

Assisting with Death and Dying

(3 credits)

After completing this section you should be able to:

1. Discuss the stages of dying
2. Identify factors that influence attitudes about death
3. Identify common signs of approaching death and discuss how to care for a dying person
4. Identify guidelines for postmortem care
5. Define the goals of a hospice program
6. Describe supportive measures for the caregiver

1. Discuss the stages of dying

Death can occur suddenly and without warning, or it can be expected. Older people or people with terminal illnesses may have time to prepare for death. A **terminal illness** is a disease or condition that will eventually cause death. Preparing for death is a process that involves the dying person's emotions and behavior.

Dr. Elisabeth Kubler-Ross researched and wrote about the process of dying. Her book, *On Death and Dying*, describes five stages that dying people and their families or friends may experience before death. These five stages are described below. Not all people go through all the stages. Some may stay in one stage until death occurs. People may move back and forth between stages during the process.

Denial. People in the denial stage may refuse to believe they are dying. They often believe a mistake has been made. They may talk about the future and avoid any discussion about their illnesses.

Anger. Once they start to face the possibility of their death, people become angry

that they are dying. Anger is a normal and healthy reaction. The caregiver must learn not to take anger personally.

Bargaining. Once people have begun to believe that they really are dying, they may make promises to God or somehow try to bargain for their recovery.

Depression. As dying people become physically weaker and symptoms of the illness get worse, they may become deeply sad or depressed. They may cry or withdraw or be unable to perform even simple activities. They need physical and emotional support. Listen to them and be understanding.

Acceptance. Most people who are dying are eventually able to accept death and prepare for it. They may make plans for their last days or for the ceremonies that may follow. At this stage, people who are dying may seem emotionally detached.

2. Identify factors that influence attitudes about death

Death is a very sensitive topic. Many people find it hard to discuss death. Feelings

and attitudes about death can be influenced by many factors. There are many different views on death and dying.

Experience with death. Someone who has been through other deaths may have a different understanding of death than someone who has never experienced the death of someone close.

Personality type. Open, expressive people may have an easier time talking about and coping with death than people who are very reserved or quiet. Expressing feelings is a way of working through fears and concerns.

Religious beliefs. Religious practices and beliefs influence the experience with death (Fig. 6-1). This includes the process of dying, rituals at the time of death, burial or cremation practices, services held after death, and mourning customs. For example, some Catholics do not believe in cremation. Orthodox Jews may not believe in viewing the body after death. Beliefs about what happens to people after death can also influence grieving. People who believe in an afterlife, such as heaven, may be comforted by this belief.

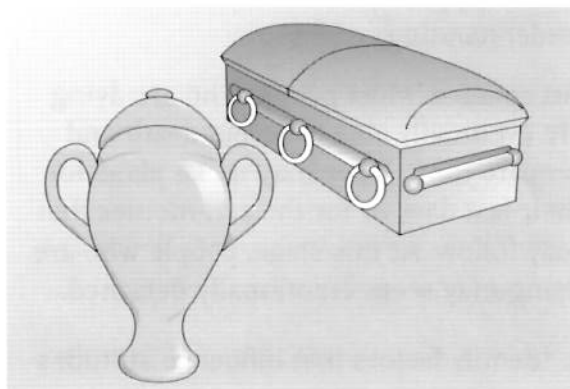


Fig. 6-1. People perform different religious practices after death. You must respect these practices, whatever they are.

Cultural background. The practices we grow up with will affect how we deal with

death. Different cultural groups may have different practices to deal with death and grieving (Fig. 6-2). Some groups provide meals and other services but say very little about a person's death. In other cultures, talking about and remembering the person who has died may be a way of comforting family and friends.



Fig. 6-2. Cultural practices affect the way people grieve.

3. Identify common signs of approaching death and discuss how to care for a dying person

Death can be sudden or gradual. Certain physical changes occur that can be recognized as signs and symptoms of approaching death. Vital signs and skin color are often affected. Disorientation, confusion, and reduced responsiveness may occur. Vision, taste, and touch usually diminish. However, hearing is often present until death occurs.

