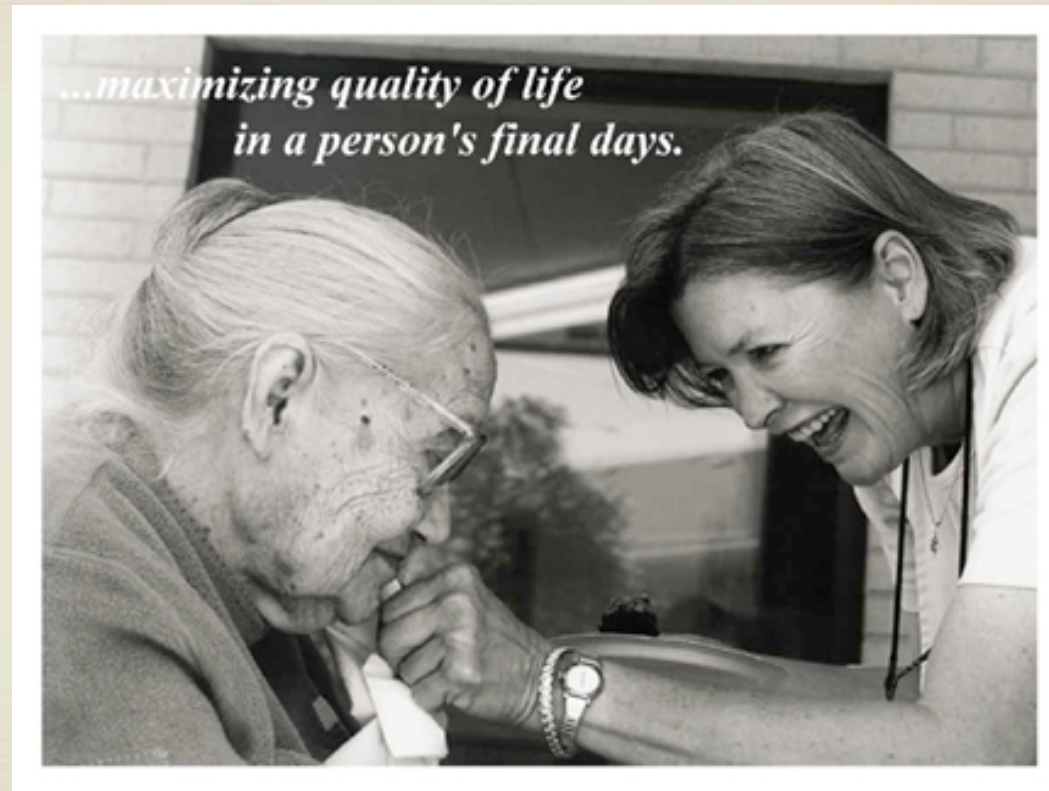


# Dying a Good Death



Credit= 0.5  
Expires 8/31/2014

# Objectives

At the completion of this program, the learner will be able to:

- Discuss the meaning of a “good death”
- Outline the components of a good death
- Explain interventions that will help achieve a good death.

# **Need to Know Information**

**ANCC Disclosure Requirements**

# Verifying Participation and Successful Completion

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*In order to successfully complete the activity, you must ....*

- Record your name on a sign-in sheet.
- Complete the final evaluation. This is *mandatory* for successful completion.
- Stay for the entire activity. **NO partial credit will be given.**
- Complete the written post-test, return demonstration, evaluation discussion with presenters etc. as applicable.
- You will receive written verification of attendance.



# Co-Providership Disclosure

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- When an educational activity is co-provided, a written agreement will be developed between SouthernCare and the Co-provided organization. The agreement will identify the responsibilities of the SouthernCare ANCC Accredited Provider Unit Nurse Planners.
- This offering is not being co-provided.

# Conflict of Interest/Commercial Support Disclosure Statement

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- When an educational activity is commercially supported, a written agreement will be developed between SouthernCare and the Commercial Interest organization. The agreement will identify the responsibilities of the SouthernCare ANCC Accredited Provider Unit Nurse Planners.
- This program is not commercially supported?

# Defining “Good Death”

- There is no single definition of what constitutes a good death. Definition will vary for each patient.
- In 1997, The Institute of Medicine (IOM) defined a good death as:

“A decent or good death is one that is free from avoidable distress and suffering for patients, families, and caregivers; in general accord with patients' families' wishes; and reasonably consistent with clinical, cultural, and ethical standards.”

