getting sick. DeEd can be implemented with appropriate interventions as much in schools as in the spaces of municipalities or territorial health services. The goal is to free the topic from widespread cultural removal and to promote a serene and open discussion that reconstitutes a shared language on death and dying, to which supportive and accompanying actions correspond.

Three major areas requiring the competent management of death and dying are converging in the DeEd territory: the management of advanced treatment directives with end-of-life choices, palliative care and bereavement management. Thus far, these areas of research and intervention have grown in different and parallel domains. DeEd attempts to unify them to offer the most integrated expertise possible to ordinary people and to facilitate the appropriate professional competence of health professionals.

Death education for health care personnel

If, on the one hand, the population is given substantial incompetence that renders people incapable of handling the relationship with the health care system with maturity, on the other hand, they are assigned health professionals who do not know how to establish good communication with users when death is present in the relationship as a stone guest. The cost of both emotional and relational incompetence to handle this type of situation jeopardises the quality of care in the most serious stages of illness as it prevents the activation of the positive engagement of the patient and family in the processes of building the therapeutic alliance, which is necessary for sharing the treatment plan and end-of-life choices. One of the most important problems facing health professionals is their difficulty in dealing with the inevitability of death. This outcome is due, on the one hand, to the fact that there is a widespread tendency to avoid any

form of reflection on finitude that increases awareness of having to come to terms with a limited time of life. On the other hand, even in educational paths, in all orders and grades of schooling from kindergarten to university specialisations, this kind of content is not considered at all. This has resulted in both ordinary people and health care professionals finding themselves immersed in a reality that lacks linguistic and symbolic references that enable them to process the experience of severe illnesses, end-of-life, death and loss.

The negative consequences of this lack of expertise on death and dying affect not only the users but also the health professionals. Indeed, underlying the inability to communicate and develop an effective relationship in these contexts is often a substantial lack of awareness with respect to the emotional experiences and dissonances that contact with dying causes. Complex, work-related stress syndromes can then develop from this condition, among which moral distress, compassion fatigue and burnout notably emerge. In fact, the literature devoted to this topic shows that the emotional impact related to the encounter with death on health professionals has a negative effect that depends on variables related as much to professionalism as to human factors, which to be managed according to a balanced relationship between detachment and empathy require the exercise of a high level of self-awareness with respect to the defensive dynamics brought into play against the terror of death and the consequent anguish. This is intrapsychic and interpersonal work that, if exercised in a nonconscious form, can cause significant negative effects involving both ineffectiveness/inefficiency of the work performed as well as the abandonment of the profession itself. Studies in palliative psychology have extensively investigated how the discrepancy between role-related emotional standards, authentically felt emotions and job stress is managed, demonstrating that the emotional labour required to manage dissonances between ideological, emotional and situational dimensions often gives rise to stress and critical incidents (Testoni et al. 2018).

Because situations that evoke death can create discrepancies between unrealistic or ambivalent wishes of family members and health care personnel, research has shown that often, underlying critical experiences create the conflict between what is considered morally correct and what is concretely put into practice as much because of legal issues as because of inefficiency in the health care system, resulting in persistent negative feelings that lower self-esteem and perceived self-efficacy. Relational competence useful in managing care work is therefore valuable because it reduces the risk of jeopardising not only the well-being of the professional but also the functioning of the entire system's network.

Several entities in the US have become aware of this. For example, I would like to mention the End-of-Life Nursing Education Consortium (ELNEC) project. This is a DeEd initiative aimed at promoting palliative care-specific maturity. Since 2000, ELNEC has collaborated with City of Hope in Duarte and the American Association of Colleges of Nursing (AACN) in Washington to enhance communication and interpersonal skills in end-of-life care. Thus, how death and dying are handled is taught to all health care personnel so that, in turn, the trained professionals can pass on the essential skills they have acquired to college students as they complete their internships in hospitals and clinics. ELNEC has realised that the shortage of skills with respect to managing the care relationship involving death is due to the fact that not enough opportunities have been created to test the communication and interpersonal skills of health care personnel before their placement. Doka (2015) also describes the activities that have developed in academia in relation to what ADEC inaugurated with formalised DeEd programs, such as that of the University of Wisconsin and The Centre for Death Education and Palliative Care at the College of New Rochelle.

In Europe, this situation is changing. The Erasmus-Plus Death Education for Palliative Psychology (DE4PP) project, which develops curricula for university training paths dedicated to palliative psychology, is understood as intersectional knowledge for all health professions involved in palliative care. This project is based on the idea that psychology can provide important skills for relationships and communication with patients and family members after an inauspicious prognosis. In this sense, palliative psychology can be considered intersectional because while always respecting specific differences, it informs both medicine and nursing with its own expertise, allowing professionals to optimise the use of the devices of their discipline and to decline them according to the needs of the patient and his or her family members.

In Italy, only recently have undergraduate courses for professions concerning palliative care seen the implementation of the law for palliative care regarding the training that pre-post/graduate courses must be able to guarantee. The credits made available in undergraduate courses in medicine, nursing, psychology and social work consider the indications of the European Association of Palliative Care (EACP)'s Core Competencies in Palliative Care as well as the Ethical Codes and the Charter of Professional Ethics for Psychologists of the European Federation of Psychologist's Association (EFPA). Indeed, these curricula emphasise the multidimensionality and inter-professionality of palliative care, always highlighting the importance of the relational dimension and communication skills that a death education course must improve.

Conclusion

Death Education takes the place of the older, more traditional forms of ›memento mori‹, which were run by religious indoctrination practices. This kind of secular and modern training is useful for acquiring indispensable skills concerning communicative and relational aspects to deal with dying through an appropriate language suitable for dealing with emotions and anguish. Deficiency in death competencies entails great costs for families as well as the entire health care system because, unfortunately, the levels of information regarding the innovations that death education can offer are still scarce and collusive with the general need for a removal of the issues surrounding death and dying. Such collusion inhibits the creation of a shared social language that facilitates communication between patients and health professionals at the most critical time in people's lives. Death education is the contemporary controlled secular educational methodology that promotes the competencies needed to deal with death and to carry out the last evolutionary task – the most important but also the most difficult – which we arrive at without existential tools: dying. These courses aim to mature skills suitable for managing this crucial moment of passage and the skills necessary in palliative care to positively process issues that cause distress and suffering. Actually, it is not easy to carry out these trainings because of the fear of stressing those who attend them and the generalised tendency to remove issues surrounding death and dying. Research, however, shows that it is possible to implement them by improving levels of awareness on these topics and, in the meantime, personal well-being. Indeed, there is a need for faculty to be very competent in selecting and managing contents and activities to be offered to the trainees.

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