

# Death and Dying: It's Complicated



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“If you accept that death is part of life, then when it actually does come, you may face it more easily.” -  
The Dalai Lama



# Attitudes About Death



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# Classifying Death Attitudes

- **Death denying/avoiding**: Rarely talk about death. Very closed to the topic. Try to stay away from funeral homes. Elephant in the room.
- **Death defying**: Prefer to use medical technology to overcome aging (stay young) and defeat death.
- **Death accepting**: Very open about death and dying. Accept death as part of the normal human experience. Talk about it routinely.

# Factors Influencing American Attitudes About Death

- Urbanization
- Medical technology
- Increased life expectancy
- Secularization

# For most of human history people died at home surrounded by their loved ones



George Washington on his Deathbed by Junius Brutus Stearns. 1851

# Definition of a Good Death

- Pain-free
- Open acknowledgement of the imminence of death
- Death at home, surrounded by family and friends
- An “aware” death – in which personal conflicts and unfinished business are resolved
- Death as personal growth
- Death according to personal preferences and in a manner that resonates with the person’s individuality





# Palliative Care = Total Care

- Physical
- Psychological
- Spiritual
- Existential



# Hospice care

Hospice care is specialized palliative care of patients with terminal illnesses, usually after individuals who have ceased curative therapies.



# Hospice Care Expectations

1. Because most care is provided in the home, a primary caregiver (family member) who is available 24/7 is a requirement.
2. Family caregivers must be able to provide health-related tasks, such as monitoring vital signs, assessing pain, and administering medication.
3. Medicare/Medicaid benefits are limited.
4. The "six month rule" may exclude patients who have conditions that are difficult to predict.

# When a Hospice Patient Dies at Home:



- After-death care generally proceeds smoothly when a patient dies while in hospice care.
- At the time of death, the family is instructed to call the on-call hospice nurse, who makes a visit and pronounces the patient (24/7).
- Most counties do NOT require notification of the coroner for an anticipated death (as in hospice).

# Ongoing Family Support

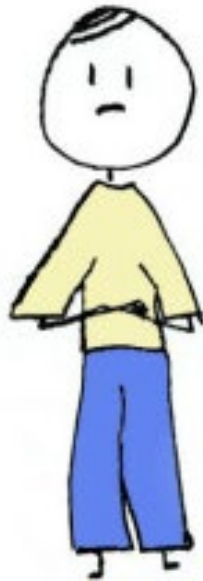
- Being with someone who is dying involves a confrontation with one's own mortality.
- Helping with hospice care of a loved one makes the death very “real” and personal.
- Most hospice programs continue past the death of the patient, offering grief and bereavement services.



# Grief and Bereavement



# Styles of Grieving



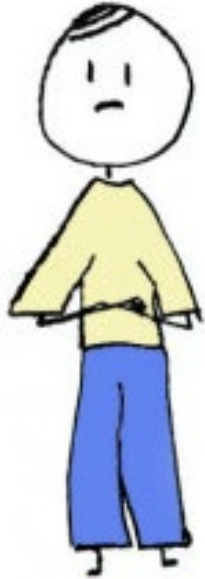
# Intuitive Grief

- Openly sharing inner experiences with others – especially other grievers.
- Outward expressions of grief such as crying.
- This type of grief is often considered a “feminine” reaction to loss.





# Instrumental Grief



- Focus on cognition with a desire to master feelings.
- May have a general reluctance to talk about emotions.
- Problem solvers.
- This type of grief is often considered a “masculine” reaction to loss.

# Styles of Grieving



# Kubler-Ross 5 Stages of Grief



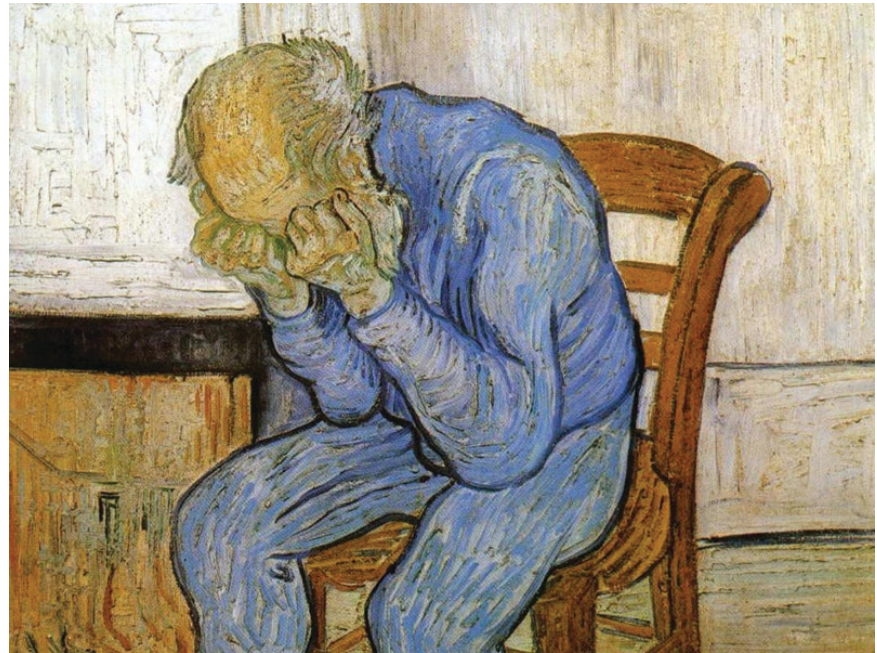
# Anticipatory Grief

Entails all losses throughout the course of the illness - freedoms, roles, career, etc.



