

Death Education and Advance Healthcare Directive: A Qualitative Research on The Bioethical Positioning among Undergraduate Psychology and Social Service Students

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Abstract

After a controversial political and social process, at the beginning of 2018 Law 219/2017: “Norms concerning informative consent and Advanced Treatment Directives” came into existence. With this law, the conflict of position between Catholics and Laics, which characterized Italian culture over the past decades, has imposed a social change that needs to be supported on a psychological and educational level. After years of censorship, death education appears as a suitable strategy to meet this need. The present qualitative research was realized with social service and psychology students at a University in Northern Italy. The objective of this study was to explore the bioethical positioning reached by students on the basis of their educational reflection on these issues. The result shows how Catholic students focus on finding an innovative solution to overcome Italian bioethical conflicts, because they do not consider self-determination to be in contrast with Christian values. It also emerged that, from a professional point of view, almost all students recognized the inescapability of respecting the patient's wishes, regardless of their personal point of view. Among the believers, only a few of them mentioned how uncertain they were in handling the dilemma. These results show how Death Education can be useful in the formative processes, whereby courses in psychology and social service are included in the University's curriculum.

Keywords: Advance Healthcare Directive (AHD); Death Education (DeEd); Palliative care; Bioethics.

Introduction

In Western countries, since the thin line between life and death has almost been entirely entrusted to the medical procedure, the debate regarding the limitation of treatments aimed to observe the principles of proportionality, appropriateness and subsidiarity has been steadily growing (Cohen et al., 2008; Kotalik, 2010; Sulmasy, 2018). In this field, the international discussions on the Advance Healthcare Directive (AHD) have been progressive, especially with regard to the palliative care. AHD, that is a legal document through which a person specifies what actions should be taken on his/her health if they are no longer capable of taking decisions for themselves due to illness or incapacity, is an important instrument needed to guide decisions of both patients and sanitary operators (physicians, nurses, psychologists and social workers), (Dillon et al., 2017; Souza, 2002).

Social demands for the promotion of the patient's centrality during treatments have highlighted for years the need to deal with death issues.

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In Italy, the AHD-related questions have been strongly censored for decades, because of the argument, often exasperated, between Secular and Catholic positions (Testoni, LazzarottoSimioni & Di Lucia Sposito, 2013; Testoni, Di Lucia Sposito, De Cataldo & Ronconi, 2014). The contrast became internationally evident with the cases of Eluana Englaro (Striano, Bifulco & Servillo, 2009), and Piergiorgio Welby (Bock, Ciarrocchi & Wiedermann, 2007). The Catholic position establishes the supremacy of life since it is a sacred gift from God, thus patients are supposed to accept any kind of instrument to survive, even when life becomes unbearable (Sgreccia, 2012). On the contrary, the Laic's point of view adopts pluralistic value principles that enhance patient's autonomy, quality of life, suffering refusal, and distinction between biological and biographical life (Lima & Cicovacki, 2014; Lemke, 2001). Despite this conflict on the 14th of December 2017, Italian Parliament approved Law n. 219 named "Norme in materia di consenso informato e Direttive Anticipate di Trattamento" ("Norms concerning informative consent and Advanced Healthcare Directives")⁶.

This is a turning point, since Law 219 establishes that every adult person in full possession of his/her own faculties, in anticipation of any possible and future inability and after acquiring adequate medical information, can express his/her personal will concerning medical treatments, therapeutic choices and diagnostic tests. This substantial legislative achievement, however, requires the management of psychological and educational needs, because the Italian people and institutions are unprepared for these themes. Indeed, it is necessary to prepare, with appropriate educational strategies, not only the future patients but particularly those who intend working in the healthcare sector, especially in palliative care. Although, the social conflict generated by the opposing views of Catholics and Laics has been to an extent responsible for many difficulties, it is not the most crucial. In fact, death censorship is actually a defensive response to the anxiety caused by mortality awareness and it characterizes the entire contemporary Western society, as extensively highlighted by studies on Terror Management Theory (Becker, 1973; Solomon, Greenberg & Pyszczynski, 2004; Solomon, Testoni & Bianco, 2017).

