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Exploration and Teaching Strategies of Death with Dignity in China

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Abstract: With the advancement of society and the increasing aging population that exerts significant pressure on the medical system, "death of dignity" has progressively emerged as a social focus. To elucidate the pertinent aspects of death with dignity and facilitate its scientific and rational development, this paper examines and discusses the definition, critical challenges, attitudes, and teaching strategies concerning death with dignity in China. Firstly, the importance of standardizing the definition of death with dignity is emphasized. This study analyzes the key challenges and proposes solutions for the development of death with dignity in China, investigates college students' attitudes towards death with dignity (with 45.94% expressing positive views) and reviews existing research on attitudes towards death with dignity. Finally, this paper proposes teaching strategies for promoting dignified death awareness among both the elderly and college students, aiming to contribute modestly to the advancement of death with dignity and life education.

1. Introduction

Amidst the global trend of demographic aging, China's healthcare system is facing unprecedented clinical and therapeutic pressures. It is projected that China will enter a super-aged society between 2030 and 2035, with the aging process accelerating further in the late 21st century [1]. This foreseeable stage will strain medical resources. On the other hand, while limited modern medical technologies (advanced surgical techniques, life-sustaining therapies, new drug treatments, etc.) can prolong life or delay death to some extent, clinical protocols often involve varying degrees of physical trauma and suffering, including direct physical injury from surgery or intubation, side effects of radiotherapy and chemotherapy, and even significant psychological stress for patients [2]. When confronting an inevitable death, do patients still wish to undergo life-prolonging interventions that merely delay death while exacerbating suffering? If not, does society, including laws and regulations, family members, and medical professionals, allow or endorse continuing such treatments? These questions converge on the concept of "death with dignity". Death with dignity, defined as a natural death or peaceful death, is fundamentally distinct from euthanasia [3]. However,

numerous ambiguities persist: What is the definition of death with dignity? What constitutes a "foreseeable death period" suitable for its application? What is society's attitude toward it? Is it appropriate for health-science-oriented life into teaching or social promotion? This article therefore explores four aspects, including definition, domestic development and key issues, public attitudes, and educational strategies, to clarify relevant concepts and provide new perspectives for life education [4].

2. Definition of Death with Dignity

Since the mid-20th century, concepts and discussions about death with dignity have been explored abroad. Over time, countries such as Canada, Germany, and South Korea have introduced laws, regulations, or policy guidelines addressing this issue [5-6]. In China, research and discussions on its concepts, legislation, and societal attitudes have grown recently [7]. However, academia has not yet established a unified definition, with significant discrepancies persisting in eligible populations and approaches. The Oxford Guide to Law (UK) defines it as "measures taken to cause or accelerate death at the request of an incurable or terminally ill patient" [8]. China's Health Law describes it as "a patient with a disease deemed incurable by current medical standards, suffering extreme physical and mental pain, who elects to terminate medical treatment and end their own life." The 1991 New Word Dictionary defines it as "the death of a patient with irreversible loss of consciousness and no prospect of recovery, where family members petition hospitals or courts to withdraw life-sustaining treatment due to the patient's inability to express their will" [9]. The 2009 New Gerontology Dictionary frames it as "permitting patients at the end of life with no hope of recovery to die naturally and with dignity, avoiding aggressive interventions like intubation, while providing compassionate hospice care" [10].

These definitions vary not only in eligible populations and methodologies but also in conceptual clarity, particularly regarding disease classification and progression. Phrases such as "diseases incurable by current medical standards" are ambiguous-what constitutes an incurable disease, and at which stage? Clinically, cure probabilities vary by disease and stage: for instance, rabies is preventable in early stages but invariably fatal once symptoms appear, is late-stage cancer or amniotic fluid embolism considered incurable? Similarly, the term "end of life" lacks a standardized temporal definition-1 hour, 1 day, 1 week, or 1 month before death? Such ambiguity poses significant practical challenges. Urgent questions include: How to define eligible patients? Does "forgoing traumatic treatment in late-stage cancer" fall under death with dignity? Are only vegetative-state patients eligible? What approaches are permissible? How to distinguish it from euthanasia? Establishing a unified definition is essential for standardizing scientific discussions on related issues.

