Unit IX Death and Dying

NAPA VALLEY COLLEGE
ADN Nursing Program
Nurs 141

Death and Dying

Content Outline

• Introduction
• Mourning, Bereavement, Grief
• Influencing Factors
• Fears
• Nursing Process
• Community Resources
• Ethical/Legal Issues

Introduction

• Thanatology—study of death
• Death is a process
• Final stage of life cycle
• Various participants
  – Client
  – Survivors
  – Health care team
Mourning, Bereavement, and Grief

- **Mourning**: Process by which grief expressed and resolved
- **Bereavement**: State of being in mourning
- **Grief**: Subjective feelings accompanying a loss

Grief

- A normal natural response
- Multi-step process
- Can have a healing effect
- Good recovery signs
  - Reality based
  - Flexible coping style
  - Support

Grief: Theories of Grief

**Kubler-Ross**

- Stage 1 Shock and Denial
- Stage 2 Anger
- Stage 3 Bargaining
- Stage 4 Depression
- Stage 5 Acceptance
- Typically no clear demarcation b/w stages and some may occur in a different order
Stage 1: Shock and Denial

- Client describe numbness and a sense of unreality.
  - May be expressed in healthy & not so healthy ways
  - Breaking news in a respectful, direct manner (MD)
  - Incorporate available support
  - Reassure family of your support and availability

Stage 2: Anger

- May be first stage noticed by caregivers
- Anger at self, others, higher power, doctors
- May complicate Rx if you take it personal
- Reassure you will continue to care for
- Allow to vent

Stage 3: Bargaining

- Negotiation
- Search for a ‘better’ doctor or Rx
- ‘Super client’ good behavior rewarded
- Engage client in planning for future
Stage 4: Depression

- Sadness expected
  - Rarely leads to a clinical depression
  - If depression develops Rx as would anyone

Stage 5: Acceptance

- Able to talk about future and death realistically
- Spiritual outlook often helps
- Inclusion of a religious leader may be useful

Fears Associated with Dying

- Nurse
- Client
  - Loneliness
  - Unknown
  - Loss of self control
  - Suffering and pain
  - Body image, self concept
### Goals for the Dying Client

- Gaining and maintaining comfort
- Maintaining independence in daily activities
- Maintaining hope
- Achieving spiritual comfort
- Gaining relief from loneliness and isolation

### Support for Dying Patients and Families

- Safe conduct
  - Decent care
  - Relief of distressing symptoms (physical and psychological)
- Anticipatory grief
- Appropriate death

### Spirituality

- Sense of meaning and purpose in life
  - Ways to increase meaning
    - Give of self, creative activity, choosing a redeeming attitude in face of suffering
  - Logotherapy (Viktor Frankl)
    - Self-discovery leading to hidden values
    - Choice in action, experience or attitude
    - Stressing uniqueness of each person's contribution
    - Response-ability: How person responds according to personal values
    - Transcendence: meaningful spiritual acts
Spirituality

- Sense of connectedness
- Sense of integrating wholeness
- Nursing Interventions
  - Allow opportunity for prayer
  - Meditation, imagery and visualization
  - Acceptance, serenity, presence
  - Forgiveness - seek and extend
  - Support hope
  - Pastoral referral

Mourning Process

- Emotions change frequently
- Numbness
  - Denial may manifest here
- Yearning for return of loved one
  - Anger may manifest here
- Disorganization and despair
- Reorganization
- Hopefully, feelings of hopefulness return

Somatic Symptoms Accompanying Grief

- Tightness of throat
- Choking
- SOB
- Sighing
- Empty feeling in abdomen
- Muscle weakness
- Chills
- Tremors
- Tension
- Perceptions disorganized
- Feels disconnected
Counseling Principles

- Help survivors actualize & verbalize loss
- Assist living without the deceased
- Facilitate emotional relocation of the deceased
- Provide time to grieve
- Interpret normal behavior
- Allow for individual differences
- Provide continuing support
- Examine defenses and coping styles
- Identify pathology and refer

Grief Management

- Accept reality of loss
- Experience pain of grief
- Adjust to the changed environment
- Withdraw emotional energy from deceased and reinvest into another relationship/cause

At-Risk Bereaved

- Perceived unsupportiveness of social network accompanying traumatic death
- Previous ambivalent relationship with deceased
  - Unmet needs (unfinished business)
  - Traumatic death
- Presence of concurrent life crisis
Special Cases

- Suicide
- Sudden Death
- Homicide
- Loss of a child
- Miscarriages, still births and abortion
- AIDS
- Child’s loss of parent

