A Good Death

INTRODUCTION:

The hospice movement and advocates for the dying make the assumptions that death can be “good” and can be controlled to some degree. The mission of a hospice therefore, is to maximize the conditions which make this possible and to minimize those elements which create suffering. But what is a “good death”? Sounds like an oxymoron. For any living creature, in the continual drive for survival, death is the enemy; yet, death is inevitable and life cannot exist without death. We attempt to control death and dying in response to the absolute lack of power and control of our own mortality.

This paper will seek to identify the elements of an acceptable death, with the understanding that like a good play, the final act of dying is the testament of what came before and what brings closure and meaning to the script.

DIFFICULTIES IN DEFINITION:

- “Dignity” and “suffering” are subjective yet are usually considered of primary importance in the dying process.
- Some might argue that death can never be “good” as it represents the antithesis of all we hold dear- life and the living.
- We cannot always control the final death scene.
- By defining a “good death”, we necessarily introduce the notion of a “bad death”. Because death is a process of Nature and therefore, lacks judgement or morality, much like the process of birth or of aging, death can only be natural and is rarely pretty and dignified. Furthermore, there are great and negative implications to the bereaved if the grief scene is not perceived to be “good”; i.e complications to the grief process occur, as in a “trauma response”.
- There is a real danger in imposing our own values and personal choices onto the dying; for example, there can’t be a “good death” without reconciliation or “finishing business”. This value tends to be popular among hospice workers and children of the 60′s but may not be held by other populations.

ASSUMPTIONS WITHIN HOSPICE CARE:
• It is not necessary or desirable to have physical pain.
• People will usually choose pain control over the desire to be alert, conscious and present/ Good pain medications usually cause loss of awareness.
• Most people will choose to die in the presence of loved ones.
• Emotional and psychological preparation (i.e. anticipatory grieving) for death precedes the acceptance of dying.
• Practical and legal preparation for death precedes acceptance of death.
• Meaning can be ascribed to death.

GENERAL ELEMENTS OF A GOOD DEATH:

• Opportunity and support for anticipatory grieving.
• Adequate pain control, minimal suffering/ death scene is peaceful (no trauma).
• There is time and support for preparation for death by the pt. and loved ones.
• The pt. has some level of control over the death scene, including: who is present, the setting, the timing of the death, the presence of spiritual guide or God to ease the “journey”, and the pt. perceives that the ones left behind are “ready” and will be ok.
• Opportunity exists for reconciliation and healing of interpersonal wounds.
• Unfulfilled goals and wishes are grieved.
• There is an opportunity to say “good-bye”; to be able to express love for those left behind and to validate that you were loved.

IMPLICATIONS FOR SOCIAL WORK PRACTICE IN HOSPICE:

• Due to shorter length of stays, there is less opportunity and time for the SW to build rapport with the pt. and family and to facilitate a good death. There may be a need to identify “high risk” bereaved early on in care and to begin interventions immediately to support the bereavement process. Where bereavement services are minimal, the SW’s responsibility to support the anticipatory grief process is greater during Patient Care. Also, without rapport, the bereaved may not initiate or accept bereavement services after the death.
• We cannot make the assumption that pain control is the most important element of a good death, or to assume that the pt. always wants loved ones and/or hospice staff in the room at the death scene. Ask first! It is also helpful to help the person define a “worst case scenario” as well as the best case. Be careful not to allow the Durable Power of Attorney to make decisions before the pt. is unable to do so, and to facilitate these discussions well before the pt.’s decline, when possible.
• We have a mandate not to impose our own cultural, personal and professional values on others but rather, to assist them in identifying their own definitions of “dignity” and of a desired death. We must always be aware of our own counter-transference issues and unresolved grief issues and to seek supervision and support for ourselves on a regular basis.
SW has traditionally avoided direct discussions and interventions in the spiritual realm, yet the death scene is a “holy place” even for non-believers. We all have common spiritual questions at the end of life: Where did I come from and where am I going? Why is this happening to me? What has been the meaning of my life? Have I made a difference in the world and with my loved ones? Will I be re-united with loved ones who have died before me? The involvement of Chaplain services in holistic hospice care is critical but for SW to avoid this area would be neglectful of the pt. as a whole person and of the SW’s own spiritual life.

SW must be creative in SW interventions. Verbally processing feelings is not the only way to do “grief work”. Use such mediums as art work, narrative work, therapeutic games/activities, rituals, life review, touch and even….silence. Be aware of cultural differences in mourning.

CONCLUSION:

It is my belief that we die the way we lived. Some of us “go out screaming”, just as we came into the world. Others go quietly, as if their passing should not “make a fuss”. Not all of us will die peacefully, will have reconciled with loved ones or fully accepted our separation from life and what we love in the world. All of us fear suffering and most of us desire a death worthy of our lives. All of us deserve the chance to write the script for this “final act” in accordance with our own values, lifestyles and personalities. Perhaps a “good death” is really that death that best reflects our uniqueness and helps us leave this world with our “selves” intact. Perhaps death is a partner who travels with us from one plane of existence to another, much like birth and any type or manner of death is “good” because the destination is eternity and peace. Or maybe death is a mystery to the living, with the last page of one’s life script in a state of continual editing and review.

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