The research tradition in the field of Death Education (DeEd) enables these kind of problems to be competently managed (Fonseca & Testoni, 2012). Aimed at facilitating the understanding of death, dying, bereavement and bioethics arguments as well, DeEd sees the need to promote reflection on existential themes and exploration of contemporary concerns about death and religious beliefs (Fonseca & Testoni, 2012; Kastenbaum, 2000; Wass, 2004). The overall aims of these courses are to provide information on death with a common and appropriate language in order to understand emotions, to create space for reflection on the meaning of life, to strengthen critical thinking abilities, to offer the opportunity to discuss loss and suffering, anxieties and fears, without creating traumas or dreadful psychological difficulties (Alexander & Adlerstein, 1958; Kastenbaum, 1967; Wass, 2004; Testoni, 2016). All these are crucial aspects in the training of professionals in palliative care. Literature has already emphasized the significance of basic training and continuing education in palliative care, which should be integrated as a routine element for all undergraduate sanitarian professional education, as indicated by the WHO (2014) and EACP (Gamondi, Larkin & Payne, 2013; Centeno & Rodriguez-Nunez, 2015). DeEd enables one to acquire fundamental skills and competencies in every death-related issue (Feifel, 1977; Pine, 1977; Testoni, Russotto, Zamperini & De Leo, 2018; Wass, 2004), which is essential in taking care of the dying and mourners (Steinhauser, Christakis, Clipp, McNeilly, McIntyre & Tulsky, 2000).

2. Research and aims

A DeEd course included AHD themes, with the purpose of promoting information, as well as reflection on death and dying. This research was realized with social service and psychology undergraduate students at a University in northern Italy. The present article presents the results of the qualitative analysis developed from this experience, whose main objectives were: becoming aware of the forms through which death anxiety characterizes human suffering when there are no hopes of healing; knowing and understanding Terror Management Theory, knowing elements of thanatology and DeEd history; knowing the key assumptions of palliative care; understanding the terms constituting Italian bioethical conflicts; reflecting on and sharing personal point of view regarding AHDs. Approximately, 10 hours (out of 42 in the curriculum) of lessons and work groups were dedicated to AHDs. Approximately three weeks after completion of the work, participants were asked to write an essay concerning what they had understood about the problem.

⁶Retrieved in: <http://www.senato.it/service/PDF/PDFServer/BGT/01062643.pdf>

The written texts obtained constituted the material for the qualitative research, whose main objectives were the following: recognizing and outlining the students' personal bioethical position regarding the AHDs theme between secularism and religiosity,

Taking into consideration the two dominant paradigms in the Italian scenario: Catholic bioethics and Laic bioethics;

- tracking down their position with regard to the argument, meaning how they would perform their role and/or orient their actions as future psychologists and social workers, bearing in mind the introduction of AHDs within palliative care;
- Extrapolating the fundamental pivots on which they anchored the capability to think of and talk about issues relating to death and dying as proposed in the DeEd course.

2.1 Methodology and participants

Following the CORE-Q check-list (Tong, Sainsbury, & Craig, 2007), this study conducts a qualitative research (Camic et al., 2003) within the grounded method (Glaser & Strauss, 1967) considered in the literature to constitute the most reliable methodology for investigating issues pertaining to health problems (Pietkiewicz & Smith, 2014). Furthermore, the combination of the ethic view of the participants and the interpretative ethic view of the researchers enable better understanding of cultural issues relating to death and dying (Oliffe & Bottorff, 2006; Sanjek, 2000; Testoni, Ghellar, Rodelli, De Cataldo, & Zamperini, 2017). This technique can also generate reflections to a much greater extent than the classical technique of direct interview or questionnaire (Morgan, 1997; Testoni et al., 2018). The corpora obtained by the students' texts were analysed with thematic analysis: reading, tracing the units of meaning, examining the redundancies and differences, reflecting on the units of meaning to extrapolate the themes? being transformed into scientific language and, finally, formulating a consistent description of personal experiences (Zamperini, Testoni, Primo, Prandelli & Monti, 2016). This method allows researchers to identify relevant thematic categories, subsequently facilitating a detailed conceptual analysis of the discourse. The paper-and-pencil analysis operations were then integrated using the computer program Atlas.ti.