Depression Versus Grief

<table>
<thead>
<tr>
<th>Features</th>
<th>Grief</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>&lt;1-2mo</td>
<td>&gt;2mo.</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Transient symptoms with periods of normal reactive mood</td>
<td>Pervasive sadness, unreactive mood, suicidal ideation</td>
</tr>
<tr>
<td>Response to Support</td>
<td>Usually good</td>
<td>Unchanged or worsened</td>
</tr>
</tbody>
</table>

Influencing Factors

- Culture
- Abruptness of the death
  - Timely vs. untimely
- Preparations for death
- Can be pathological in either
  - Intensity
  - Duration
  - Form
- Close loss takes at least 6-12 months to resolve
Nursing Process: Assessment of Client and Family

- Explore meaning of the loss to those involved
- Explore:
  - Personal characteristics
  - Support systems
  - Nature of the loss
  - Cultural and spiritual beliefs
  - Life goals
  - Hope
  - Phase of grief
  - Survivors grief and risk factors
  - Assess past experience and methods of coping
Formulate Nursing Diagnoses

- Individual Dx
  - Grieving, dysfunctional
  - Hopelessness
  - Personal identity disturbance
  - Powerlessness
- Family Dx
  - Caregiver role strain
  - Coping, ineffective family: compromised
  - Management of therapeutic regimen, families: ineffective
- Example: Grieving, anticipatory r/t loss of leg aeb “I will never be normal again”

Planning: Outcomes

- Increase feelings of self control
- Decrease helplessness
- Support family
- Encourage decision making
- Express grief
- Support dying process

Planning: Grief Outcomes

- Accept the reality of the loss
- Resolution of the hurt
- Re-establishment of one’s life
- “Working through” of all the feelings, thoughts, and decisions that a loss can generate
Family Grief Management

- “Breaking the news” allow ventilation and support. Calm, empathy, and assurance
- Do not narcotize the survivors—impedes grief process
- Do not avoid family of dying clients
  - Becomes a focus for reasonable and unreasonable anger

Family Grief Management

- Nursing assessment of the surviving members
  - Increased risk for significant illness
  - Bereaved commonly experience
    - Sleep and eating habit disturbances
    - Loss of energy
    - Emotional upset
  - Avoiding any additional stresses and being cautious about making sudden decisions is critical
  - S0s generally able to resolve loss and reorganize their lives
    - May emerge strengthened by the re-examination of their lives caused by the loss
### Community Resources for Grief Management

- Individual, family, and group outpatient therapy available
- Hospice care usually includes support programs
- Nurses benefit from peer support during times of loss

### When Is Professional Help Needed?

- Not able to express feelings
- Can’t find anyone who is able to be the listener they need
- Loss stirs up other, older unresolved losses
- Need additional reassurance and support
- Stuck in the grief process

### Professional Help Needed When Grief/Sorrow Chronic

- Grief never comes to resolution
  - May occur when loss is ongoing
    - Chronic illness
  - Loss of person with no resolution
    - Kidnapping,
    - Missing in action
  - Suicide
  - Homicide
Professional Help Needed: 
Dysfunctional Grief 
- Prolonged emotional instability 
- Withdrawal from usual tasks or activities that previously gave pleasure 
- Lack of progression to coping with the loss (i.e., S.O. who is seeking informal “support” for many years)
Ethical/Legal Issues

- Advanced directives and living wills
  - Do before hospitalized
  - Advises doctor whether to take extraordinary steps to keep alive in event unable to make wishes known
- Health Power of Attorney
  - Manages health care decisions if becomes incapacitated
- Durable Power of Attorney
  - Manage financial affairs in case becomes incapacitated
- "Do Not Resuscitate" orders
  - No codes
  - Follow hospital policies
  - Comfort care

Euthanasia

- Strictly speaking “mercy killing”
- Counter to Hippocratic Oath
- Not sanctioned by professional societies
- Not the same as death which arises out of treatment provided to reduce pain and suffering

Euthanasia (continued)

- Origins the 1920’s
- Terminal cancer the prototype
  - Extended to include other disorders of incapacity r/t ‘quality of life’ issues
- Allowed for substitute judgment
  - Client, MD or family could request (if client lacked capacity to make an informed judgment)
Euthanasia (continued)

• Kevorkian - *Extended euthanasia to doctor assisted suicide*
  - Began with terminal cancer
  - Now extended to conditions which incapacitates

• Emotional appeal to end ‘suffering’

• Questionable whether non lethal methods have been exhausted in some cases

In summary,

• In regards to death and dying, it is important to consider the patient’s, SOs, and your own feelings in order to effectively help those with their dying process

Study Guide

• Know different types of services created to provide holistic end of life care.
• Identify nursing interventions that could be utilized to maintain a dying person’s rights, dignity, and sense of self-worth.
• Apply principles of Elizabeth Kübler-Ross’s five stages of grief.
• Discriminate between the concepts grief and depression.
• Define anticipatory grief.