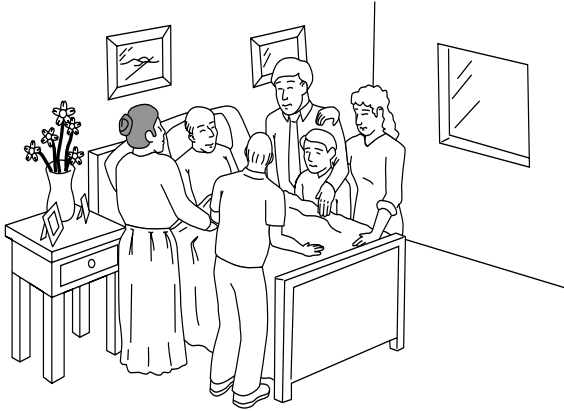


Providing Continuity of Care:

Death, Dying, and Grief



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NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

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This program is geared towards people who care for the dying person, generally in settings such as home care, long-term care facilities, assisted living facilities, adult homes, hospitals, and Hospice organizations. While the program is geared toward health care providers (primarily the aide), it can be also be helpful as a teaching tool for families and friends of the person who is dying.

As the population of the United States matures, caregivers become more involved in caring for the dying person. This care may be provided in an institution or in the home, assisting the dying person's family and/or friends. Since the emphasis in our culture is placed on being healthy, death and dying are often viewed as unhealthy and therefore negative. It is the "natural" response to attempt to avoid the negatives in our lives. Add to this a lack of experience in dealing with death and healthcare's philosophy of healing as "success," and it is understandable that dealing with the dying person would create conflict in caregivers. The complexity of working with the dying situation is apparent.

The purpose of this project is to assist caregivers in exploring the different aspects of the death and dying experience. Caregivers are faced with several difficulties, such as redefining their definition of "success," dealing with their own perceptions of death, understanding their concerns, and recognizing their role in assisting dying individuals. Complicating these tasks are the varying responses of dying individuals and their families and/or friends. It is our hope that this project will enable the caregiver to more comfortably handle the dying experience.

This in-service can be divided into three sections as follows:

1. Issues of Death and Dying, Learning Objectives 1 - 6
2. Grief and the Grieving Process, Learning Objectives 7 - 11
3. Caregiver Concerns, Learning Objectives 12-13

Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard or flip chart.

We hope you find this in-service helpful. And, as always, we welcome your comments and suggestions.

Happy Teaching!

Introduction and Assessment

Estimated Time: 10 minutes

Tools: Handout Intro-1 Assessment A
Handout Intro-2 Assessment A Answer Key
Handout Intro-3 Key Terms
Handout Intro-4 Note-Taking Worksheet

Learning Activity: **Lecture and Discussion**

As the lecture on death and dying begins, ask the participants to consider their feelings about death and/or talking with someone who is dying. Ask the following questions:

- Have you ever watched someone die? Or taken care of someone who was dying?
- What were your expectations?
- How do you feel when you think about death?
- How would you feel if someone told you he is “terminal”?
- Would you feel differently in different dying situations?
- What do you think when you hear about a child dying?
- How do you feel when someone is murdered?

As the participants discuss their thoughts and feelings, write them on a board or flip chart to compare each participant’s suggestions.

Learning Activity: **Assessment**

Distribute Handout Intro-1 Assessment A Allow participants enough time to complete the assessment.

Learning Activity: **Lecture and Discussion**

As we think about death and dying, it is difficult for many to deal with this topic for several reasons. Discuss the following attitudes about death to help participants begin to process their own thoughts and feelings:

- They may fear their own death.
- They may be unsure of how to talk about death.
- They may be reminded of their own mortality.
- Their culture may discourage discussion of death.
- They may view death as a personal failure.
- They may have experienced a negative death event.

Often caregivers are taught that their goal is to help someone heal. Anything else is considered a failure. As these lessons progress, our emphasis will be on dealing with each person involved in the dying experience with dignity and ensuring quality of life as defined by the person. It is important that we explore our feelings and attitudes and strive to focus on the needs of the person who is entrusted to our care.

Question: What is one of the most important things we can do for any person who is dying?

Answer: LISTEN TO THEM! Often we think that people want a magical answer to their questions, when in reality what they want is for someone to listen and be supportive.