The research involved 146 students (72 students of Social Service [SSSs] and 74 students of Psychology [PsySs]). The texts to be analysed were selected following representativeness and saturation criteria, as indicated by Grounded Theory methodology. The selection was made by progressively reading all the essays and thus stopping the selection when the themes started becoming redundant. At the end, the corpus to analyse included 22 texts written by social service students (18 females and 4 males, mean age of 21, age range between 20-23) and 21 texts written by psychology students (18 females and 3 males, mean age of 23, age range between 20-25). An informed consent was obtained from each participant. The research followed the APA Ethical Principles of Psychologists and Code of Conduct and the principles of the Declaration of Helsinki, and approval was obtained from the Padua University Ethics Committee for Experimentation.

3. Results

On the basis of the research objectives, three areas of semantic dominance were recognized: first-person narrative regarding the subjective bioethical position towards AHDs between secularity and religion; third-person narrative regarding the deontological aspects of one's profession (psychologist or social worker); context definitions concerning death management between first and third-person narratives regarding AHDs.

3.1 First semantic prevalence area: Personal bioethical position between secularity and religiosity

The first area of semantic prevalence belongs to the subjective dimension and reports first-person narrations. Only 13 people out of all participants (146) expressed a strongly catholic bioethical position against AHD. Among them, three were particularly effective in representing the others: Luca, Lucia and Silvia. Luca (Psychology Student [PsyS]), was among the most passionate defender of inviolability of life, but also one of the most convict advocate of the practical uselessness of AHDs: "As a Christian, I believe life is a gift from God and it is not up to us to decide when to put an end to it. Moreover, advanced treatment directives are useless because they will lead to countless unexpected and negative outcomes. I don't think the institutions will really be able to guarantee the observance of individual wills, because of organizational issues and problems linked to the functioning of the sanitary and the territorial system". After him comes Lucia (Social Service Student [SSS]), who affirmed her observance of Catholic principles: "Since I'm a Catholic Christian, my thinking mirrors the Church and the sanctity of life.

If I find myself in the condition to choose whether to live or not, whatever those conditions would be, I'd choose life. Food and water are things no human being can live without: withdrawing them means death". The importance of Catholic education is mediated also by primary education and therefore by the binding nature of those values internalized within the family, as Silvia underlines:

"I was born into a practicing Catholic family that gave me the values and believes I am now free to keep on pursuing. I'm against advanced directives because of my religious belief. I've had to ask myself some questions many times because of a discrepancy between my faith and the contemporary secularist culture".

In contrast to the minority of the most passionate Catholics, the majority (98 students) assumes a Laic position supportive of an individual's self-determination and AHD. In Walter's (PsyS) opinion "The main reason why legislation has been slowed down concerning the right to die is due to the conflict with the Catholic Church. Our Country, being a secular institution, must first of all safeguard the individual's unequivocal rights, of which the choice regarding how to die is part, regardless of religious pressures". From another point of view, Giulia's (PsyS) underlines the need to be respected in a secular State as a Laic person herself: "I believe that the right to live as much as the right to die with dignity is civilly essential and I think it shouldn't be bound to religious doctrines. As a Laic person, I think that the affirmation of my own dignity starts from, especially concerning the medical context, the awareness of my sovereignty over my body which must be guaranteed by the secular State". Susy (PsyS) as well professes a Laic position, based on the dialectic between right and duty as a personal responsibility, since she places "a fundamental importance on one's autonomy in decision-making and above all, self-determination for human beings. I consider them as a necessity and as a duty. To know and the ability to choose how to be treated is a responsibility we owe ourselves and everyone else". Giorgia (PsyS) also fits into this position: "Freedom, self-determination, dignity, sovereignty over one's body are terms that I believe are fundamental and they can't be neglected when a person is subjected to extreme medical procedures that prolong life without taking into consideration the person's quality of life. Likewise Lidia (SSS): "Everyone in my opinion should be able to decide precisely with regards to his/her own body and life because we live in a democratic Country, a Country therefore that should take into consideration individuals' diversity and the diversity of each and every belief". A special attention to normative aspects is stressed by Barbara (SSS): "As the Italian Constitution affirms, the right to life is inviolable. I think it should be up to those who live in a state of suffering to decide not to be a passive instrument of medicine anymore, while being forced to assume external values that don't reflect their own identity. I am therefore in favour of advance directives".

