

Chapter 14:
Death and Dying

Why is the topic of death a taboo, that is, rarely discussed?

- ▶ Fear of death
- ▶ Anxiety producing
- ▶ Thought of oneself's going through possible suffering
- ▶ Thought of losing someone we are close too

What does this mean:
"...to practice death is to practice freedom?"

One who has come to terms with dying, both in terms of when and how to die, is no longer a slave to the unknown, fear

Who is least fearful of death: older persons or younger persons and why?

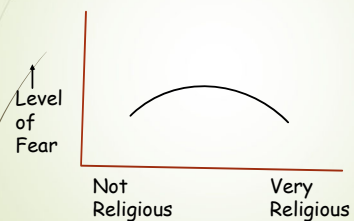
Older persons.

Why might this be?

- ▶ Feel they have completed the most important tasks of life
- ▶ In severe pain and suffering so see death as escape
- ▶ Have lost friends and family and see it more as a reality

Who is least fearful of death religious or non-religious persons?

Some research shows a curvilinear relationship.



Why do people fear death?

- ▶ Fear of the associated pain and suffering such as cancer, senility
- ▶ Fear of dying alone
- ▶ Fear of the unknown
- ▶ Fear of eternal punishment
- ▶ Fear of non-existence
- ▶ What will become of family and friends who need support (will miss them)

A stage theory of Dying.

Is anyone familiar with Elizabeth Kubler-Ross?

Wrote "On Death and Dying"
In 1969.

A person goes through 5 stages of "grief" (not necessarily sequential) once one learns that s/he is dying (in other words, a process of dying one might go through).

Can you imagine any stages a person might go through?

First Stage:

Denial, "it can't be true"

Second Stage:

Anger, "why me, it's not fair."

Third Stage:

Bargaining, tries to make a deal with fate or more often with God "I'll do anything just let me live"

Fourth Stage:

Depression, "Woe is me" A sense of great loss both of what they have and of what could have been

Fifth Stage:

Acceptance, "It's my time." Some people design their funeral ceremony. What they want sung, etc.

Have you ever witnessed an older person going through a life review?
What might be its value?

- ▶ Re-examine, re-integrate past experiences to resolve conflicts
- ▶ Allows one to see the big picture of one's life and its relationship to immortality
- ▶ People in reminiscence groups (to address past conflicts) have been reported to have greater life satisfaction

When considering the relationship between caregivers or medical staff and the dying patient, is the dying patient always told the truth about his/her health condition?

If not, what is the alternative(s)?

- **Closed Awareness:** patient is not told of health condition
- **Mutual Pretense:** everyone (patient and caregivers) behaves as if person will be getting better, even when its obviously not the case
- **Open Awareness:** everyone openly acknowledge the patient is dying
- **Disconnection:** caregivers/staff withdraw emotionally

If you had a choice of where you will die, which would you choose: home, hospital, or nursing home?

Most people say home but many prefer hospital so they don't traumatize children at their home

30% die in the hospital
31% die at home

other locations include hospice facilities, nursing homes, cars, lakes (% at home has increased w/hospice)

Are children legally obligated to take care of their parents?

Should they be?

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Should they be?

Filial responsibility laws have been enacted in 30 states to guarantee that the elderly are cared for after they are unable to care for themselves (TX is not one of these).

When old people are unable to care for themselves, their children are required by these laws to take care of them.

However, these laws fluctuate based on the state, and also fluctuate on the degrees of enforcement.

Is it "healthy" for a child to experience the process of a loved one dying, or, is it better for the loved one to "disappear" all of a sudden?

Hillier and Barrow note that children who are involved throughout the dying process do not have to face the sudden, unexplained disappearance of a parent or grandparent

What is hospice care?"

- Effective pain relief for terminally ill patients to make last days as comfortable as possible (what is terminally ill?)
- Patients are not provided any type of treatments in an attempt to "cure" the patient's health problems

How is hospice care different from palliative care?

With palliative care the patient receives significant pain relief while MDs treat the illness

What do we mean by the "Right to Die?"

- The freedom of choice at the end of our lives to hasten death

Can we make this choice? Is it legal to commit or attempt to commit suicide? Is it legal to assist someone in committing suicide (i.e., assisted suicide)?