# Defining “Good Death”

- **Good death** = being spiritually and mentally prepared.
- Death that someone might chose for him or herself if he/she had the choice.
- **Central concept** = allowing a person to die on his or her own terms relatively pain free with dignity.



# Components of a Good Death

- Control of symptoms
- Preparation for death
- Opportunity for closure or "sense of completion" of the life
- Good relationship with healthcare professionals

# How You Can Help

- Educating patients & families
- Preparing patients and caregivers
- Communicating & Listening
- Allaying fears

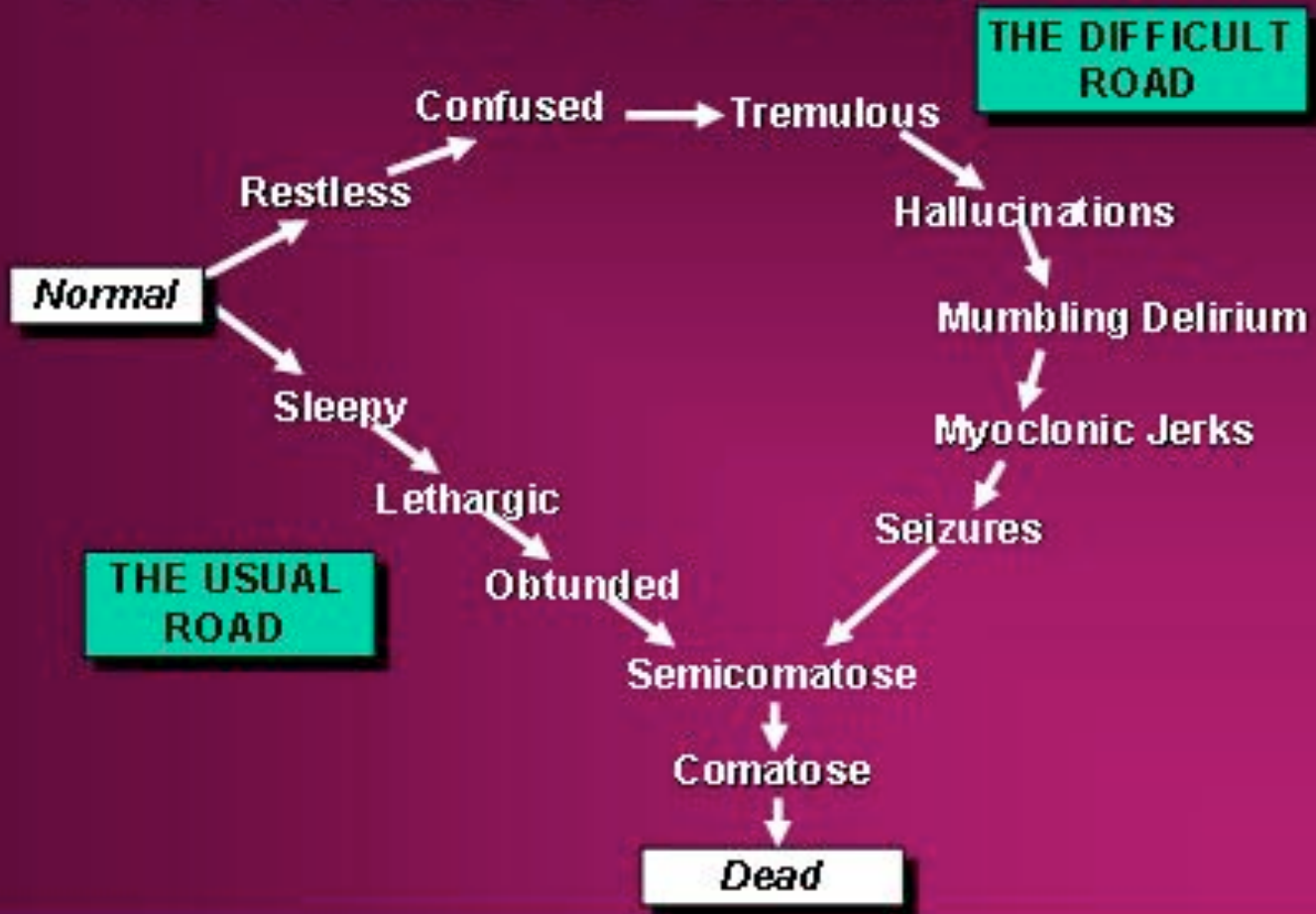


# Pathway to Death

- People who are dying may move towards death over a short or long period of time and in different ways....



