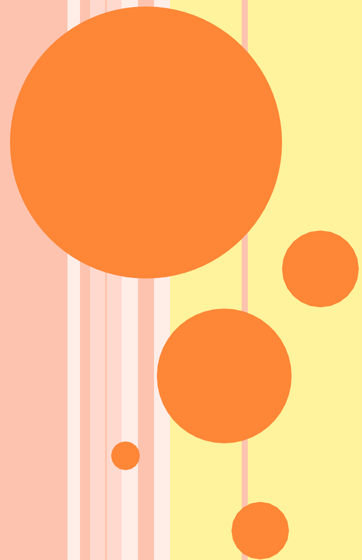
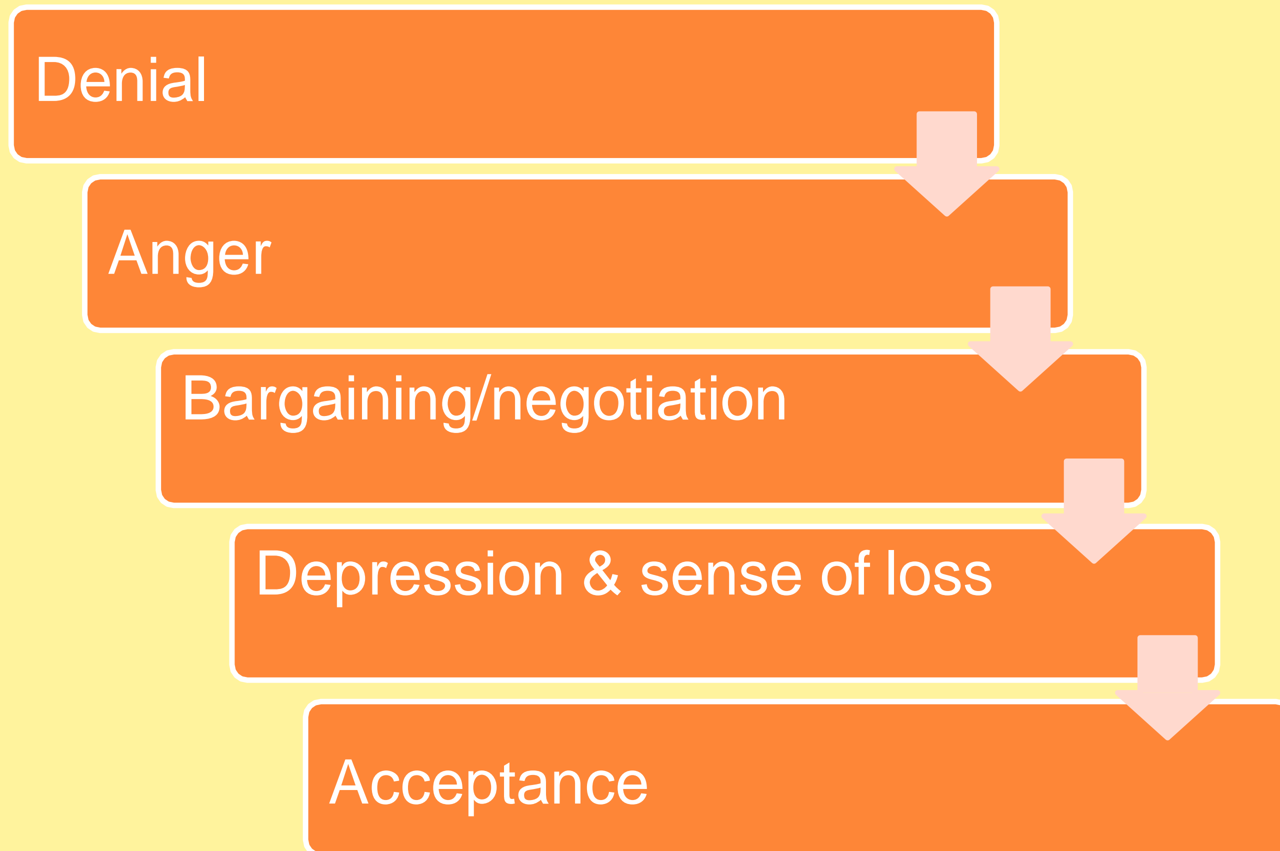
Death, Bereavement and Widowhood



Process of Dying: 5 Stages of Death
Elizabeth Kubler-Ross



KUBLER-ROSS'S 5 STAGES OF DEATH (CONT)

- **Denial**:
  - Example - *"I feel fine."*; *"This can't be happening, not to me!"*
- **Anger**:
  - Example - *"Why me? It's not fair!" "NO! NO! How can you accept this!"*
- **Bargaining**:
  - Example - *"Just let me live to see my children graduate."*; *"I'll do anything, can't you stretch it out? A few more years."*
- **Depression**:
  - Example - *"I'm so sad, why bother with anything?"*; *"I'm going to die . . . What's the point?"*
- **Acceptance**:
  - Example - *"It's going to be OK."*; *"I can't fight it, I may as well prepare for it."*

