Death Education for Palliative Care

I/O2 Report for Poland

Elaborated by Krzysztof M. Ciepliński, PhD

1. Palliative Care, Death Education, and Psychodrama in Poland

Palliative Care

In Poland there are general standards of palliative care (PC), but they are not specific and adjusted to long term care. According to the statistics from 2015 Poland is placed in the first quartile of the European countries in terms of total palliative care services per population. According to the Polish Hospices Forum, in 2018 Poland has 488 hospices (including 8 inpatient hospices for minors). Poland's and Europe's oldest children's hospice is the Warsaw Hospice for Children. Palliative care for adults in Poland consists mainly of home PC teams (69%) and inpatient hospices (16,5%). Most of the issues concerning PC in Poland are covered in national legislation. However, some issues such as HIV plan and end-of-life matters don't find proper legislative regulation (euthanasia is considered a crime in the light of the Polish Penal Code). Medical and nursing schools are the main source of knowledge about palliative care in Poland. 80% of medical schools (16 out of 20 institutions) and all of the nursing schools (95 institutions) in Poland teach palliative care. Both of them offer specific mandatory PC courses. The total number of certified physicians in palliative care in Poland was estimated at about 500. Professional activity in palliative care is fulfilled by associations and societies. Currently in Poland there are three main institutions focused on the scientific research, improving educational standards and other issues concerning palliative care. Summarizing, the level of palliative care services in its medical aspects in Poland is quite satisfactory. However, there is still space for improvement, especially in the areas of available PC forms and legislative actions.

References: EAPC Atlas of Palliative Care in Europe; accessible at:
https://www.researchgate.net/publication/333390123_EAPC_Atlas_of_Palliative_Care_in_Europe_2019

Death Education

Except for medical and nursing schools, death education in Poland is provided also as part of other university faculties like psychology and social work. Research on topics of courses, programs and specializations at psychology studies in Poland suggests that death education is not enough widespread in this area of academic teaching. Amongst institutions assessed by the Polish Accrediting Commission (PKA) as offering high-quality education programs in the scope of psychology only five out of seventeen have courses explicit concerning death education in their curriculum. The classes are mostly facultative and addressed to students of

certain specializations (clinical psychology or similar). As a result, only a very limited group of students can receive education concerning the psychological aspects of death and bereavement. Furthermore, it's difficult to evaluate the contents of existing courses due to a lack of easily accessible official materials with detailed description of the content. As one would suppose, some issues related to the psychology of death and dying can be discussed in the courses concerning aging, coping with stress, illness and pain, included in the curriculums of some academic institutions.

References: Polish Accrediting Commission Website database; accessible at: https://www.pka.edu.pl/ocena/baza-uczelni-jednostek-i-kierunkow-ocenionych/#

Psychodrama

Psychodrama in Poland is quite well recognized by the society. It is on the list of benefits financed by the National Health Fund. The Polish Psychiatric Association (PPA) accept it as an approach useful in psychotherapist's education. Two independent psychodrama-oriented complex psychotherapy postgraduate trainings accredited by PPA have been running in Poland over the last 10 years. Currently are there no accredited psychodrama university studies in Poland. The development and learning programs in psychodrama are mainly covered by the Polish Psychodrama Institute Association (PIP) established in 1999 in Kraków. PIP offers a full psychodrama training (basic-, upper- and training levels; seminars and supervisions) conducted according to standards of the Psychodrama Association for Europe e.V (PAFE). Trainings take place in different cities and parts of Poland. Since 2004 about 500 trainees have completed the first-level group training. Among them a forty psychodrama therapist/leaders were graduated and twenty two become to be certified trainers. In addition the Institute have three PAFE accredited supervisors. Actually in progress are 12 first-level and one the upper-level group. The PIP consists approximately of 150 highly educated professionals all over Poland, including mental health care professionals (psychologists, psychotherapists and psychiatrist) as well as educators, philologist, philosophers, and actors. Consequently psychodrama is used in many of mental health care system units (public and private), in education, adult learning and business. Over the last twenty years many papers, books as well as scientific conference presentations and workshops dedicated to psychodrama were published and conducted. Since 2014 every two years PIP have been organizing a Polish Psychodrama Festival, a forum for encounter, learning and exchange. During this event (Kraków, 2016) the first Polish Playback Theatre "Ole!" was established. The PIP collaborate with European psychodrama networks PAFE and FEPTO (The Federation of European Psychodrama Training Organizations). Its representatives are involved in the boards of both organizations.