# Two roads to death



Medscape



# Role of Hospice in a Good Death



The role of Hospice is to provide physical, spiritual, and emotional support to the patient and family on this pathway.

# Providing “Presence”





# Guiding Principles

- We must listen to what the patient and family are saying.
- If we don't ask questions and listen to the answers, we do the patient a disservice.



# Listening

*“Deep listening is miraculous for both listener and speaker. When someone receives us with open-hearted, non-judging, intensely interested listening, our spirits expand”*

*~ Sue Patton Thoele*



# Communication Tips

- Ask open-ended questions
- Listen to what they say
- Involve other team members
- Gently touch the patient when asking questions

# Communication Tips

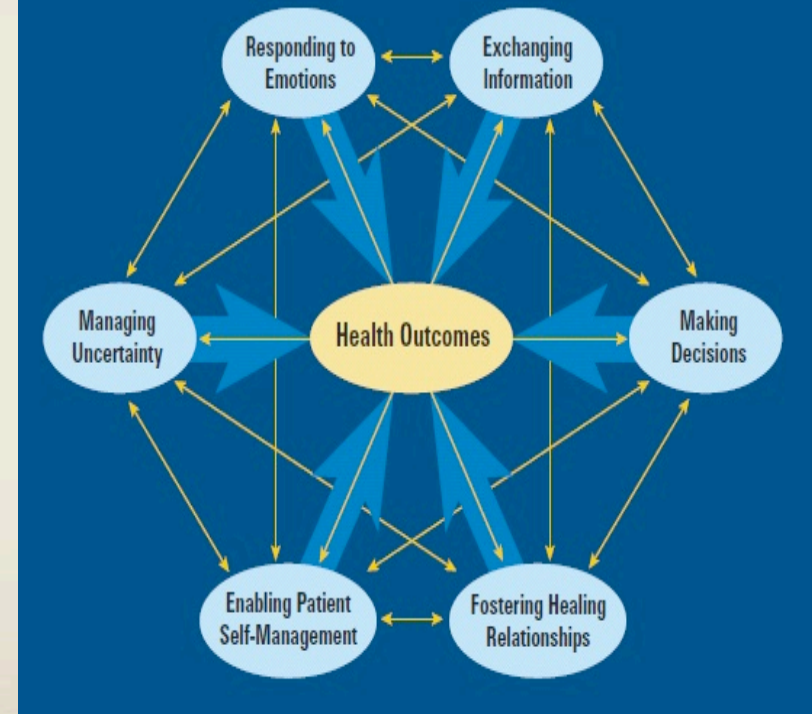
- Communicate and make sure the patient and family understand their options
- Do not ask negatively inflected questions
- Observe body language; don't forget about non-verbal communication



# Tips Continued

- Let the patient guide you in what they are willing to talk about and ready to hear.
- Let the patient and family know that when they ask you a question, you will give them an honest answer. When they ask questions, they will be leading you and letting you know that they are ready to talk.

**Fig. 1. Patient-Centered Communication Functions**



# Tips Continued

- Don't say DEATH until they say it.
- Don't say CANCER until they say it.
- Don't overwhelm them on the first visit about HOSPICE. Guide them into a discussion of end of life care.
- Instead, say “Tell me what your physician has told you about your illness”. Be honest about the prognosis, but find out what the patient knows first.





# Educating Families About Death

- Education is.....
  - ✓ **Empowerment**
  - ✓ Helps provide strategies for overwhelmed families



# What Should We Expect To Find?

- A patient and family who need guidance.
- A patient and family who are confused and require a knowledgeable professional to help them travel the journey.
- A patient and family who may be closed to hearing the words Hospice and Death.
- A patient and family who may be at different levels of acceptance or knowledge.



# What We Shouldn't Expect

- A patient or family who is talking about death as soon as we walk in the door.
- A patient or family who is ready to give up.
- A non-cancer patient or family who doesn't get hopeful when s/he has a period of improvement.
- Others to do our job for us.

# Watch What They Don't Say

Non-verbal communication can be a valuable key in meeting the needs of your patient and family.