3. Domestic Development and Key Issues of Death with Dignity

3.1 Domestic Development and Legislative Controversies

Although death with dignity has gained increasing attention in China, debates persist regarding its medical and legal boundaries [11]. In 2022, the National Health Commission, in response to the legislative proposal titled "Recommendations on Accelerating the Legalization of Death with Dignity" acknowledged persistent ethical and social controversies, emphasizing significant legislative challenges. A milestone emerged on June 23 of the same year, when the Medical Regulations of Shenzhen Special Economic Zone became the first legal framework to recognize "living wills"[12], permitting patients to decline life support in advance through legally binding documents. While these advancements indicate growing attention, they highlight legislative

obstacles, including unclear definitions of terminal patients, post-treatment survival duration, responsibilities of implementing entities (hospitals, physicians), and standardization diagnostic criteria, and these constitute persistent obstacles to legislative standardization and ethical implementation.

3.2 Key Issues for Discussion

To advance death with dignity in a standardized, scientifically rigorous, and socially compatible manner, the following medical boundary issues require resolution: Firstly, it must be clear to implement entities and their competencies/responsibilities. Authorities must establish certification standards and oversight mechanisms for hospitals and physicians to ensure accountability and procedural integrity. Secondly, eligible diseases and disease progression (diagnostic criteria) must be clearly defined. Collaborative efforts among government, medical, and legal sectors are needed to define criteria for qualifying conditions, including late-stage cancer, fatal trauma, vegetative state, and terminal phases. Thirdly, execution methods must be clarified. Whether to choose "non-interventional natural death," "interventional accelerated death," or "gentle treatment to natural death" necessitates cross-disciplinary consensus on diagnostic protocols, legal responsibilities, and ethical frameworks. Finally, we must clarify the time of implementation. "Approaching death," "end-of-life," or "life's end" must be temporally defined with disease-specific quantifiable benchmarks, a complex task requiring multidisciplinary data and research. Resolving these issues is a prerequisite for standardizing application, promotion, and legislation, and should remain central to future scholarly inquiry and clinical practice.

4. Public Attitudes Toward Death with Dignity

4.1 Situation on Attitudes research

The late writer Qiong Yao's public letter in 2024, which explicitly rejected painful life-prolonging treatment, sparked widespread societal discourse and support, reflecting evolving public attitudes toward death with dignity. Investigating these attitudes is critical for understanding societal support dynamics and informing evidence-based policy. Current legislative challenges include a lack of foundational data on public opinion and the need for scientific education. Domestic studies on attitudes are scarce, focusing mainly on strategies to change attitudes among patients and families through cognitive education, death education, hospice care, and living wills. For instance, Wang Fuping et al.[13] demonstrated that death-with-dignity education improved end-of-life treatment choices among ICU patients' families. Li Yang [14] emphasized enhancing living wills to promote death with dignity, while Fu Dou et al.[15] analyzed cognitive factors via meta-analysis. However, these studies target patients and families, lacking a nationally applicable attitude scale or general population data.

4.2 Attitudes Among College Students

As a cognitively advanced demographic with adult decision-making capacity, university students serve as a proxy for youth attitudes, particularly given their overrepresentation in China's expanding higher education system [16]. A survey of 392 students found 45.94% supported death with dignity, 17.57% opposed it, and 36.5% were neutral. A preliminary scale indicated overall positive attitudes [7], though some students favored life-prolonging treatment due to psychological or traditional cultural beliefs [17]. These findings highlight a need for death education, as many lack a systematic

understanding of life quality versus prolongation, calling for in-depth research on public attitudes, medical meanings, and legal frameworks.

5. Proposed Educational Strategies

5.1 Educational Context

While death with dignity intersects sociology, psychology, medicine, and law, its core concepts are accessible, lacking the complexity of disciplines like genetics or quantum science. Despite ongoing research, public awareness remains low. Priority should be given to promoting its concepts and principles through targeted education rather than mass media, focusing first on the elderly and college students, then the general public.

5.2 Education for the Elderly

With the escalation of social aging, the elderly have become the primary target for death-with-dignity education. However, the elderly are characterized by fixed concepts, weaker ability to accept new things, gradually decreasing participation in social activities, and relatively low educational levels, which pose challenges to altering their original views on life. Despite significant resistance, education remains a direct and effective approach for promoting death with dignity among this group. By integrating the three major communication media in elderly life-new media (WeChat, TikTok), traditional media (television, radio, newspapers), and traditional communities (communities, nursing homes, community hospitals)-and using case studies to lower cognitive thresholds, the following strategies can be developed. First, as the elderly still use new media frequently, especially short videos and dramas, relevant plots and content about death with dignity can be integrated into popular short dramas, expert lectures, and elderly interviews to vividly convey the concept and significance of death with dignity. Second, content related to death with dignity can be embedded in television dramas, skits, and variety shows, allowing the elderly to engage with and understand the topic during daily entertainment. Third, in traditional communities, knowledge about death with dignity can be popularized through community/community hospital bulletin board posters, lectures by community workers, and promotions during home medical examinations by doctors.