References: Polish Psychodrama Institute Association information accessible at: www.psychodrama.pl

2. PRISMA method research of keywords

Journal articles with PRISMA keywords related to Poland

The search was conducted mainly using the EBSCO data base tools:

(Palliative care* and *Poland or Polish)

- Pivodic, L., Smets, T., Van Den Noortgate, N., Onwuteaka-Philipsen, B. D., Engels, Y., Szczerbińska, K., Finne-Soveri, H., et al. (2018). Quality of dying and quality of end-of-life care of nursing home residents in six countries : an epidemiological study. *PALLIATIVE MEDICINE*, *32*(10), 1584–1595.

Abstract:
Background: Nursing homes are among the most common places of death in many countries. Aim: To determine the quality of dying and end-of-life care of nursing home residents in six European countries. Design: Epidemiological survey in a proportionally stratified random sample of nursing homes. We identified all deaths of residents of the preceding 3-month period. Main outcomes: quality of dying in the last week of life (measured using End-of-Life in Dementia Scales - Comfort Assessment while Dying (EOLD-CAD)); quality of end-of-life care in the last month of life (measured using Quality of Dying in Long-Term Care (QoD-LTC) scale). Higher scores indicate better quality. Setting/participants: Three hundred and twenty-two nursing homes in Belgium, Finland, Italy, the Netherlands, Poland and England. Participants were staff (nurses or care assistants) most involved in each resident's care. Results: Staff returned questionnaires reg1arding 1384 (81.6%) of 1696 deceased residents. The End-of-Life in Dementia Scales - Comfort Assessment while Dying mean score (95% confidence interval) (theoretical 14-42) ranged from 29.9 (27.6; 32.2) in Italy to 33.9 (31.5; 36.3) in England. The Quality of Dying in Long-Term Care mean score (95% confidence interval) (theoretical 11-55) ranged from 35.0 (31.8; 38.3) in Italy to 44.1 (40.7; 47.4) in England. A higher End-of-Life in Dementia Scales - Comfort Assessment while Dying score was associated with country (p = 0.027), older age (p = 0.012), length of stay > 1 year (p = 0.034), higher functional status (p < 0.001). A higher Quality of Dying in Long-Term Care score was associated with country (p < 0.001), older age (p < 0.001), length of stay > 1 year (p < 0.001), higher functional status (p = 0.002), absence of dementia (p = 0.001), death in nursing home (p = 0.033). Conclusion: The quality of dying and quality of end-of-life care in nursing homes in the countries studied are not optimal. This includes countries with high levels of palliative care development in nursing homes such as Belgium, the Netherlands and England.

Keywords: Nursing home, terminal care, palliative care, quality of health care, epidemiologic research design, advanced dementia, place, death, Flanders, Belgium,

- Rybarski, R., Zarzycka, B., & Bernat, A. (2018). Measuring the quality of life of people with life-threatening illnesses: the internal structure of the Polish adaptation of the

McGill Quality of Life Questionnaire - Revised. *Contemporary Oncology / Wspolczesna Onkologia*, 22(4), 252–259. https://doi.org/10.5114/wo.2018.82645

Abstract:
Aim of the study: The McGill Quality of Life Questionnaire has been widely used for people with life-threatening illnesses since 1996. In 2016 Cohen et al. revised the McGill Quality of Life Questionnaire and improved its psychometric properties and length. The aim of the present study was to adapt the McGill Quality of Life Questionnaire - Revised (MQOL-R) into Polish. The study assessed the factorial structure, reliability, and validity of the Polish adaptation of the MQOL-R. Material and methods: The study had a non-randomised, cross-sectional design. The Polish translation of the MQOL-R was administered to 140 people with life-threatening illnesses. Patients were recruited from acute and palliative care units. Data were analysed using confirmatory factor analysis, and correlational and multiple regression analyses. Results: The results provide support for the measurement structure of the Polish adaptation of the MQOL-R. Both the overall scale and four subscales have satisfactory internal consistency and the construct and concurrent validity. Conclusions: The Polish MQOL-R is psychometrically sound and may serve as a valuable asset in research on quality of life of people with life-threatening illnesses. [ABSTRACT FROM AUTHOR]

Keywords: end-of-life care, life-threatening illnesses, palliative care, psychometric, quality of life

Other a journal articles related to Palliative Care in Poland (searched by PubMed)

- Bogusz H, et. al. Under the British Roof: The British Contribution to the Development of Hospice and Palliative Care in Poland. J Palliat Care. 2018, Apr;33(2):115-119.

