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# The Role of Arts in Facilitating Conversations about End-Of-Life Care

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## ABSTRACT

End-of-life (EoL) care is a sensitive and often challenging topic for patients, families, and healthcare professionals. Despite its importance, many face barriers that prevent meaningful conversations, leading to care mismatched with patients' desires. Integrating arts-based interventions has emerged as a powerful tool to bridge this gap, offering emotional depth and a creative medium for discussing mortality, spirituality, and legacy. This paper examines the role of various art forms including visual arts, music, poetry, and dance in facilitating EoL conversations. Through case studies and evidence from existing literature, we examine the impact of these interventions on patients, families, and clinical staff. The findings reveal that arts can reduce conversational barriers, evoke deeper emotional responses, and enhance mutual understanding. However, ethical challenges, including representation and the emotional safety of participants, require careful attention. Recommendations for policy and practice include promoting partnerships between artists and healthcare providers to expand these initiatives, ultimately shifting EoL care from a purely medical experience to a compassionate, shared journey.

**Keywords:** End-of-Life Care, Arts-Based Interventions, Patient-Clinician Communication, Palliative Care, Art Therapy, Emotional Support.

## INTRODUCTION

End-of-life care is part of our healthcare system, but many clinical experts argue that it is not yet a routine part of our healthcare. This may be because, while both healthcare professionals and society value the notion of a "good death," several barriers make it difficult to have the conversations that would create true understanding and support between patients, family members, and healthcare providers at the end of life. The difficulty of talking about dying and death is well recognized. Yet, effective communication between patients, clinicians, and family members is extremely important in assuring that the course and outcome of care at the end of life are concordant with patient preferences and greatly impact the experience of this time for both the patient and the family. In part, the difficulty of these conversations is because each participant perceives it through a uniquely emotional and psychological lens. Individuals fearing their dying may not wish to consider it, despite the potential advantages of identifying preferences and risks associated with end-of-life care. Research tells us, too, that healthcare providers often find discussing prognosis, but even more often discussing dying, very challenging. Families, particularly if they have not yet known someone personally who has had a good death, are easily frightened by any discussion of dying and avoid it. Finally, practical support for these discussions is quite limited, and while training exists to support professionals, insufficient time is available for repeated discussions when the patient's condition changes. The result is a mismatch between care that is overwhelmingly provided in hospitals, where the focus continues to be on cure, and where the majority would prefer to die at home surrounded by loved ones. Moreover, while scientific rigor and technical expertise are essential in medical consultations, they can appear cold and callous to people seeking an emotional connection, where love and loss are uppermost. It is here that arts-based processes might be able to help [1, 2].

### **The Intersection of Arts and End-Of-Life Care**

It is well known that art can convey emotions, enhance understanding of difficult subject matter, and stimulate conversation. In the healing field, creative art therapies are used to help patients and families express emotions and guide them in the difficult processes of treatment and loss. Visual arts, music, dance, and poetry have been studied, and their effects on patients' quality of life, understanding of treatment, and family dynamics have emerged. Patients in hospitals are grounded in many limitations, including the generally poor aesthetics of bustling hospitals. Turning to the arts may open doors to self-expression and reflection. When discussing end-of-life care, the umbrella is much larger; it includes helping the dying and their families prepare for death, addressing spiritual and existential issues, and fostering reflection and conversation among providers and the communities in which they serve. In these "choices," where options may not be medically lifesaving or physically life-prolonging, understanding fears, hopes, cognition, and spirituality is pivotal in truly caring for the patients and families before us. What if art can be used as a gateway into these conversations? [3, 4]. Artistic interventions, including poetry groups, drawing, and singing groups, have been used to bring patients, families, and clinical staff together to discuss and reflect on patient experiences with serious illness and end-of-life decision-making. Creating with words and colors can help express emotions. Artistic therapists already know this, but patients and families who are painting and writing concretely about serious and possibly terminal illnesses are beginning to feel this healing power too. By extension, and often facilitated by the arts, deeper conversations and connections began to form. These types of artistic interventions also seem to provide a 'smokescreen' for them to address existential questions and spirituality. Exposing participants to these types of interventional methods assists in their working through spiritual crises. Participation in art therapy sessions shed light on the effects of engaging in these processes on the participants' discussion of purpose and essence it was strengthened. Then, it would seem that the art helps tease out and elaborate on spiritual and existential topics for participants as they go from reflection during the process to solidifying those ideas and reflections in creative products and output [5, 6].