# Psychological and Spiritual Concerns

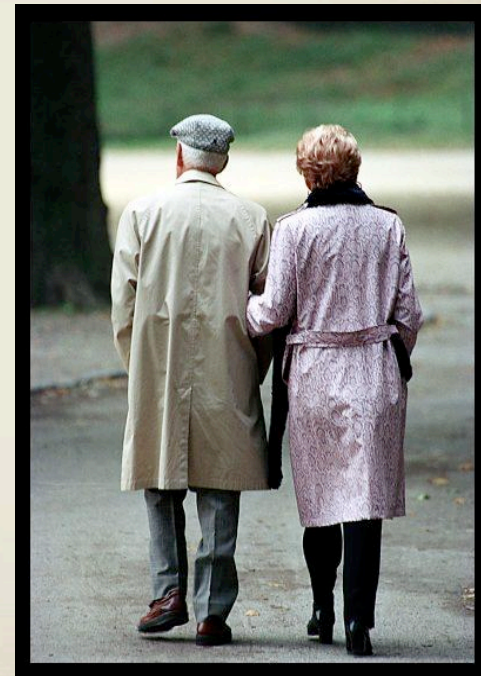
- Fear of dying
- Fear of unknown
- Fear of abandonment
- Fear of leaving things undone



# We Want To Help Them

Last opportunity for the patient/family to:

- Finish business
- Create final memories
- Find spiritual peace
- Say their final good bye





# Physiological Changes

Physical changes associated with dying may occur over months, weeks, days, or hours before death.



# Decreased Appetite/Fluid Intake

- Loss of ability to swallow
- Food may be nauseating
- Refusal to eat /drink may be protective
- Dehydration does not cause distress
- Help family find alternative ways to care

# Weakness/Fatigue

- Decreased ability to move
- Fatigue with any movement
- Increased risk of pressure sores
- Increased need for care – ADL's



# Decreased Level of Consciousness

- Increased drowsiness
- Increased sleep
- Lethargy
- Semi-comatose
- Comatose
- Death



# Alteration in Neurological Functioning

- Restlessness
- Confusion
- Tremulousness
- Hallucinations
- Delirium
- Seizures
- Semi-comatose
- Comatose



Death



# The Unconscious Patient

- Distressing to the family
- Patient's awareness is in relation to his/her ability to respond
- Assume the patient hears everything



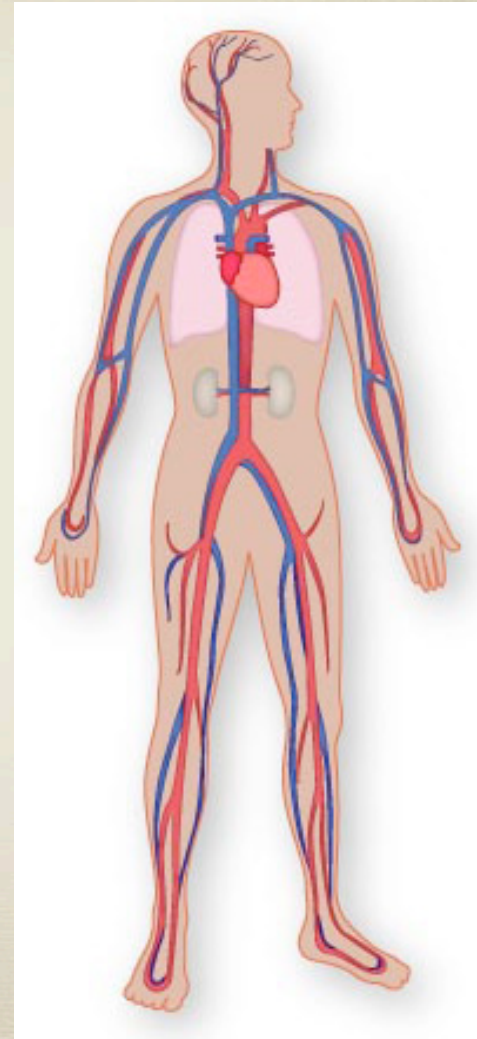
# Loss of B&B Control

- Total incontinence
- Family needs education and support
- Cleaning, skin care
- Foley catheter
- Incontinence products