Abstract: The article focuses on British contribution to the development of palliative and hospice care in Poland in the 1980s and beyond. It is based on archival research in the hospices in Cracow and Poznan and broad-scoped Polish journals' review. The social background of the hospice movement in Poland is described. We explore the role of inspiration and help of Dame Cicely Saunders and other British leaders in the transfer of British hospice philosophy and practice of palliative care to the medical community in Poland. This study demonstrates the importance of institutions for the formal exchange of medical information.

Keywords: Cicely Saunders; Polish hospice movement; history of palliative care; palliative education

- Krakowiak P, et al. Walls and Barriers. Polish Achievements and the Challenges of Transformation: Building a Hospice Movement in Poland. J Pain Symptom Manage. 2016;52(4):600-604.

Abstract: In this review, the authors discuss the creation and development of hospice-palliative care in Poland and present attempts to move from religious care into spiritual companionship, using examples of concrete activities and challenges, which-like subsequent walls and barriers-have appeared inside and around us.

- Centeno C, et al. Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. Palliat Med. 2016;30(4):351-62.

Abstract:
Background: The evolution of the provision of palliative care specialised services is important for planning and evaluation.
Aim: To examine the development between 2005 and 2012 of three specialised palliative care services across the World Health Organization European Region - home care teams, hospital support teams and inpatient palliative care services.
Design and Settings: Data were extracted and analysed from two editions of the European Association for Palliative Care Atlas of Palliative Care in Europe. Significant development of each type of services was demonstrated by adjusted residual analysis, ratio of services per population and 2012 coverage (relationship between provision of available services and demand services estimated to meet the palliative care needs of a population). For the measurement of palliative care coverage, we used European Association for Palliative Care White Paper recommendations: one home care team per 100,000 inhabitants, one hospital support team per 200,000 inhabitants and one inpatient palliative care service per 200,000 inhabitants. To estimate evolution at the supranational level, mean comparison between years and European sub-regions is presented.
Results: Of 53 countries, 46 (87%) provided data. Europe has developed significant home care team, inpatient palliative care service and hospital support team in 2005-2012. The improvement was statistically significant for Western European countries, but not for Central and Eastern countries. Significant development in at least a type of services was in 21 of 46 (46%) countries. The estimations of 2012 coverage for inpatient palliative care service, home care team and hospital support team are 62%, 52% and 31% for Western European and 20%, 14% and 3% for Central and Eastern, respectively.
Conclusion: Although there has been a positive development in overall palliative care coverage in Europe between 2005 and 2012, the services available in most countries are still insufficient to meet the palliative care needs of the population.
Keywords: Europe; Palliative care; coverage; development

*(**Grief or Mourning or Loss or Death Education and Poland or Polish**)*

- Ogińska-Bulik, N., & Kobylarczyk, M. (2019). The Experience of Trauma Resulting From the Loss of a Child and Posttraumatic Growth—The Mediating Role of Coping Strategies (Loss of a Child, PTG, and Coping). *Omega: Journal of Death & Dying*, *80*(1), 104–119. https://doi.org/10.1177/0030222817724699

Abstract: The aim of the study was to determine the mediating role of coping strategies in the relationship between intensity of trauma resulting from the loss of a child and posttraumatic

growth (PTG). The study included a group of 76 persons who regarded the loss of a child as a traumatic event. The majority (55.3%) of respondents were women. The age of the participants ranged from 18 to 62 years (M = 35.88; SD = 9.52). A visual scale to measure intensity of trauma was used, and the Polish versions of the Posttraumatic Growth Inventory and Coping Inventory (Brief-Cope). The subjects revealed PTG, primarily in terms of appreciating of life and relating to others. Seeking social support, both emotional and instrumental, plays a mediating role between the intensity of trauma and PTG. Encouraging people who have experienced trauma to seek social support may not only enable adaptation to the situation but also contribute to the occurrence of PTG.

