Seminar on Death and Dying

Objectives - Cognitive
Students will:
1. Identify effective ways to counsel clients that are dying.
2. Discuss a clinical experience they had in caring for a client that was dying.
3. Identify positive as well as negative aspects of the dying process.

Objectives - Affective
4. Share own feelings about death and dying.
5. Share awareness of own feelings about death and dying.

Objectives - Psychomotor
6. All students will use effective listening and responding skills during group discussion.

Description
1. Have students share clinical experiences they have had with objectives 1, 2, 4, and 5.

2. Have students discuss some of the moral and ethical issues faced by today's nurse such as:
   - Advanced Directives and Living Wills
   - Do Not Resuscitate Orders
   - Euthanasia
   - Doctor assisted suicide
   - When does "life" or "death" occur?
   - Who is valued or not valued in our society?
   - Who can choose the time of one's own death?

3. Discuss the following excerpt from Charles Meyer on death and dying and respond to it.

When a loved one is dying, families and medical caregivers want to help. We often want the dying person to have intravenous fluids, oxygen, or some form of artificial feeding. We think the person will "starve to death", and that this is uncomfortable. Charles Meyer discusses nutrition and fluids for the dying person. He notes that lack of appetite is first, followed by dehydration and malnutrition. These conditions cause azotemia, a state in which the body's natural waste products become elevated in the blood. This waste acts as a natural sedative, dulling the person's awareness of pain and discomfort. Thus nature provides comfort for the dying person. If the person begins to breathe more slowly, less than efficiently, subtle changes in the blood further dull awareness, making the onset of death even more peaceful. For years, medical personnel have interfered with nature's natural sedatives by using oxygen, intravenous fluids, and artificial feeding, in the belief that this was the kind thing to do. It is now known that this measures simply "wake the brain" so the dying person is more aware of any discomforts. It is most humane to avoid these measures which simply prolong the discomfort of dying.