Discuss the following people death affects besides the dying person:

- family
- friends
- co-workers
- community (ex. work, schools [their children], religious group, and surrounding neighbors)

**Distribute
Handout Intro-3
Key Terms**

This handout is for the participant's reference.

**Distribute
Handout Intro-4
Note-Taking
Worksheet**

Review Assessment A and encourage the participants to use the Note-Taking Worksheet to enhance their learning. Encourage as much discussion as time allows for each Learning Objective, as this enables the participant to internalize the learning.

Assessment A

Name: _____ Date: _____

Instructor's Name: _____

True or False. For each of the following statements, write "T" for true or "F" for false.

1. ___ When working with the dying person one should avoid discussing the subject of death.
2. ___ A dying person may lose his or her appetite.
3. ___ The heart rate always increases before death occurs.
4. ___ DNR stands for "Do Not Restrain."
5. ___ All individuals equate religion with spirituality.
6. ___ Hospice focuses on the resident and family as a unit of care.
7. ___ Grief occurs whenever there is any type of loss.
8. ___ As a person prepares for death she may withdraw from family and friends.
9. ___ It is uncommon for those working with the elderly to face multiple deaths.
10. ___ Hospice care is provided from 8am – 5pm, Monday through Friday.
11. ___ Often caregivers are taught that the goal is to heal.
12. ___ Death only involves the one who is dying.
13. ___ As a healthcare worker, you should encourage the dying person to have the same religious and spiritual beliefs you have.
14. ___ Hospice care is holistic in approach, meaning it treats the "whole person" physically, emotionally, socially, and spiritually.
15. ___ The most important thing a caregiver can do for a dying person is to listen.
16. ___ People with a terminal illness do not usually have many concerns.
17. ___ Staff members do not have stress when caring for a dying person.
18. ___ Hospice is covered by Medicare and Medicaid.
19. ___ Staff members will experience the different stages of grief the same way other people do.
20. ___ Staff members should be able to manage their own grief without support from others.
21. ___ A suicide can be viewed as any other death and the same grief process will occur.

Assessment A Answer Key

1. **False.** Encouraging talk of death will give permission for the person to talk about their feelings and concerns.
2. **True.**
3. **False.** The heart rate may either increase or decrease.
4. **False.** DNR stands for “Do Not Resuscitate.”
5. **False.** Religion and spirituality are different. Many accept spirituality but not religion.
6. **True.**
7. **True.**
8. **True.**
9. **False.** Multiple deaths are a difficulty in working with the elderly.
10. **False.** Hospice is available 24 hours a day, seven days a week.
11. **True.**
12. **False.** Death experiences involve all committed family and friends.
13. **False.** Healthcare providers should honor each person’s beliefs even if they are different from their own.
14. **True.**
15. **True.**
16. **False.** The terminally ill person has several concerns.
17. **False.** Staff experience grief and thus stress whenever one in their care dies.
18. **True.**
19. **True.**
20. **False.** Staff members need support to deal with their grief, either from their employers or from other support groups.
21. **False.** Suicide complicates the grief process.

Key Terms

Advance Directives: documents that allow people to choose what kind of medical care they wish to have in the event they are unable to make those decisions themselves. An advance directive can also designate or name someone else to make medical decisions for a person if that person is incapacitated (disabled). *Living Wills* and *Durable Power of Attorney for Health Care* are examples of advance directives.

DNR (Do Not Resuscitate): a healthcare order that tells medical professionals not to perform CPR. CPR (cardio-pulmonary resuscitation) refers to medical procedures used to restart a person's heart and breathing when that person suffers heart failure.

Durable Power of Attorney for Health Care: one type of advance directive that is a signed, dated, and witnessed paper that appoints someone else to make the medical decisions for a person in the event he or she becomes incapacitated. This can include instructions about medical treatment the person wants to avoid.

Grief: an emotional response to loss. It is an adaptive, or changing, process and is usually healing.

Hospice (HAS pis): a special kind of caring for individuals with terminal (fatal) illnesses and their families. Goals of Hospice care include meeting important needs such as spiritual needs, social needs, and pain management.

Holistic (hole IS tic): a manner of care that treats the "whole person," including his or her physical, emotional, spiritual, and social needs.

Living Will: one type of advance directive that states the medical care a person wants, or doesn't want, in case he or she becomes unable to make those decisions him- or herself. It is called a Living Will because it takes effect while the person is still living.

Postmortem Care: care of the body after death.