- Sawicka, M. (2017). Searching for a Narrative of Loss: Interactional Ordering of Ambiguous Grief. *Symbolic Interaction*, *40*(2), 229–246. https://doi.org/10.1002/symb.270

Abstract: In this article I analyze the collective management of ambiguous emotions in the case of grief arising from perinatal loss/stillbirth. Based on a content analysis of selected Polish discussion lists for bereaved parents and interviews with moderators of these lists, I conceptualize the experience of grief arising from miscarriage/stillbirth as both culturally 'disembedded'-not regulated by a coherent set of feeling and display rules, and interactionally 'disenfranchised'-framed by the immediate social surrounding of the bereaved as illegitimate. This study then focuses on subsequent social processes surrounding the collective management of such emotions through interactions within online bereavement communities, leading to the creation of local definitions of the situation of loss and formation of subcultural feeling and display rules of grief. I posit that in a wider perspective these community processes can be seen as grassroots mechanisms that agents use to transform the existing emotional culture of grief.

- Turkowski, P. (2018). Neuro-Linguistic Perspective of Long- and Short-Term Psychotherapy of Grief. Theoretical Background, Method and Case-Studies. *Journal of Experiential Psychotherapy / Revista de PSIHOterapie Experientiala*, *21*(1), 12–23.

Abstract:

Introduction: Grief and loss are topics that appear quite often in psychotherapy. They have always been present in people's lives through culture and religion. Existential ideas (Yalom, 1999; Frankl, 2008) and the ideas of Elizabeth Kubler-Ross (1969) are quite common in the psychotherapy of people in mourning**.** Objectives: This article shows a neuro-linguistic model of work with loss and grief**.** It draws from the assumptions of neuro-linguistic psychotherapy (NLPt) and is inspired by contemporary research on effectiveness (Milman, 2013; Hall, 2014).

The "4 steps for handling bereavement and loss" were developed as a result of modeling of successful mourning processes and modelling of psychotherapeutic activities aimed at supporting people in mourning developed in the constructivist and narrative trends (Marwit, Klass, 1996; Gillies, Neimeyer, 2005; Fuller, 2009; Stroebe, 1997; Walter, 1996; Gillies, Neimeyer) taken by the people working with the NLPt approach (Witt et all, 2011). Methods: This paper presents the assumptions of the model, theoretical background, models and tools, 2 case studies and conclusions on the applicability of the model in psychotherapy of clients reporting various symptoms. Results: The cases discussed illustrate its usefulness in both short-term and long-term therapeutic processes. A short-term, structured, 5-session intervention led to measurable changes described by the client and his family. In a long-term psychotherapy of a person suffering from bereavement for a person who, during life, evoked ambivalent feelings and traumatic issues in relationship, there were observed several positive changes (also at the level of personality) and personal growth. Conclusions: The model shows potential at supporting people in bereavement and as a practical set of techniques and it allows working in a form similar to crisis intervention and undertaking deeper work at the level of personality disorders

*(**Arts therapy** or **Psychodrama** and **Poland** or **Polish)**

- POTMĚŠILOVÁ, P., & POTMĚŠIL, M. (2019). Cultural Differences in Creative Reactions to an Ambiguous Stimulus. *Creativity Studies*, *12*(1), 119–130. https://doi.org/10.3846/cs.2019.718.

Abstract: Art therapy has been used in the Czech Republic since the 1950s, and the only thing that has changed over the course of time has been the target group to which art therapy is applied. Art therapy is currently used in three key areas: psychology, social work, and education, or, more precisely, special education. The purpose of the present study is to demonstrate the specific cultural differences during the use of art therapy procedures in the field of education, specifically during work with creativity. The target group for the research consisted of university students from Poland and the Czech Republic. The students were all presented with the same ambiguous stimulus, to which they were to respond artistically. The individual artistic responses were then classified into specific categories, and cultural differences were subsequently evaluated and described.