The third position, assumed by 29 students, expresses the will to overcome the conflict between these two extremes, the Laic and the Catholic ones, enhancing both the sanctity of life and the importance of Laic values. Their reflection appears to be an attempt to negotiate, resorting to the principle of personal responsibility in order to guarantee freedom of choice. According to Valeria (SSS): "When I interrogate myself about this kind of topics, I can't help finding myself between two fires: on the one side, I believe that life is sacred and is a gift from God, but on the other, precisely because it is a gift, given to me with the intention of investing me with a great responsibility and with an enormous faith in me, I believe I can determine what I am and what will happen to me and I also believe other people can do same".

Erika (PsyS), though steadfast in her faith, also believes that the gift of freedom is as important as the gift of life: "I am a devout believer. I also believe that life is a gift from God but since it is a gift, by definition it shouldn't require subordination. The gift of freedom is fundamental. I believe that everyone of us has got freedom of choice even concerning his/her own life and death". Stefano (SSS) moves in the same direction: "Despite being a believer, I am absolutely in favour of advanced directives because I believe in free will, in the principle of self-determination and human dignity. Being in favour of advanced directives doesn't mean going up against God, but in real sense, it means giving people the opportunity to decide. Freedom of choice is a gift from God itself".

Miriam (SSS) introduces herself as a believer, and a practicing Catholic Christian and she thinks that it is the Church that should change its position towards Laic principles: "This position of mine affects my ideology regarding great themes like education and help. I believe the Church should give its opinion but it should also be the first to take a step back: it shouldn't take sides in these themes. Although I am yet to decide, but I believe that those who possess the maturity and awareness to choose shouldn't be hampered". Laura (PsyS) believes that the Catholic Church can actually evolve and respond to this problem in a more modern way: "I place myself in a position of actualized reinterpretation of religion and I believe that allowing freedom of choice is necessary because according to my Catholic belief, I think life is a divine gift, but I also believe that God has given us freedom of choice and that God

doesn't stop our actions in order to pursue His lessons". In the same vein, Isabel's (PsyS) position stated thus: "Everyone has the right to be informed, to be able to express his/her own will and to be respected. I don't support any paternalistic position, whether it is exercised by a medical power or by a religious one. I'm a Christian and a practicing Catholic but I don't perceive AHD as a contradiction or a source of discomfort, neither personally nor professionally. My teacher is called Jesus and He has placed us in the position to have freedom of choice".

According to Lisa (PsyS), disagreement between withdrawing/withholding treatment and euthanasia is the bases of the conflict between laics and Catholics: "My democratically Laic position doesn't collide with my Catholic education: I believe life shouldn't be preserved at all costs and by any means. There is a substantial difference between killing someone and letting a sick person die with dignity, taking care of him/her so that he/she doesn't suffer" (Fig. 1).