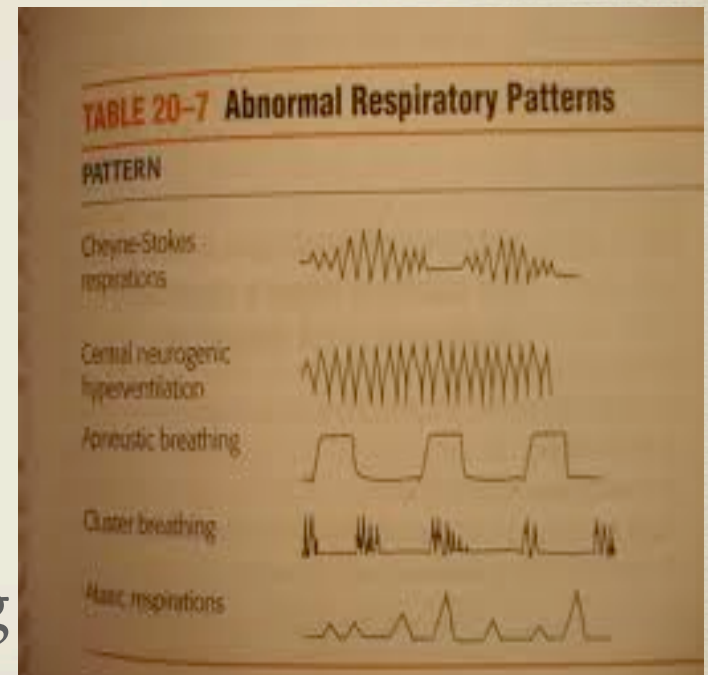
# Decreased Circulation

- Increased pulse
- Decreased blood pressure
- Skin cooling and mottling
- Cyanosis
- Diminished urine output



# Change in Respiration

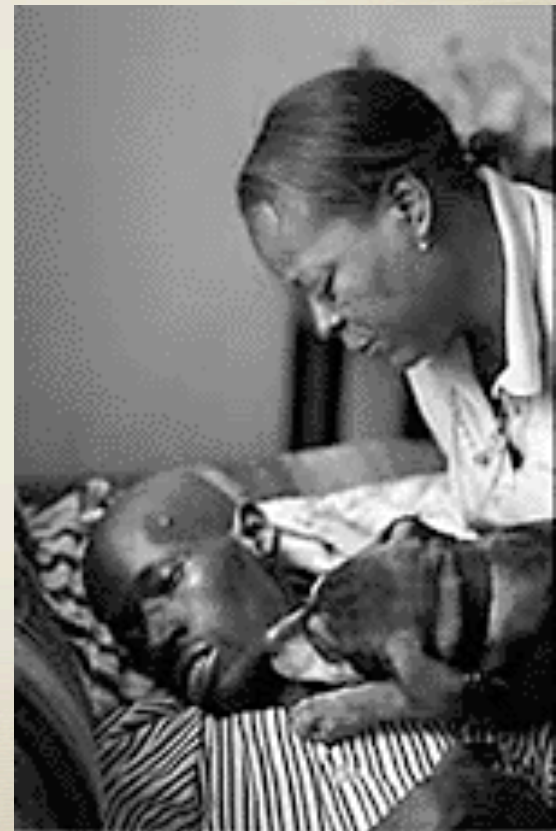
- Altered breathing patterns:
- Apnea
- Cheyne – Stokes respiration
- Accessory muscle use
- Congestion including bubbling
- Last reflex breaths





# Signs That Death Has Occurred

- Absence of heart beat
- Pupils fixed
- Eyes remain open
- Body temperature drops
- Color turns waxy
- Release of stool, urine



# Death Vigil

- The family will often want to be at the bedside during the last days/hours before the patient's death.
- It is important to explore the family preferences, address fears, and provide education and support.





# Common Fears of the Family

- Fear of being alone with the patient
- Fear of watching the patient suffer
- Fear of giving the “last dose” of pain medication and causing death
- Fear that they won’t know when the patient is dead
- Fear of being alone with the patient when death occurs and not knowing what to do
- Fear of not being there when death occurs



# As Death Approaches



- Reinforce the signs and events of the dying process
- Support the family throughout the process
- Respect personal, cultural, religious, and ritual preferences



# After Death Occurs

- Care Shifts from the patient to the family and/ or caregiver
- Everyone will react differently
- Invite those not present to the bedside
- Take the time to witness what has happened
- Create a peaceful, accessible environment



# After Death Occurs

- Assess grief reactions
- Make appropriate phone calls
- Allow family/caregivers time with the body
- Remain in the home/home setting until the body is removed





# After Death Occurs

It is important to allow family members and caregivers time to say their goodbyes before having the body removed from the home.



# Questions?

