THE DEVELOPMENT OF A PROGRAM TO ASSIST SCHOOLAGE CHILDREN IN COPING

WITH THE DEATH OF A CLASSMATE

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Cancer remains the leading cause of death in children due to disease in the United States. Approximately 6,400 children are diagnosed with cancer each year. It is a fact, that although the survival rate has increased over the past two decades, approximately one-half of these children will succumb to their disease. Often, children who have failed to respond to treatment may wish to continue to attend school and participate in extracurricular activities with their peers, as long as physically possible. Most children are aware they are dying and will share this information frankly with their friends and classmates. This information may be viewed as frightening and confusing by their fellow students.

Case Presentation

The impetus for developing a program to assist schoolage children in coping with the death of a classmate, was initiated by the case of Andrea. Andrea was a fun-loving eleven year old girl who had enjoyed several years of intermittent remissions of her brain tumor. She attended school when possible. During her hospitalizations and illnesses at home, her teachers and classmates remained supportive through visits, telephone calls, and cards of well-wishes. Her last aggressive therapy was felt to have left her free of disease. Unfortunately, six months later, Andrea had a recurrence of her tumor. At that time, the pediatric oncology staff informed Andrea and her family that no further treatment options were available. Supportive counseling to assist Andrea, her parents, and sibling cope with Andrea's inevitable death was provided, and a local hospice referral was made to coordinate support and comfort measures in the home.

We failed to ascertain Andrea's intention of returning immediately to school, at which time she informed her classmates that her "tumor was back" and she "was going to die." Tearful and confused students related Andrea's comments to their teacher. The distressed teacher immediately contacted the medical center staff, recounting Andrea's "matter-of-fact" comments and the anxiety this produced in the students. She requested an update on the disease status and suggestions for assisting the school personnel and classmates in coping with the terminal prognosis. A plan of support was discussed which provided the framework for this program.

This case demonstrates the importance of medical staff in anticipating

A. Gilmore et al. (eds.), A Safer Death
and adequately preparing the school for the transition of the child, who is
terminaly ill, back into the classroom. Even if the child is unable to
return to school and will die in the home or hospital, we must provide
supportive counseling for the often forgotten griever, the classmates.

Background

A school liaison program between pediatric oncology centers and the
school is not a new concept and is an integral component in the standards of
care for children with cancer. Contact is made with the school at the time
the child is initially diagnosed. Spinetta (1983) reports that this system
of communication is essential in providing pertinent and reliable medical
facts, dispel myths associated with cancer, i.e. cancer is contagious or
inevitably fatal, and prevents inappropriate expectations and psychological
euthanasia. Counseling involves helping school personnel come to terms with
their own philosophy of life and death, to understand the psychological and
physical implications for the child diagnosed with a chronic illness, to
appreciate the stress on family members, and to respond to the reactions of
the classmates. Often a member of the pediatric oncology team will visit
the school to directly provide this information to the students. The theme
of this visit at the diagnostic phase is one of hope for cure and optimism
for the child's future.

This initial contact with the school helps to develop a relationship
with the medical staff, as well as develop a partnership in the delivery of
care to the child and family. The continuation of this program is essential
when the health status of the child changes, especially during relapses of
the disease and the terminal phase of illness. This is critical in re-
affirming the role of the educational system for the support of the child
and establishment of new goals when appropriate.

Validation for initiation of this program can be found in the litera-
ture on death education. Molnar-Stickles (1985) reported that death edu-
cation should be viewed as a natural topic for inclusion in the education
of schoolage children "because they are not immune to experiencing the
death of a loved one, pet, or classmate."

Crase (1984) reports that death education as an educational offering
is often controversial and remains a "cultural taboo." Thanatology courses
at the elementary level are made available on a sporadic and often loosely-
structured basis.

In addition, Leviton (1977) states the importance of formal profession-
al preparation for teachers in death education. He stresses the competencies
of death educators include not only knowledge of content, but recognition
of their own feelings about death, so they can address the topic in a
relaxed and supportive style. Today, professional opportunities for educa-
tors in death education remain limited and classroom teachers are often
inadequately prepared to incorporate this topic into the curriculum, Crase
(1980).

It would be advantageous, if prior to a traumatic incident in the
school, a structured program in death education was in place, encompassing
the elementary years, and expert death educators were available in the
school system. When a death of a student is anticipated, counseling could
be based on this program. It has been our experience that these prerequi-
sites usually do not exist. Homedes and Ahmed (1987) state that health
care professionals are in a unique position, due to their knowledge and
experience, and can easily be integrated into the educational system in
dealing with children and death. Pediatric oncology staff members work
with childhood illness and death, and do bereavement counseling as part of