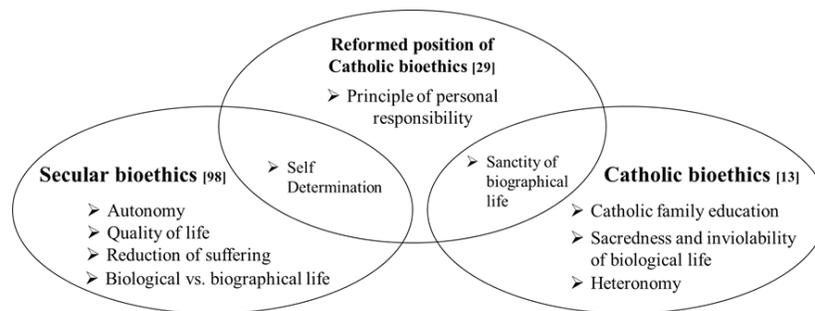


Figure 1 Personal bioethical positions

3.2 Second semantic prevalence area: third-person narrative with regard to patients

Regardless of a laic or catholic position, all the students believe that the patient's will should first of all be respected, and accepting others and their decisions, even those concerning the end-of-life, appears imperative, regardless of one's personal position. According to Maria (Psychology student): "This profession requires the ability to accept another person's perspective with an open mind, without strictness and prejudices". In order to achieve this objective refraining from judgment is fundamental so that the respect of other people's needs is granted, as Giorgia (PsyS) affirms: "A psychologist can't criticize those who have opinions different from his/her own. They have to understand, not to judge". Valeria (SSS) also agrees: "Respecting the will of those who make this choice that is in line with all their principles and their belief is essential in my future work".

Social commitment for the promotion of a free conscience can be tracked down in almost every text, as it is apparent in Paola's (SSS) claims: "I want to be a promoter of the self-determination principle"; in Jenny's (PsyS) claims: "I want to respect everyone's right to decide regarding his/her own life as much as regarding his/her own death; in Barbara's (SSS) opinion: "I believe that my professional profile should be shaped in a way that will allow me to become competent and aware"; in Lydia's (SSS) opinion: "When I become a social worker, I'll focus on the possibility of increasing people's knowledge concerning these problems, starting from schools, in order to make people more aware of them".

In this section, only one difference appears between SSS and PsySs point of view. Social Service Students emphasized adherence to their professional mandate referring to the fundamental principles of their profession's Ethical Code (31 quotations), for example, Elena: "As a future social worker, following the principles of our Ethical Code that state the self-determination of the subject and individual freedom, I believe that everyone should be free to choose concerning his/her own death"; according to Greta, "Social workers are called upon to act in accordance with an ethical code: with regards to these themes, it is necessary to take sides aiming exclusively to what's best for the person, and show respect for his/her will and dignity"; Nicola "I am a Buddhist and I see a contradiction between my religious belief and my professionalism. If that happens, I will follow the ethical code of the social worker's profession". Their perspective furthermore highlights the process of social empowerment, for example, Lucia (SSS) "My way of proceeding professionally will set the focus on the supportive relationship of the person, his/her history, his/her well-being and problems"; Pamela (SSS) "My work will focus primarily on the utilization of the resources provided by the different services within our territory".

Among PsySs, the dominant principle was “to care” (42 quotations), intended as a relational practice of communicative exchange aimed at putting the sick person at the centre of the treatment, as expressed by: Alice “As a future psychologist, I want to be able to welcome one’s request for help even though he has a contrary view. I want to be able to put aside my principles and my reasons; Maria “From the perspective of becoming a psychologist in the future and coming into contact with different cultures and ideologies, I’d like to be capable of welcoming one’s perspective with an open mind, without influencing or being influenced, but accepting one’s individuality and subjectivity in his/her conception of dignity and identity”.

In this regard, a primary duty appears to be the accompanying of the dying: Federica “I believe it is important for our profession to be free from dictates, impositions and personal convictions: a psychologist should take care of a person in his/her own entirety, respecting his/her values, without promoting his own belief. At the centre of the treatment, there must be the patient”; Francesca “I believe the psychologist’s role should be central since a psychologist should support his patient in every decision without interfering or judging his/her choices and if necessary, he should try to accompany the patient towards his/her death as peacefully as possible”; Carol “The main task of a psychologist, in the face of a serious/terminal illness, is placing the patient and his right to self-determination at the centre of the process: I believe one’s right to decide concerning his/her own life as much as his/her own death should be inviolable”. Based on this, psychology students (PsySs) emphasized the importance of the therapeutic alliance: Alice “A psychologist must be able to negotiate with the doctor and with the team, especially when a patient is unable to express his/her will”. Such a relationship must be characterized by love, as reported by: Valery “The principle that guides the pursuing of this work and the making of fundamental decisions is love and it is expressed based on a genuine relationship of acceptance and trust between two subjectivities coming together: professionals and patient; and Erika “At the heart of the reflection, the concept of love should therefore be clear and imperative. The relationship between patient- doctor/psychologist should also be based on love and respect”.