- Eleven states allow assisted suicide where a person who wants to die can receive help in making it happen (e.g., CO, Hawaii, Cal, Oregon, D.C., Vt)
- 1990 the US supreme court determined a person can give an "advanced directive" that s/he not receive life-sustaining medical treatment, and can personally refuse it
- The living will is a legal document allowing one to communicate their wishes when they are unable to make their wishes known because of illness

Is there a difference between stopping treatment and not starting it?"

Does a person have the right to unplug a machine that is keeping another person alive?

If the patient has an advanced directive clarifying what s/he wants and/or turning decision making over to a particular person, then it is clear what procedure to follow

durable power of attorney clarifies who you want to make decisions for you if you are unable (e.g., sell your house, pay your bills)

medical power of attorney clarifies who can make specifically medical decisions such as no treatment

An Advanced Directive includes:

- ▶ durable power of attorney
- ▶ medical power of attorney
- ▶ Living will (what one wants done)
- ▶ Do not resuscitate—if heart, etc., stops do not attempt to get it beating again

What is the difference between passive euthanasia and Assisted Suicide?"

- ▶ Passive euthanasia—allows person to die without using any "extraordinary" means, i.e., life support, feeding tube, etc.
- ▶ Assisted suicide—performing a deliberate act to end a person's life (i.e., kill a person); suicide undertaken with help of another (also referred to as active euthanasia)

Voluntary euthanasia: the dying person agrees to passive or active euthanasia

Involuntary euthanasia: the dying person is incapable of giving consent (e.g., comatose) and passive or active euthanasia is practiced (e.g., determined patient is suffering and is terminally ill)

What is Physician-Assisted Suicide?"

suicide that is assisted by a physician.

Once it is determined that the person's situation qualifies under the physician-assisted suicide laws for that state, usually limited to writing a prescription for a lethal dose of drugs.

Why do people oppose assisted suicide?"

- ▶ See it as a "slippery slope" toward involuntary euthanasia
- ▶ The decision of life or death may get into the wrong hands
- ▶ Goes against religious beliefs, right-to-life groups

Who is more likely to commit suicide, men or women?

- ▶ Women are more likely to "attempt" suicide but men are more likely to successfully commit suicide
- ▶ Women are more likely to use drugs in their attempt while men are more likely to use a gun (drugs are less reliable when it comes to suicide)

What are the characteristics of those who oppose Assisted Suicide?

- ▶ The more vulnerable populations: minority groups, women, disabled, less educated
- ▶ Those who live further away from patient and have seen patient less often will more likely want everything done to keep the patient alive.
- ▶ On the other hand, those who live near patient and see patient regularly suffering are more willing/ready to let patient die

Before it became legal, Dr. Kevoorkian assisted 100s of people and was eventually convicted and served 5 years in prison.

At that time, he had his own criteria for who qualified including those in excruciating pain, no chance for recovery, wanting to end their life, mental competence

Where it is legal today, MDs have to follow strict guidelines (e.g., at least three MDs have to agree that the patient is terminal)

What is bereavement?"

A period of mourning or state of intense grief, especially following the death of a loved one.

Older persons may experience more grief than younger persons because of more friends and family dying

Three stages have been identified. Any guesses what these might be?

1. **shock**: lasts for several days

2. **Intense grief**: may include physical changes such as loss of sleep and appetite

3. **Recovery**: moving back to normal, showing interest in moving forward

Meeting death on our own terms (first 12mins)

<https://www.youtube.com/watch?v=2uI5k-mfHBI>

5 Stages of Grief (it's NOT Depression) (12 min)

https://www.youtube.com/watch?v=ZNv_mK6FGCE

Death and dying (description of hospice):

What to expect in the final stages of life (first 11 mins)

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Meeting death on our own terms (42 mins)

<https://www.youtube.com/watch?v=2uI5k-mfHBI>

Living Without the One You Cannot Live Without -
Research on Aging

https://www.youtube.com/watch?v=xk8PdL_PdSo

Why Families in Europe Are Sending Elderly Relatives To
Care Homes in Thailand
(show at least 11 mins.)

<https://www.youtube.com/watch?v=P5WaZTPJt6Y>

Aged care workers reveal what it's really like inside
nursing homes | Four Corners (hidden camera showing the
problem) (show first 12 minutes)

https://www.youtube.com/watch?v=IQZqpLo_cHo&t=906s

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Thank You.

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