Common signs of approaching death include the following:

- blurred and failing vision
- unfocused eyes
- impaired speech
- diminished sense of touch
- loss of movement, muscle tone, and feeling
- a rising or below-normal body temperature

- decreasing blood pressure
- weak pulse that is abnormally slow or rapid
- slow, irregular respirations or rapid, shallow respirations
- a “rattling” or “gurgling” sound as the person breathes
- cold, pale skin
- mottling, spotting, or blotching of skin caused by poor circulation
- perspiration
- incontinence
- disorientation or confusion

Not everyone will experience the same symptoms when dying. The following are general care guidelines to make a dying person as comfortable as possible.

Diminished Senses. Hearing is usually the last sense to leave the body, so speak in a normal tone. Tell the person about any procedures that are being done or what is happening in the room. Speak only about the topics you want the person to hear. Ask few questions and do not expect an answer. Encourage family to speak to the client, but to avoid subjects that are disturbing. Keep the room softly lighted and without glare. Observe body language to anticipate the person’s needs.



Fig. 6-3. A dying person's room should be softly lighted, without glare.

Nutritional Needs. Eating and drinking decrease. Offer ice chips. Cold liquids may be more appealing. Also try gelatin, ice cream or frozen yogurt.

Care of the Mouth. Give mouth care frequently. Keep the mouth moist with mouth swabs. Keep the lips moist with lip balm.

If the person is unconscious, give mouth care every two hours. With unconscious residents, it is important to use as little liquid as possible when performing mouth care. Because the person’s swallowing reflex is weak, he or she is at risk for aspiration. **Aspiration** is the inhalation of food or drink into the lungs. Aspiration can cause pneumonia or death.

Skin Care. Check for incontinence regularly to prevent skin breakdown. Give bed baths and incontinence care as needed. Bathe perspiring persons often. Keep his or her skin clean and dry. Sheets and clothes should be changed for the person’s comfort. Keep sheets wrinkle-free.

Skin care to prevent pressure sores is important. Turn the person to prevent skin breakdown/pressure sores. Report any skin breakdown you observe to your supervisor. Frequent back rubs with warm lotion two to four times a day will increase circulation to the area, relax muscles, and help in preventing pressure sores.

Comfort. Pain relief is very important. People who are dying may not be able to communicate that they are in pain. Observe them for signs of pain and report any signs you see. Frequent changes of position, back massage, skin care, mouth care, and proper body alignment may help.

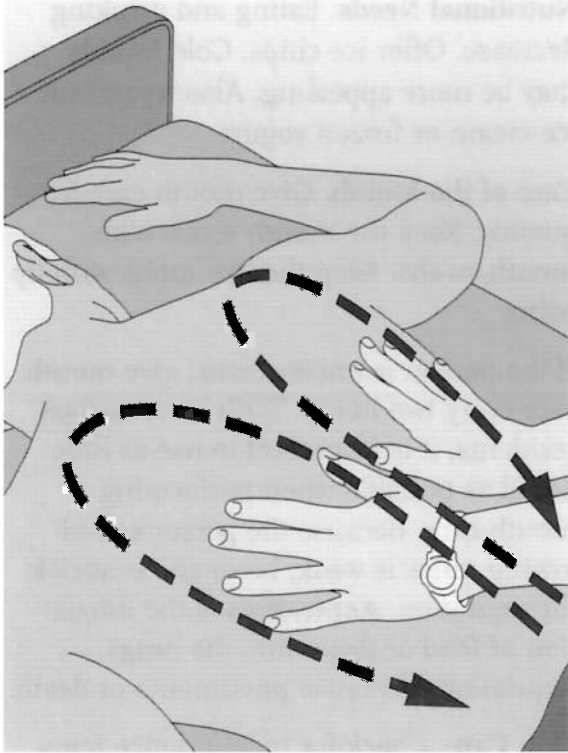


Fig. 6-4. Back rubs help to promote circulation, relax muscles and prevent pressure sores.

There are often rapid changes in body temperature. If the person is hot, wash his or her hands, face, or body with cool water or place a cool cloth under the armpits or on neck and forehead. If the person is cold, place additional blankets or sheets over him or her.

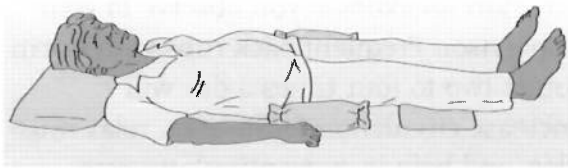


Fig. 6-5. Frequent changes of position using proper support can help decrease pain.