Education on death with dignity for the elderly is a multi-dimensional and interdisciplinary complex issue that requires collaborative efforts and in-depth discussions from all sectors of society. Through legal education, cultural concept promotion, palliative care advocacy, respect for elderly autonomy, and ethical dilemma discussions, we strive to build a social environment that understands and accepts death with dignity, enabling the elderly to enjoy dignity and the right to choose in their final life stages.

5.3 Education on Death with Dignity for College Students

College students have relatively high acceptance and perception of new things. Therefore, educational content should focus on the development and academic research of death with dignity, as well as its concept and the deep-seated social development values behind it. Preliminary surveys show that college students prefer media-based promotion for death-with-dignity education rather than school-based approaches [7]. Considering their daily life characteristics, educational methods can be divided into non-classroom education for non-medical students (e.g., campus media, the Internet) and classroom-plus-non-classroom education for medical students.

For Internet-based non-classroom education, social applications like TikTok, Rednote, and WeChat official accounts should be fully utilized. The AISAS (Attention, Interest, Search, Action, Share) model proposed by Japan's Dentsu Inc.[18] can inform educational design. For example, short-video platforms and text-based platforms like Rednote, Zhihu, and online novels can introduce death-with-dignity-related plots and cases to attract attention (Attention), stimulate interest (Interest) and search (Search) behavior, and guide interaction (Action) and sharing (Share), fostering group communication and education. For medical students, classroom education should develop courses such as Palliative Care or integrate death-with-dignity content into existing death education curricula to cultivate humanistic care and professional ethics. Exploring the inclusion of death with dignity as part of "ideological and political education in classrooms" can encourage students to reflect on the topic from diverse perspectives. Efforts should also be made to promote teaching research and textbook development, gradually forming a medical education system for death with dignity.

5.4 Education on Death with Dignity for the General Public

In addition to the above target groups, education for the general public is essential. Given differences in cognitive levels and cultural psychology, a "three-dimensional, multi-level, and multi-scenario" educational system should be constructed to connect knowledge dissemination with emotional resonance, involving four key strategies. First, within the education system, integrate life education into primary and secondary school curricula through picture books, theme class meetings, and speech competitions to help children develop initial understanding. Second, in daily life scenarios, collaborate with community health service centers to invite medical experts, legal professionals, and psychologists to host lectures on death education and death with dignity, distribute brochures, leverage religious concepts for communication, or organize funeral home open days to promote acceptance of death education.

Third, in media communication, produce scenario-based short dramas on platforms like Douyin and Kuaishou to showcase how death with dignity safeguards patients' dignity through real cases; host live broadcasts inviting public figures to share hospice care experiences, enabling direct dialogue between the public and professionals to boost engagement and social attention. The government and media organizations can use films, TV dramas, and public service advertisements (e.g., documentaries) to evoke social resonance. Fourth, in professional scenarios, hospitals, as the most likely venues for death with dignity, have unique educational advantages. When dealing with terminally ill patients and their families, timely discussions on end-of-life choices can promote death with dignity. Posters on hospital bulletin boards can also naturally expose patients and families to relevant information.

6. Conclusion

Although the concept of death with dignity has been proposed for years, China still lacks a unified definition, hindering standardized and scientific discussions on related issues. Collaboration among medical, legal, and sociological fields is needed to develop a death-with-dignity attitude scale suitable for the Chinese context and analyze relevant data to inform education and legislation. Clarifying boundary issues such as implementation subjects and medical standards is crucial for standardizing education and legislation. China should strengthen death education, deeply research public attitudes, medical meanings, and legal regulations regarding death with dignity, and gradually explore and implement educational strategies. Realizing death with dignity involves not only medical technology and services but also laws, social services, and customs, representing a major undertaking in social development. Building a legal and humanistic end-of-life medical or

implementation system for death with dignity requires collective wisdom and collaborative efforts from all sectors of society.

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