DEATH, FUNERALS AND BEREAVEMENT SEMINAR

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Mr Justice Hedley’s ruling in the case of Charlotte Wyatt - October 2004

“As a society we fight shy of pondering on death, yet inherent in each of us is a deep desire, both for oneself and for those we love, for a ‘good’ death”.

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The real concern for most people about mortality lies in the manner in which we might die rather than death itself (Garrett 1983).

- Certain to happen
- Unique experience
- Irrespective of age
- Irrespective of social circumstances
- Irrespective of sex!

So what is the nurse's role -

- Complex and changing needs of the patient have to be embodied in a dynamic care plan which, when implemented, will convey this message ...

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"You matter because you are you: you matter to the last moment of your life and we will do all we can to help you die peacefully but also to live until you die"

(Saunders 1976)

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With the continued growth and development of palliative or terminal care it is possible to relieve much of the suffering associated with the dying process.

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Adequate management will only be realised if needs are adequately assessed and interventions planned accordingly. Patients should be encouraged to be active partners in this planned care.

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Towards the end of life the extent of **expressed need** is likely to be far less than **felt need**.

Nurses must have -

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Holistic approach to the patient - building a relationship of trust and support involving the whole multidisciplinary team

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- Pain and assessment of pain
- Loss of control of life and/or routine
- Breathlessness and cough
- Excessive secretions
- Nausea and vomiting
- Loss of speech

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- Eye care
- Insomnia
- Mental pain/sadness
- Fear
- Emotional hurting
- Spiritual needs
- Depression
- Pressure sores or wounds
- Position of patient
- Control of infection

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- Mouth care - oral care
- Incontinence or urinary infection
- Diarrhoea
- Loss of appearance
- Lack of independence
- Financial loss and security
- Lack of social contact - loneliness
- Confusion and terminal restlessness
- Surroundings
- Environmental temperature

Caring for the relatives and carers

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- Important to try and involve them in as much of the care giving as they wish
- Feeding
- Hand or foot massage
- Visiting
- Information and advice - including finances, emotional support

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- Individual time - relaxation
- Encourage to make decisions about care
- Good communication and listening
- Lifting and handling skills
- Spiritual help

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What about me … the Nurse?

- We need to develop a mechanism for supporting each other.
- Nurses can feel frustration, failure, anxiety, anger, guilt or remorse, sadness and burnt out.

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We need a systematic approach to death education in nurse training, prepare nurses for meeting the needs of the dying patient and within this training programme allow nurses to come to terms with their own beliefs about dying so that they can better cope with their own emotional need.

Verification of Expected Death

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- Registered nurses can, after training and with management approval, verify the death of patients when it has been expected.

Verification of Expected Death by Qualified Nursing Staff

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Objective

To ensure the registered nurse feels competent to undertake Verification of Death in expected situations.

Definition of Expected Death

- Where the expected death of a patient has been fully discussed and documented by medical and nursing staff.
- Where relatives (as far as possible) are made aware of impending death

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Last Offices

Last offices have always been recognised as the final services offered as a mark of respect to the dead person before burial or cremation.

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It is important that nursing staff are aware of religious beliefs and customs. They must also show respect for the body with gentle and sensitive handling.

For a Christian Burial or Cremation

- The body is washed and dressed in a shroud or other clothing
- Catheters and other appliances are removed
- Sores and wounds sealed with waterproof dressing
- Rings and jewellery are usually removed and returned to relatives
- An identity label is attached to the ankle and outside the shroud
- Arrangements made for the Death Certificate to be issued to the relatives

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Judaism

- May require a watcher
- May not wish the nursing staff to wash body
- Three mourners present and prayers said at same time
- Burial within 24 hours
- Strict 7 days mourning and prayers

Islam

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- Strict washing rituals
- Males wrapped in 3 cloths
- Females wrapped in 5 cloths
- No cremation
- No organ donation
- No post mortems unless legal requirement
- Body laid on ® side facing MECCA

Hinduism

- Last offices performed by family
- Body dressed in new clothes
- Marriage cord cut after death
- No post mortem
- Eldest son lights pyre
- Children under (5) buried

Breaking Bad News

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Many of us reach middle years with little or no experience of bereavement

- apprehension
- fear
- avoidance

Field (1989) believes there is a direct relationship between care-givers' attitudes towards death and dying, and the well-being of relatives and those who are dying in their care.

What is Bad News?

- It is any information that is likely to alter drastically a patient’s or relative’s future

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Why is it Difficult to Break Bad News?

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- Professionals worry that the patient will blame them personally for the bad news
- Professionals have limited training and lack confidence in this area
- Professionals feel they may unleash a reaction which they may have difficulty in coping with
- Professionals have a fear of not knowing the answers to the questions

Preparation

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- Check what the relatives know.
- Listen to the relatives and show that you are listening
- Sit close enough for physical contact
- Keep at the same level
- Break the news sensitively
- Ensure that the relative has enough time to let the information sink in and ask questions

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- Ask how they are feeling and be prepared to cope with their emotion
- Invite questions
- Give practical support and information
- Offer follow up appointment
- Finally, check your own state of mind before seeing another patient

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Thank you

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