Environment. Display favorite objects and photographs where the person can easily see them. They may provide comfort. Make sure the room is comfortable, appropriately lighted, and well-ventilated.

Emotional and Spiritual Support.

Listening may be one of the most impor-

tant things you can do for a person who is dying. He or she may also need the quiet, reassuring, and loving presence of another person. Touch can be very important. Holding the person's hand as you sit quietly can be very comforting. Some people who are dying may also seek spiritual comfort from clergy.

If the person seems restless and/or confused, speak calmly in a normal tone of voice. Re-orient him often to his surroundings. Try a soft touch or holding his hand while you talk to him. If the person becomes agitated, report it to your supervisor.

4. Identify guidelines for postmortem care

Postmortem care means care of the body after death. Be sensitive to the needs of the family after death occurs. Family members or friends may wish to sit by the bed to say goodbye. Be aware of religious practices that the family wants to observe. Always follow your agency's or facility's policies and procedures. Only perform assigned tasks.

General postmortem care guidelines include the following:

- Bathe the body. Be gentle to avoid bruising.
- Place drainage pads where needed, most often under the head and/or under the **perineum** (the area between the genitals and anus). *Be sure to follow Standard Precautions.*
- Check with family about how to dress the person and whether to remove jewelry.
- Do not remove any tubes or other equipment. A nurse or the funeral home will do it later.
- If they are used, put dentures back in

the mouth and close the mouth. You may need to place a rolled towel under the chin to support the closed-mouth position. Or you can place dentures in a denture cup near the person's head.

- Close the eyes carefully.
- Position the body on the back, with legs straight and arms folded across the abdomen. Place a small pillow under the head.
- Strip the bed after the body has been removed.
- Open windows to air the room, as appropriate, and straighten up.
- Arrange personal items carefully so they are not lost.
- Document according to your agency's or facility's policy.

5. Define the goals of a hospice program

Hospice care is the term used for the special care that a dying person needs. Hospice care may be provided in a hospital, at a special care facility, or in the home. A hospice can be any location where a person who is dying is treated with dignity by caregivers who provide for their physical, emotional, social, and spiritual needs.

Any caregiver may provide hospice care, but often specially trained nurses, social workers, and volunteers provide hospice care. The hospice team may include doctors, nurses, social workers, counselors, nursing assistants, home health aides, therapists, clergy, dietitians, and volunteers.

In the care you normally give, goals include a focus on the person's recovery or on the person's ability to care for him- or herself as much as possible. In hospice

care, however, the goals of care are the person's comfort and dignity.

This is an important difference. You will need to adjust your mind-set when caring for hospice people. Focus on relieving their pain and making them comfortable, rather than on teaching them to care for themselves. People who are dying also need to feel some independence for as long as possible. Caregivers should allow them to retain as much control over their lives as possible. Eventually, caregivers may have to meet all of the person's basic needs.

Other attitudes and skills that are useful for caregivers when providing hospice care include the following:

- Develop and explore your own personal feelings and strengths about death and dying.
- Ask family members or friends how you can be of help.
- Be a good listener. Do not feel obligated to respond. Never push someone to talk.
- Be sensitive to individual needs.
- Respect privacy and independence.



Fig. 6-6. Be a good listener when a person is dying. Sometimes listening is the most important thing you can do.

6. Describe supportive measures for the caregiver

Hospice care can be very draining physically and psychologically. Caregivers must keep their own needs in mind and learn to take care of themselves while taking care of others. It is easy to get “burned out” when working in hospice care, especially if you ignore your own needs.

Recognize the stress. Just realizing how stressful it is to work with people who are dying is a first step toward caring for yourself. Talking with a counselor about your experiences at work can help you understand and work through your feelings. Remember, however, you must keep the person’s specific information confidential. Your supervisor may be able to refer you to a counselor or support group.

Take good care of yourself. Eating right, exercising, and getting enough rest are ways of taking care of yourself. Remember to care for your emotional and spiritual health, too. Talk about and acknowledge your feelings. Take time out to do things for yourself, such as reading a book, taking a bubble bath, or whatever you enjoy. Spiritual needs may be met by attending religious services, reading, praying, meditating, or just taking a quiet walk. Meeting your needs allows you to best meet other people’s needs.

Take a break when you need to. Find ten minutes to sit down and relax or stand up and stretch. These ideas may be enough of a break in some situations.