

Exploring New Ways to Deal With End of Life

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Awareness and acknowledgment

- As human beings we are “programmed” to avoid pain, unpleasantness and feelings of inadequacy.
- Dealing with the dying patient confronts us with all of the above.
- The way to deal successfully with such a challenge along a time continuum, is to find good coping mechanisms.

End Of Life

A slow, painful, undignified death would be looked upon by most as a horrible journey that we wouldn't want anyone to take.



Protection mechanism

It can be difficult, and at times exhausting, for nurses to find the balance between the preservation of life and the facilitation of a dignified death.

Facing such agonizing scenes can cause a nurse to feel that

intentionally hastening a patient's death

is a humane and compassionate response.

Nature of the death

Historical background

If someone dies peacefully, with their family around them, you may feel that it's a dignified good death.

It's easier to cope with than if they have blinking tubes sticking out, in a bit of a mess, and pain not well-managed when they die.

SHORTER M. & STAYT L.C. (2010) Critical care nurses' experiences of grief in an adult intensive care unit. *Journal of Advanced Nursing* 66(1), 159–167.

From Cure to Care

Nurses are expected to offer patients medications to promote comfort and relieve suffering,
but not with the intent to end their life.

However

in the *Code For Nurses* (provision 1.3) it states:

The nurse may provide
“interventions to relieve symptoms in the dying client even when the interventions entail
“substantial risks of hastening death

Barriers

1. Chesla (1997) suggested that nurses failed to understand the anxiety experienced by family members and chose instead to focus on the technological care of the patient
2. Verhaeghe et al. (2005) indicated that nurses frequently underestimate their own role in meeting the needs of families.
3. Marco et al. (2006) identified that emotional involvement with patients' families gave rise to a greater physical and psychological burden on nurses and was a considerable source of stress.

STAYT L.C. (2007) Nurses' experiences of caring for families with relatives in intensive care units. *Journal of Advanced Nursing* 57(6), 623–630

- **Contact with the dying- might force nurse to examine their own death anxieties and concerns**
 - **Not surprising that nurses feel anxious when treating the dying and their families**
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- **Coping with their own emotions**

Reducing the risk of burnout in eol care settings- the role of daily spiritual experiences and training *palliative and supportive care* 2005

- **Successful coping mechanisms and preventative measures can help lessen distress**
- **There are theoretical and empirical reasons to believe that spirituality, and death/grief specific training play an important role in mitigating potential damaging effects of working with dying patients and the loved ones they leave behind**

Reducing the risk of burnout in eol care settings- the role of daily spiritual experiences and training *palliative and supportive care* 2005

Spirituality

- Till the 70's spirituality was identified with religiosity.
- Issues related to death were seen in a religious context.
- The word religion comes from the Latin religare which means to bind together. The important basis for religion is the coming together of people.

Spirituality

- The mid 20 th century brought secularism to many western nations and a distancing from religion.
- There became a need when dealing with the dying to find an alternative field of knowledge.
- Spiritual derived from the Latin spiritus - something within the body providing the life force – the aspects of life that give ***meaning, connection, integrity and hope.***

Meaning, Connection, Integrity and Hope.

The focal points of good spiritual EOL

How Will You
Say Goodbye...



To Someone
You Love?

Meaning

- It is an important need for a person to feel meaningful.
- The dying process forces us to think about the meaning of life.
- The dying person can find meaning in many different aspects.
- Family members need to feel meaningful in the patient's process.



Connection

Families of the dying need to be kept informed about what to expect and about what is happening during the dying process.

Communication between clinicians and grieving families may be difficult in the absence of a prior relationship, as is frequently the case in the ICU.



- ICU nurses emphasized that a good death is when there has been positive closure with the family.



Control

- ritualistic caring practices may reassure nurses that they are providing the best care possible for the dying person
- control of the organizational and practical duties associated with death as being akin to 'good nursing care'



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Hope

“A sense of hopefulness is critical to living and dying. While a patient may need to abandon their hope for a cure, they do not have to let their sense of hopefulness die. They can reframe what they hope for, each in their own way.” David Kessler

Hope

- Hope for a peaceful death.
- Hope to be remembered.
- Hope that loved ones will be united.

- Hope for peace.
- Hope that death will be a relief from suffering.



Relief from Suffering

We need to remember that there are people that for them suffering is the way to salvation. They do not want us to stop the pain.



Dignity

“Too often we begin to regard a person who is dying as less than living. It is important for us to see each patient as the unique individual that they are right up to the moment of their death.”

David Kessler

Dignity conserving care

Not just doing but seeing:

- Making sure to make eye contact.
- Encouraging the patient to talk.
- When appropriate – make physical contact.