#### **Case Studies and Examples of Art-Based Interventions in End-Of-Life Care Conversations**

An increasing number of organizations globally are using art to effect change in places from galleries and museums to hospitals and palliative care settings. Researchers are beginning to collect evidence of the impact of such interventions. This chapter reviews several case studies focused on utilizing different art forms to create a dialogue around death, dying, and the care of the dying. An art therapy service ran over 353 group art therapy sessions in an end-of-life care setting between 2013 and 2017. Descriptions of work with beadwork and co-design exploring moving from "taboo to talk" were provided. A collaborative curatorial research project with people who are living with a life-limiting or life-threatening illness, or are close to someone who is, was outlined. In describing their projects, the researchers consider the type and the goal of the art form used, where in the organizational setting such encounters took place, who was present, and how these people with expertise in the arts and an audience of the bereaved showed evidence of affecting. In addition, they reflect on the lessons learned, the challenges encountered in bringing the project to fruition, and the wider relevance of their study findings [7, 8]. These projects were varied in terms of the subject matter, but they all illustrate the power of art engagement to effect deep emotional expression and connection. They were also deeply valued by their participants and places of engagement, including bereaved people, art makers, and their facilitators. In this case study, a short group art psychotherapy service was established in an elderly care medical unit of a London hospital trust for 16 participants. Retreat descriptions informed by observational data were circulated, and two one-day workshops were set up to consider the potential of the art therapy service as a conversation generator. Evaluation data from participants, relatives, hostel staff, and healthcare professionals were examined. Positive attendee feedback was analyzed thematically as an indication of how these sessions could be perceived so that qualitative themes could be distilled. Feedback was received from participants, and the relatives of participants showed that in this small case study, art psychotherapy was perceived as providing significant benefits for individuals. Feedback demonstrated value for staff and residents in the creative shared experiences. Value for staff in differences demonstrated between engaged and disengaged patients was also of interest, as was the potential for residents to connect with other service users. Attendees perceived there was potential for more connected ways of working within the NHS and in the hospice sector. Those from the use and research communities challenged whether art psychotherapy is the best way to go about this. The chaired discussion between attendees was also positive overall, but the benefits were mainly perceived as valuable within the context of a session, with little sense of general change. Feedback from the relatives was absent. Advice for the project was also garnered. A desire for repetition of such sessions was expressed. Part of the center in East London opened its doors on 1 April

2017 to host a 6-month exhibition of the images produced, scheduled to run during Dying Matters Awareness Week [9, 10].