- Ciepliński, K., Joanna Karkut-Rzondtkowska (2019). Significant events during a psychodrama and action methods based experiential group training for psychology students. *Zeitschrift für Psychodrama und Soziometrie*, 1, 153-165. DOI: 10.1007/s11620-019-00480-w

Abstract: This article of the Zeitschrift für Psychodrama und Soziometrie (ZPS) presents some results of empirical research on the change process during the psychological training based on Psychodrama and Action Methods. The participants were a group of 28 female, aged 22, fourth year Psychology students at the John Paul II Catholic University of Lublin, Poland. They are randomly chosen from a group of 61 voluntaries and divided into two equal groups. 24-hour three-day training were prepared and conducted by a certified psychotherapist and PD trainer. Participants were anonymously asked by using the Polish version of the Helpful Aspects of Therapy Form (HAT) adapted to the training context for their feedback at the end of each eighth-hour day of training as well as three months after. The students reported many significant events both helpful and hindering. Helpful events were more numerous in number. Some of these were still remembered after three months. The trainees' perception of the application of a set of PD and AM techniques in their academic professional education, as well as the use of HAT as feedback methods in group training were discussed.

Page 3. Study of programs and courses in psychology, medicine, nursing, and social work in Poland approaching the keywords of the project

According to the POL-on data base (POL-on is an official integrated information system about science and higher education in Poland) in the field of psychology there are 178 master degree and bachelor academic studies programs registered. The research was done among those who have an approval of the Polish Accrediting Commission (PKA) as offering high-quality education programs in psychology. The research protocol includes a review of the use the following key terms in the curriculum published on the Internet: *thanato* (tanato*); death education (eduakcja na temat śmierci); palliative care (opieka paliatywna); terminal illness (choroba terminalna, choroba przewlekła); end of life (kres/koniec życia); mourning (żałoba); grief (żal po stracie); bereavement (żałoba); loss (strata); dying (umieranie)* and *arts therapy (arteterapia)/psychodrama (psychodrama) / sociodrama (sociodrama).* Only in 41% of the monitored psychology studies programs (7 out of 17) the key words above were found. The particular results of the search were collated below in the table containing the following pieces of information: institution name; type; name of the program/course; credits/hrs/duration; academic degree/certificate; link.

Institution name	Type of course	Name of the program/course	Duration/ ECTS	Academic degree/certification	Link
Katolicki Uniwersytet Lubelski Jana Pawła II w Lublinie	lecture/ seminar	Psychodrama w szkoleniach/ Psychodrama in trainings	30h/2	3rd year of MA, psychology studies, Psychology of Business and Entrepreneurship	http://e.kul.pl/qlsale.html?op=10&zid=509051&oz_lng=1
	seminar	Arteterapia / Arts therapy	30h/3	4th year of MA psychology studies, Psychology for Quality of Life Promotion	http://e.kul.pl/qlsale.html?op=10&zid=512013
Uniwersytet Gdański	lecture	Praca z pacjentem przewlekle chorym w warunkach szpitalnych / Working with chronically ill patient in the hospital conditions	30h/4	4th or 5th year of MA psychology studies, specialization: Clinical psychology	https://wns.ug.edu.pl/sites/default/files/_nodes/strona-wns/89779/files/psychologia_kliniczna_2019-2020.pdf
Akademia Pedagogiki Specjalnej im. Marii Grzegorzewskiej w Warszawie	seminar	Art Techniques in Group Training	15h/2	Psychology studies, facultative classes for students of 4th year	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=20-FF-ATG

	class	Metody pomocy osobom w chorobach terminalnych / Methods of aid to people in terminal illness	15h/2	5th year of psychology studies, obligatory, specialization:: clinical psychology	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=20-3S-MCT
	lecture	Psychologia śmierci: aspekty rozwojowe i kliniczne / Psychology of death: developmental and clinical aspects	30h/2	5th year of psychology studies, facultative	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=20-FF-PSM
	Class	Interwencje kryzysowe w kryzysie zagrożenia życia / Crisis interventions in the crisis of life in danger	20h/5	Postgraduate studies: psychological counseling and crisis intervention, obligatory	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=SP-IKK
	class	Interwencje kryzysowe w sytuacjach żałoby / Crisis intervention in the situations of bereavement	15h/2	Postgraduate studies: psychological counseling and crisis intervention, obligatory	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=SP-IK%C5%BB
Uniwersytet Marii Curie-Skłodowskiej w Lublinie	class	Fakultet intra i interdyscyplinarny:Psychologiczny kontekst doświadczenia żałoby / Intra and interdisciplinary faculty: psychological context of bereavement experience	30h/3	2nd, 4th, 5th year of psychology studies, facultative	https://usosweb.umcs.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=PS-PS-MS%2FFII.56
	class	Fakultet intra i interdyscyplinarny:Żałoba po śmierci bliskiej osoby-aspekty kliniczne i terapeutyczne / Intra and interdisciplinary faculty: Mourning after death of close related person - clinical and therapeutic aspects	15h/3	2nd, 4th, 5th year of psychology studies, facultative	https://usosweb.umcs.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=PS-PS-MN%2FFII.13