3.3 Third semantic prevalence area: context definitions concerning death management between fear, censorship, euthanasia and dignity

Categories emerging from the third level of analysis are multiple. Students have argued their answers through explicit references to the historical, cultural and social path, in relation to choices concerning palliative care and death. Among the preferred conceptual cores emerge the contrast between “extraordinary means” and “dignity”. Luisa (PsyS) “AHDs present a fundamental document that allows for a respectable end-of-life in line with what a person believes is respectable for himself/herself, without him/her having to endure useless treatments”; Carlo (PsyS): “Feeding a body that is only that, a body, and that loses its dignity day by day, means resorting to extraordinary means, and this is in conflict with the patient’s dignity”; Mary (PsyS) “Dignity is a fundamental value, transversal to different cultures and religions, such that in the end-of-life moment it is expressed through the respect of the patient’s individual will. This implies not making him/her suffer in vain with extraordinary means”; Alice (SSS): “If I imagine myself attached to some machines, I think I wouldn’t certainly feel like myself but instead I’d perceive myself as a machine-body subjected to a technique that would be purposeless beyond its own existence, invading me as a person and without respecting me”.

Dignity, indicated on the basis of respect for a person’s identity, is closely connected to freedom of self-determination: Stefano (SSS) “Not recognizing the principle of self-determination means precluding the possibility for people to live until the end of their life on the basis of what they consider respectful”; Geremia (SSS) “The right of self-determination shouldn’t be considered as an arrogant individualism, instead, it should be considered as the expression of a person’s identity. People feel like themselves as long as they can decide for themselves”.

Dignity has also been problematized first-hand. Students have referred to what they fear the most in relation to what denies dignity. Among the most important fears emerges total dependence on medical technique: Carlo (PsyS) “If I were in a vegetative state or in a condition of brain death, would I want to cling to life? Honestly I don’t know it is exactly what terrorizes me the most”; Zaccaria (PsyS) “Being dependent on some machines is certainly a very painful experience. But to what extent is it possible to force a patient to endure that state of suffering if he/she doesn’t want to and he/she can’t stand it anymore? I think I cannot do that”; Mary (psychology student), “Advanced directives are a precious tool to grant freedom of self-determination and the respect for one’s dignity, even when the person is seriously ill. It is easy to impose a condition from which it’s impossible to escape to someone who can’t or doesn’t have the strength to defend himself/herself...! I perhaps wouldn’t like to go through all this”.

The right to be oneself even when it isn't possible to fight to be respected anymore brings to light equality between the right to live and the right to die in some students' thoughts: According to Antonia (SSS) "If we have the right to live, we also have the right to die"; Giulia (PsyS) opined that "I believe that the right to live as much as the right to die with dignity is civilly imperative and it shouldn't be bound to any religious doctrine".

4. Discussion

This research analysed some texts produced by students who had attended a Death Education course, whose educational objectives also involved the elaboration of AHD's issues. The thematic analysis of the texts aimed to recognize the way students integrate personal, professional and contextual references with regards to death and dying. The first level of analysis examined personal students' bioethical positions between Secularist and Catholic paradigms. Although, the majority of participants did not indicate their religious orientation, from the narratives, it was observed that the preferred paradigm was the secularist one. For the majority of them, one's freedom of self-determination is indeed the most valuable principle that must be respected, especially among sick and dying people. One's autonomy was considered an essential aspect of personal dignity in almost all the texts.

Despite several concepts being developed in a very similar way, the texts of the two groups of participants were differentiated by some peculiar characteristics. On the one hand, PsySs' debate showed a background expertise that was substantially in line with the Self Determination Theory (Deci & Ryan, 1985 [2008]), and with the patient-centred approach (Ha & Longnecker, 2010), according to which people's wellbeing depends directly on their possibility to freely choose their destiny. On the one hand, in PsyS's opinion, the inhibition of one's possibility to decide with regard to his/her life reduces significantly their quality of life, because self-determination is an essential factor that allows one to reach full self-fulfilment, even when a person is seriously ill. Moreover, students who adopted this perspective believe dignity and identity are the two keystones upon which the concept of subjective self-fulfilment is based. On the other hand, SSSs adopted such an argumentative structure in a less articulated way, showing instead a wider interest in the normative dimension. They preferred aspects regarding: people's rights, the construction of an inclusive society, and the importance of the secularist State guaranteeing respect to the plurality of positions, without restricting the freedom of different groups of people.