### **Challenges and Ethical Considerations in Using Arts for End-Of-Life Care Conversations**

The integration of arts into conversations about end-of-life care, particularly the portrayal of suffering and distress, has the potential to elicit richer engagement, both at the individual and societal levels. When it comes to implementation, however, there are several challenges to consider. First, arts interventions may inadvertently replicate the dominant societal discourse regarding death and dying, whether related to the topic or warning about it. Additionally, arts reveal divergences, dilemmas, and differing perspectives and beliefs, which can cloud representation due to the artist's, media, or audience's perception and experience. Second, patients are exceptionally vulnerable when discussing death. It is mandatory to ask for consent and consider individual preferences and possible fear of the topic when inviting people into an audience [11, 12]. There is an ethical challenge to be mindful of when portraying patients even in a more abstract manner as there is a fine line between authenticity and exploitation and between truthfulness and sensationalism. It is advisable to work with artists who have innately mastered the subject, thereby being aware of the fragility and intimacy connected to it. Moreover, there is the issue of adequate training for healthcare practitioners, as they may be unprepared to face the emotional challenges of the technique. Family, friends, and healthcare professionals caring for people at the end of life can also be averse to the idea of using the arts in this context, rekindling the strife contained in recent or past events. Beyond that, the selection of the form of art being used also excludes people not familiar with or interested in this form of expression. Art largely caters to the neurotypical and able-bodied niche, without a conscious effort to widen its circle. Finally, it is important to remember that the ethical-legal framework is broad and that fraught relationships between all actors involved should be taken into account [13, 14]. It is of utmost importance to incorporate artists into the team caring for the patients. They have habits such as curiosity and out-of-the-box thinking, which are essential. Although a need for further investigation is urged, the reviewed literature suggests that integrating creative arts therapies in end-of-life care may be beneficial. It comes with a strong warning to researchers, as an emotionally detached, hypothetico-deductive approach is equivalent to seeing only patients who are at peace with death. The introduction of the arts to elicit the essence of discussions regarding mortality is exciting. However, the subjects considered in this review are typically particularly fragile. The use of the arts in the practical setting should be done with caution and respect for the principles discussed [15, 16].

### **Future Directions and Recommendations for Integrating Arts in End-Of-Life Care Discussions**

The previously described sections provide a brief review of the relevant fields and an overview of what we currently know about the connection between arts, death, dying, and end-of-life care. We have proposed that arts-based or art-inclusive interventions have the potential to facilitate discussions about end-of-life care in a way that is engaging, empowering, and meaningful. We close this section by presenting a clear case for additional research and providing recommendations for moving forward. In the previously described sections, we suggested that there is evidence to support the idea that arts-based interventions can uniquely facilitate difficult end-of-life care conversations or at least aid in normalizing them among the general public. However, there are a number of outstanding questions, and we believe these questions present opportunities to share important findings. Accordingly, we would strongly recommend feasibility, process, and impact evaluations that are mixed-methods and that use appropriate qualitative and/or quantitative methodologies. In the meantime, we would like to recommend that healthcare professionals trained in end-of-life care safety have access to workshops so that they are taught about what has already been learned among art and end-of-life care researchers. Healthcare providers may also benefit from developing their own skills to guide these already fraught and difficult discussions. Here, however, we explicitly suggest that partnerships be formed between those who work as artists and those who work at other types of healthcare research institutions or organizations. Key reasons for this include early strategy development, ensuring collaborative planning and standard research protocols, shared use of resources, and benefits for communities impacted by the research. To conclude, it is the hope of our research team that a better understanding of diverse perspectives could be used to develop a similar, albeit broader, approach to visual art forms. This might include plans for additional public exhibits, especially in smaller cities and towns, and for strategies aimed at improving inclusivity. Finally, a number of policy points could be made to demonstrate the value of funding and promoting arts programming in this context. The integration of the arts has the potential to make at least some end-of-life care discussions more meaningful and to support a gradual shift from passive acceptance of medical orders to compassionate engagement with patients around their choices, their concerns, and their lives. With

education, dedication, and care, the arts can help to transform death from an individual medical experience into a meaningful and collective experience [17, 18].

### CONCLUSION

Artistic expression has the potential to reshape the landscape of end-of-life care discussions, shifting them from difficult and sometimes avoided topics into meaningful and compassionate dialogues. The arts can help transcend language and medical jargon, providing participants with a shared medium to explore feelings about mortality, spirituality, and legacy. As evidenced by case studies and research, arts-based interventions foster more emotionally connected conversations among patients, families, and providers. However, ethical considerations and the need for professional training must be prioritized to ensure safe and respectful engagement. Moving forward, healthcare institutions and policymakers should consider supporting arts-based programs that foster compassionate care, advocate for patients' voices, and cultivate a holistic approach to end-of-life care. Integrating these practices can redefine EoL care, making it a shared, meaningful experience for patients and their loved ones.

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