	class	Przedmiot fakultatywny: Pomoc dzieciom i młodzieży w przeżywaniu kryzysu, straty i żałoby / Facultative subject: Helping children and adolescents going through crisis, loss and bereavement	10h/1	psychology studies, facultative	https://usosweb.umcs.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=PS-PES.2NIII.8EDfak.
Uniwersytet Adama Mickiewicza w Poznaniu	seminar	Radzenie sobie z przewlekłą chorobą / Coping with chronic illness	10h	4th year of psychology, specialization: psychology of health and illness	http://150.254.90.19/Studia/Psychologia-S/Sylabusy/Psychologia%20stacjonarna/4%20rok/psychologie%20stosowane/Specjalnosc%20-%20Psychologia%20zdrowia%20i%20choroby%201.pdf
	class	Interwencja w kryzysie zdrowotnym / Intervention in the health crisis	30h	4th year of psychology studies, specialization: psychology of health and illness	http://150.254.90.19/Studia/Psychologia-S/Sylabusy/Psychologia%20stacjonarna/4%20rok/psychologie%20stosowane/Specjalnosc%20-%20Psychologia%20zdrowia%20i%20choroby%201.pdf
	seminar	Wybrane zagadnienia z psychoonkologii i opieki paliatywnej / Selected aspects of psycho-oncology and palliative care	10h	5th year of psychology studies, specialization: psychology of health and illness	http://150.254.90.19/Studia/Psychologia-S/Sylabusy/Psychologia%20stacjonarna/5%20rok/cwiczenia%20terenowe%20w%20ramach%20specjalnosci/Specjalnosc%20Psychologia%20zdrowia%20i%20choroby%20cwiczenia%20terenowe.pdf
Uniwersytet Warszawski	seminar + class	Diagnoza specyficznych konstelacji rodzinnych: Smutek w rodzinie - rola żałoby i depresji / Diagnosis of specific family constellations: Sadness in family - the role of bereavement and depression	12h/1,5	4th and 5th year of psychology studies, specialization: Clinic diagnosis of child and family	https://usosweb.uw.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=2500-DK-SWR
Górnośląska Wyższa Szkoła Handlowa	no information	Trening radzenia sobie w żałobie / Training of coping with bereavement	No information	psychology studies, specialization: Interventional psychology	https://www.gwsh.pl/studia/psychologia-interwencyjna-magisterskie.html

4. Qualitative (Thematic Analysis) results for Poland

Five MA psychology students from the John Paul II Catholic University of Lublin were interviewed. They voluntarily replied to an open invitation to participate in the research project. Four of them studied the Psychology for Quality of Life Promotion (PQLP) and one the Psychology of Business and Entrepreneurship (PBE). The demographic and observation data of the interviewed students were collated below in the table.

Code	Gender	Age	Year of study	Faculty / Course	Remarks / Observations
1.	F	23	5th	Psychology, PQLP	Emotionally moved during the interview; satisfied after. With experience of oncologic illness in close family. Duration: 8:17 minutes
2.	M	24	5th	Psychology, PQLP	With experience of oncologic illness in close family. Duration: 11:03 minutes
3.	M	23	5th	Psychology, PQLP	Duration: 10:19 minutes
4.	F	24	5th	Psychology, PQLP	"Impressive" style of answering, Duration: 14:20 minutes
5.	M	21	4th	Psychology, PBE	Well organized answers. Duration: 8:10 minutes

The purpose of this semi-structured interview was to carry out an in-depth exploration of students' former educational experiences and training needs in the field of death education and palliative care. Special attention was paid to the emotional impact of these themes on the participants, how they perceive the training process and what meanings they attach to life and death as deeply human and universal themes.

As a result of the thematic analysis of participants' statements in relation to questions 1-3 more than thirty different topics were identified.