However, a smaller group of students, composed of as many SSSs as PsySs, expressed itself in a manner contrary to the majority of students, adopting the extremist Catholic position that denies the option of choosing withdrawing medical treatments in end of life. Their point of view was based on two core concepts: the first one consists in the sanctity of life thought as a divine gift that must constantly be enhanced and respected; the second one refers to the acknowledging of values imparted by their family, that are considered a certainty to rely on through all the course of life, even though they can be in contrast with the most common social values. Adherence to the Catholic and family principle is linked to the idea that wanting to live even in a state of suffering is a valiant choice because it is a form of obedience to God's will. From the texts appeared the desire to comply with a perspective that won't question the certainties gained from a domestic Catholic education especially concerning the fearsome scenarios that illnesses uncover.

Between these two contradictory positions, a third one was represented by believers, mostly Catholic, who did not deny the importance of self-determination. The effort made by these students consisted of problematizing and looking for a theoretical solution to the conflict between laic autonomy and religious heteronomy. In this perspective, the idea of the sacredness of life is still present, but it does not necessarily imply the denial of Laic values. According to these students, life is a gift from God and it is therefore inviolable, despite this, it can be handled with medical technologies within the limits responsibly established by individuals. From the bioethical point of view, this position has been discussed and accepted by Engelhardt (2011), who, emphasizing the importance of the respect of a person's will, who is the holder of the responsibility to decide concerning his/her life and death, establishes that this freedom does not belong only to the Laic world, since it can be accepted even from the Catholic perspective.

During the DeEd course, no reference had been made to the relationship between theology and bioethics, nevertheless, students appeared capable of addressing this conceptual core. In support of the heuristic value of their autonomously developed reflection concerning the relationship between sanctity of life, self-determination and self-fulfilment, theologian Bernard J. F. Lonergan's dissertation can be taken into consideration. According to him, a person is a person inasmuch as he/she is an individual who is capable of creating his/her own destination, that is, inasmuch as he/she is capable of deciding lines of actions and making choices.

Introducing the construct of “Self -appropriation”, Lonergan (2017) claims that a person builds himself/herself and the meaning of his/her life through crucial personal acts (autonomy) indeed, and not through supine adhesion to externally imposed principles (heteronomy). From a professional point of view, anyway, almost all students recognized the central role of respecting patient's choices, regardless of their personal point of view. Among the believers, only some of them mentioned the uncertainty of not knowing how to handle the possible dilemma derived from the argument between Catholics and Secularist values. All of them however recognized that observing the law might resolve this kind of difficulty.

In particular, SSSs relying on the professional Ethical Code appears to be very useful, and this instrument is considered a pivot of crucial importance. Nevertheless, the idea of being able to overcome one's personal bioethical position because of an ethical, social and moral mandate that promotes the respect of other people's positions inside a meaningful relationship has been more or less mentioned in almost all the texts.

Among the context categories that received more attention, the need to spread the information needed to the entire population in order to allow people to acquire the necessary skills in relation to these themes emerged. The students themselves reported the need to further explore these themes in order to better manage the problems that they might be called to handle in the future. In this regard, the general opinion regarding the DeEd course was very positive, because not only the course gave them the possibility to face these themes for the first time in their life, but also because it was a unique occasion to reflect on the existential themes of living and dying together with their colleagues. The possibility to talk about themselves and about the values that had guided and still guide their existential choices is furthermore part of the construct of dignity itself, which they highlighted in their essays, in line with what is promoted by Chochinov's dignity paradigm (2002).

In conclusion, students recognized the educational value of DeEd and reflection on AHDs path that is important to themselves and to their future patients. Considering then these results, it is possible to affirm that such themes can be addressed within university courses since they do not produce any trauma in the students, they rather motivate them to face the most practical and difficult problems of their professional future with interest. We believe however that themes concerning the spiritual and religious area should perhaps be better addressed, since fewer and fewer structured courses are offered in the University.

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