



Hospice of the Twin Cities

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“The future belongs to those that believe in the beauty of their dreams.”
-Eleanor Roosevelt

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Dying: The Ultimate Emotional Challenge

Modern Maturity, September-October, 2000 pp.45-55

The truth is people probably do not consider dying as the ultimate emotional challenge when they are in the midst of living. However, when one is dying it becomes an enormous challenge.

A dying person is grieving many losses: control over life, body image, physical functions, mobility, strength, freedom, independence, security, the all important feeling of immortality, and an earthly future. Also, the dying must re-orient themselves to an unknowable destiny.

It is important to note when an emotionally healthy person is dying they are juggling their losses, trying to adapt to this phase of their life by completing relationship business and reflecting on their own life, recognizing the accomplishments and the joys they have experienced. In other words, “making the most of the time they have remaining”.

There are several phases a dying individual must experience. They are as follows:

1. *Facing the Fact*

This is a particularly difficult phase and may be somewhat dependent on how the news of their prognosis is delivered. It is usually their physician who is responsible for breaking the news and yet very few physicians have ever had training in how to “communicate bad news”. It is essential that the physician uses compassion when communicating bad news to the patient and can start the conversation by asking the patient how they feel things are going. If they say “not good” it leaves an opening for the physician to agree and ask the patient how much they want to know at that time. Physicians must also be prepared for the emotions the patient may exhibit during this dialogue and be ready to allow the patient the

freedom to express those emotions.

2. *Getting to Acceptance*

Elizabeth Kubler-Ross provides us with the classic stages of grief: denial, anger, bargaining, depression, and acceptance. Although these stages are most often associated with post-death grieving, they also apply to pre-death grieving. Many times the patient may be accepting of their prognosis, yet the family is in denial. Keep in mind these stages do not necessarily appear in the stated progression but may alternate back and forth. Initially, a patient may be angry and in denial, fluctuating multiple times between the two stages. This is normal ~ **there is no set pattern for grief to follow.** It is most important to not try to force acceptance on the part of the patient or the family. Once this process has

started it is important for everyone to listen to the wishes of the patient. This is a good time to introduce the ideas of **health care directives** and **choosing a healthcare agent** “*just in case there may be a need in the future*”.

3. *What Are You Afraid Of?*

This is the most important question care givers can ask a dying individual because “*fear aggravates pain and pain aggravates fear*” and the fear of pain is one of the greatest fears at the end of life. Other fears consist of the following: Being and dying alone, being separated from those people the patient loves, separation from their home and work, losing control, losing one’s dignity, losing independence, being a burden, and not finishing business. Knowing a dying individual’s fears enables caregivers to respond and lessens the fear for the patient.

4. *How to be With a Dying Patient*

Dying people are comforted by company ~ remember, **they have a fear of being alone**. The following tips may help you as you spend time with a dying individual:

◆ *Be close*. Sit at eye level and do not be afraid to touch

the dying individual. It is important to let the patient set the pace for the interaction and understand your presence alone may be just what that person needs.

◆ *Do not contradict a patient who says s/he’s going to die*. This acceptance is good. Try to listen and empathize if the patient expresses anger, fear, guilt, or any other feelings they may share with you.

◆ *Give the patient as much decision-making ability as possible*. Remember, the dying person is experiencing many losses and loss of control is one of the biggest ones.

◆ *Encourage life review*. Life review allows a patient to re-experience their lives recognizing their contributions and appreciating their accomplishments.

◆ *Never pass up a chance to express love or say good-bye*. This is not only applicable for sharing with individuals who are dying, but should be shared with loved ones as we live our daily lives.

Dying is a complex process and it is important we support those individuals on this journey. Simply said, “*Being is just as*

good as *doing*”. Many times we don’t feel we are doing enough for those who are dying, when what they need the most is the presence of another human being.

Along with the above suggestions, do not forget to share the “*Four Gifts*”:

“*I am sorry*”
Forgiveness

“*I love you*”
Love

“*Thank You*”
Gratitude

“*Good-bye*”
Farewell

(An interpretation of the writings of Elisabeth Kubler-Ross by Beverly Ryan LCSW, copyright 1994)

Mostly, cherish the moments you are given with those you love.



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Mission Statement

Hospice of the Twin Cities’ mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.