"It is now, fortunately, my time to face death. David Kessler is my friend and student. He carries on my work, and his book will help."

—ELISABETH KUBLER-ROSS, M.D.

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—Marianne Williamson

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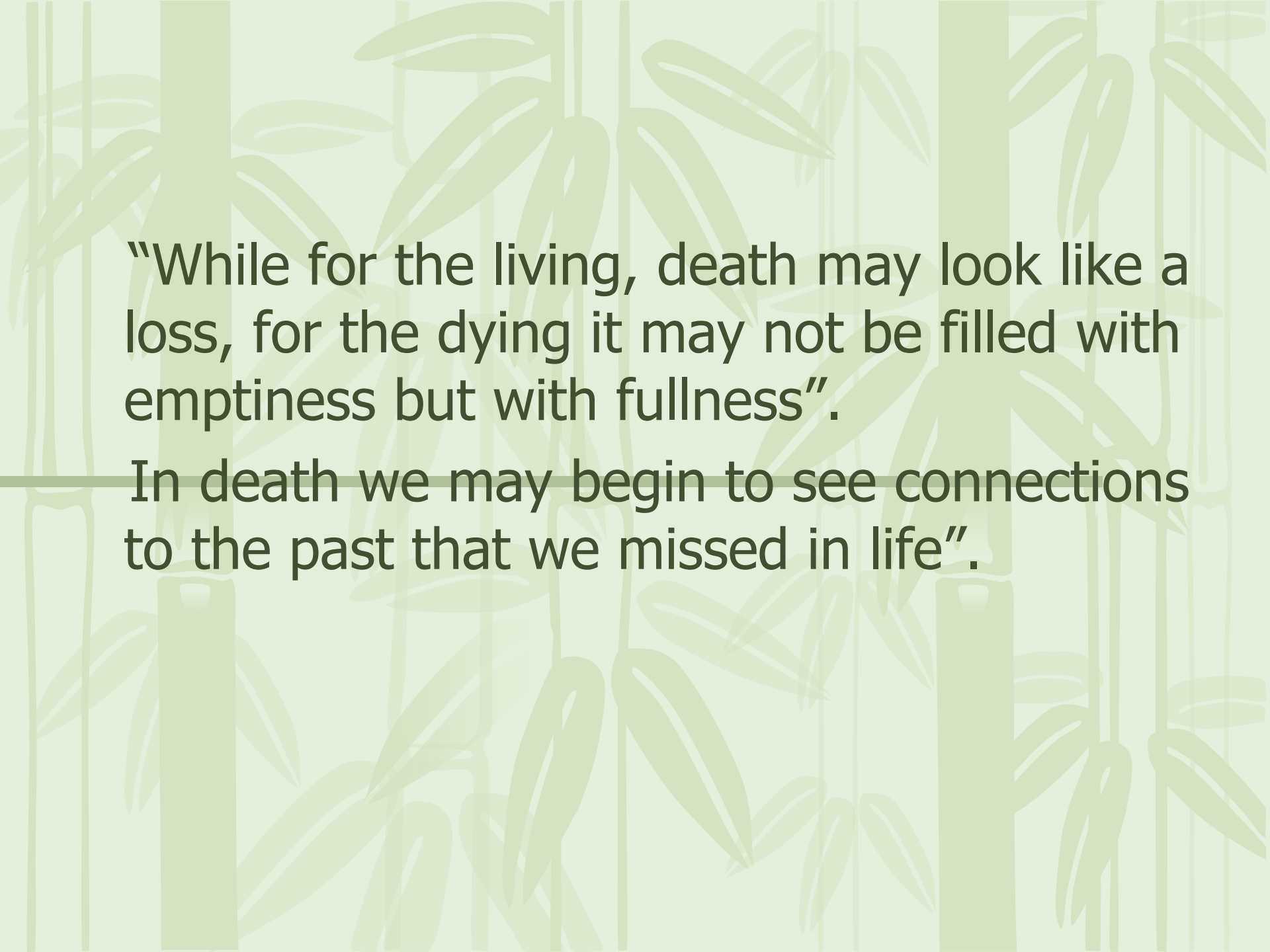
David Kessler

Elisabeth
Kobler - Ross

Using spirituality as a tool during end of life care can promote significant improvements in:

- Composure coping with the dying patient and his family
- Compassion for oneself and family
- Attitude towards colleagues
- Satisfaction with work





“While for the living, death may look like a loss, for the dying it may not be filled with emptiness but with fullness”.

In death we may begin to see connections to the past that we missed in life”.

The End



The 5 stages of grief:

- Denial.
- Anger.
- Bargaining.

- Depression.
- Acceptance.

Dealing with patients, and their loved ones, we are actually meeting them across these stages, the first 4 being hard.