Bereavement

- The process of adapting to someone’s death
- Time of profound grief and social disorientation that persist for some time
- Experts agree that how a family and friends view an impending death affects the person who is dying
- Hospice movement
- Bereavement is less intense for someone who accepts the death of the loved one and their relationship has reached a satisfactory resolution

Loosing Spouse

- What does this mean?
  - Possibly loosing social, emotional, and economic support
- Effects are Often Immediate and Direct
  - Deterioration of nutrition
  - Increases in drug, alcohol, or cigarette use
  - Loss of sleep
- Effects Can Come Later
  - Immune system weakens, increasing disease vulnerability
  - Socioeconomic vulnerability and age accentuate overall threat

Grief Process

- Acknowledge the reality of the loss
- Work through the emotional turmoil
- Adjust to the environment where the deceased is absent
- Loosen ties to the deceased

Terminologies regarding Grief

- Anniversary reaction
  - Changes in behavior related to feelings of sadness on the anniversary date of a loss
- Anticipatory grief
  - Grief experienced during the period before an expected death occurs that supposedly serves to buffer the impact of the loss when it does come and to facilitate recovery
- Complicated or prolonged grief disorder
  - Expression of grief that is distinguished from depression and from normal grief in terms of separation distress and traumatic distress

Nature of Death

- Appropriate Death
- Euthanasia
  - Passive
  - Active

Definitions of different types of suicide

- Rational suicide
  - A person has decided (after going through a decision-making process and without coercion from others) to end her/his life because of extreme suffering involved with a terminal illness
- Aid-in-dying
  - Consists of providing a person with the means to die; the person self-administers the death-causing agent, which is usually medication
- Hastened death
  - Involves speeding up the dying process, which can entail withholding or withdrawing life support.

Jack Kevorkian

- A retired pathologist in Michigan
- He is most noted for publicly championing a terminal patient's right to die via euthanasia
- He claims to have assisted at least 130 patients to that end. He famously said that "dying is not a crime”
- He believed that he was protecting the dignity of dying patients by allowing them to control the time of their deaths

EUTHANASIA (GOOD DEATH IN GREEK)

- Euthanasia is physician assisted suicide
  - Often the doctors are criticized as “Dr. Death”.
- Two types
  - Active/assisted suicide (Dr. Jack Kevorkian)
  - Passive
- Active Voluntary
  - Deliberate act of ending a life with person’s knowledge & consent-Right to die
    - Person decides they want to end life (often AIDS or cancer pts)
    - Assist person to die or they self administer with lethal drugs
- Active Involuntary
  - Deliberate act without person’s consent (Murder)

Euthanasia continued

- Passive Voluntary
  - Withholding available treatment (antibiotics, pain medications, or surgery or life-support) that results in end of life with person's consent. Person can be conscious & refuse treatment or decision is made in advance through directive
- Passive Involuntary
  - Withholding treatment without consent
    - Coma Patients May not reflect wishes of the individual

Right to Die Legislation

- Oregon is the only state where physician-assisted suicide is legal. (Death with Dignity Act became law in 1997 with slim margin)
  - Adult resident with terminal illness
  - 2 doctors agree that patient has less than six months to live & is competent
  - Patient must request lethal dose orally & in writing & wait 15 days to obtain it
  - Patient is supposed to self-administer the dose

Arguments against Euthanasia

- Future factor
  - Know way to tell what it is like to be in a coma or have AD
- Against nature
  - Every human being has a natural inclination to continue living
- Cannot predict course of terminal illness
- Chance of error is too great
- Playing God/Slippery slope

Pro-Euthanasia Arguments

- Autonomy
  - Each person has right to decide for self
- Puts an end to pain
- Costs associated with care
- Without legal opportunities & rules governing euthanasia, things often go wrong
- Removes burden of care on family
- Promotes opportunity for “conscious dying”

Things to Consider:

- Examine own personal, moral, & ethical beliefs
- No easy answer
- Codes stipulate that professionals must intervene if a client is danger of committing suicide, regardless of professionals' personal feelings
- Can't decide for family but can help them to sort through feelings & options

Advanced Directives (Living Wills)

- Durable power of attorney
- Health care proxy
- Living wills

Problems with Directives

- Timing
  - Not valid in emergency situations, only primary care MD can honor directive
- Confusion
  - Directives can be vague & do not cover all situations or treatment procedures
- Of capacity at time directive was written

Other problems………..

- Many people do not have directives
  - Fewer than a third of people have living wills
- Often MD's ignore directives; facilities have own guidelines & staff may oppose removing treatments
  - Sometimes staff members go to court to actively oppose
- Once treatment is started, it is hard to discontinue
  - Family members do not always understand the implications of their decisions as well..

End of Life Issues: Why are they important to understand?

- MD's rarely have time to discuss all of the possible choices & consequences with clients
  - Avoid the issues
- Often psychologists or social workers get theses referrals
- Field full of conflict because people can't agree on right-to-die issues

Caring for dying

- Hospice Foundation of America
  - Goal is pain control, death with dignity
    - Neither prolongs life nor hastens death
  - End of life care is provided at home
  - Deals with emotional, social & spiritual impact of disease on patient and family
  - Offers bereavement & counseling services to families before & after death