1) **How do you feel about studying palliative care and bereavement (theory and practice)?**

While answering this question the participants were focused on the following themes:

a) significance of education and training in the field (1, 5), *a very important topic* (3, 5), which should be included in the curriculum of psychology studies (3);
b) more personal than professional attitude to the education process connected with personal difficulties in the assistance of dying and bereaved persons (1);
c) references to past learning experiences in university education; death and bereavement issues were included in their clinical psychology (2, 4) and psychotherapy (4) classes;
d) importance of talking about death (2);

e) universality of the experiences and potential problems in dealing with death and grief (3);
f) no additional learning experiences in the field (4)
g) death as a *distant* and *unfamiliar reality* for students (4); as the topic is underestimated, ridiculed or omitted in conversations with friends (4)
h) the lack of skills to exchange or to share about death and grief with friends (4)
i) death associated with universal experiences connected with the loss of any human life (4)

2) How do you feel about working with clients who are coping with terminal illness, loss and bereavement?

As a result of the thematic analysis of the second question the following topics were indentified:

a) a personal interest in working in the field (3, 5);
b) working in this field is perceived as very difficult (4); difficulties in working with bereaved people - the containment of feelings between the bereaved and themselves (3);
c) obstacles and barriers in work – contact with bereaved and dying clients provokes negative emotions, like disagreement, grief and pain (4); anxiety and other loss related experiences (3); ambivalence (1); an emotional sensitivity as a problem, the work is emotionally difficult and exposed to professional burnout (3);
d) experience of overwhelming by difficult feelings, a lot of sadness, the professional role seen in the context of aggravating childhood experiences (1);
e) emphasizing a value of practical experiences, clinical examples during education as well as practical skills learning (*theory to practice learning ratio 80% -20%*);
f) the work with terminally ill children perceived as the most difficult (4);
g) lack of personal experience in work with death related clients (1, 2, 3, 4, 5);
h) professional work associated with the other clinical voluntary experiences (in psychiatric hospital with chronically ill patients) (4);

3) What does life and death mean to you?

The answers to the last question are categorized into the following topics:

a) life as a lesson, an opportunity for learning (1);
b) life as an ability to *creation* and *change*: *to experience*; *to create something within yourself* (2, 5); a collection of experiences (2) (*everything that we come in contact with*); *colours palette*, person as a painter who chooses colours and creates an image (5);
c) life related to involvement in many meaningful activities; life as a task, given by God (1);
d) life is a construction, *which sounds funny* (4);
e) life is associated with positive emotions - *something joyful and positive*; *opportunity*; *hope*; *change* and *depth* (4);
f) positive emotions connected to life (*playfulness and happiness*) (3); hope (4);

g) reincarnation as a life and death relation concept (1);

h) death as a beginning of a new period life (1); *not totally the end of life* (4) vs death as *simple and absolutely end of life* (2, 3); as *physiological end of life* (5); *the end of creation process* (5)

i) death concept related to religious faith and personal values (4)

j) negative emotions connected to death: fear - facing punishment for not leading a good enough life before (1); sadness, grief (4);

k) emphasis on the importance of care about the quality of life of dying people (2);

l) avoidance and resistance in thinking about death, *not to think too much about death* (3);

m) the most important is to plan how to live, consciously to improve personal life, *it is worthy to do or to have something enduring after the end of biological life* (3);

n) death associated with terrible historical facts (German Nazi Death Camp in Auschwitz-Birkenau) (4);

o) life and death relations: opposites (4); sometimes combine as in the experience of separation, the end of love, which is a chance for a new relationship; something ends (*dies*) and gives birth (*starts*) at the same time (5); *reincarnation* as a life and death relation concept (1);

p) death as a question mark - it is not known if and what is after biological death, there is no knowledge on this subject (5);

q) postulate to focused on life and if life after death exists, he/she would wonder how they would experience it (5).

The following additional topics of students' narrations appeared:

a) for some students participation in the interview provokes flashbacks to the past personal death related experiences connected to the close family and other contexts (oncologic illness of respondent's brother in childhood) (1) and the mother returns to the cancer disease after a 15 year break (2); shock after an accidental meeting in the hospice with a terminally ill child (4), and pain after the loss of a child by parents in the hospital (1). These sharing proved that a carefulness and ethical sensitivity/responsibility is demanded from the interviewer.

b) spontaneous expression of a great interest in replying: *a very interesting questions* (1).