# Complicated Grief

**Definition:** Being in a chronic, heightened state of mourning



# Situations that heighten the risk of complicated grief

- Sudden and unanticipated death (traumatic, violent, random)
- Death from an overly lengthy illness
- Death of a child
- The perception that the death was preventable
- A relationship that was angry, ambivalent or dependent.
- Prior or concurrent mental health problems or stresses
- A perceived lack of social support

# Signs that grief has become complicated

- Grief symptoms get worse over time
- No apparent progress after 6-9 months
- Extreme focus on the loss
- Trouble carrying out normal routines
- Social withdrawal
- Depression
- Suicidal tendencies

# Disenfranchised Grief

Refers to a loss that is not openly acknowledged:

- Suicide
- Ex-spouses or boyfriend/girlfriend
- Pet loss
- Divorce
- Miscarriage
- Losses experienced by the young or old

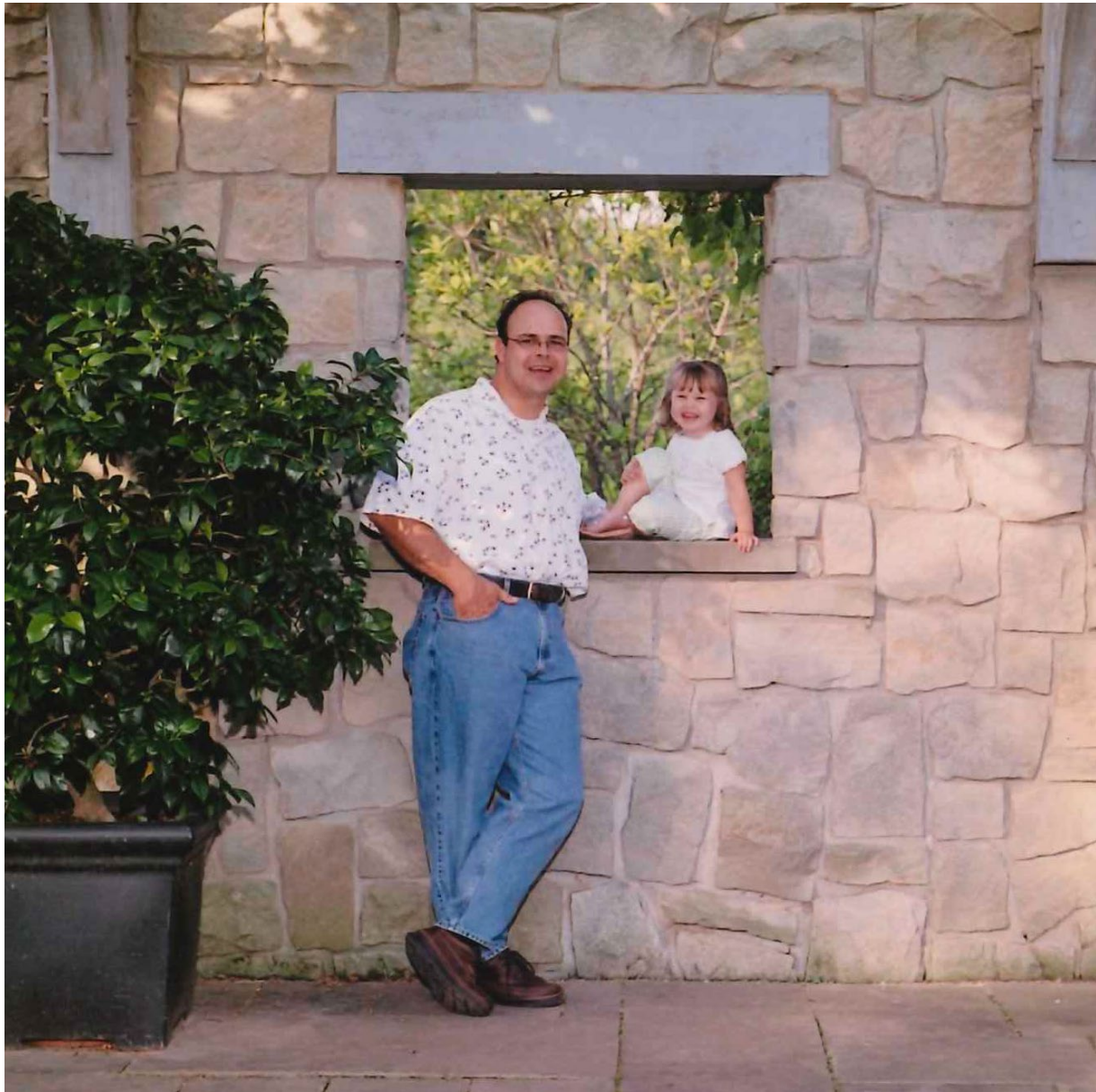


# Making Plans



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“Talking about sex won’t  
make you pregnant and  
talking about death won’t  
make you dead!”



# Informed Consent

1. Consent must be given freely.
2. Patient must be competent to give consent.
3. Consent must be based on an adequate understanding of the proposed treatment, including any potential risks.

# Take control of the decisions

- Talk about end-of-life decisions with your family.
- Complete a living will.
- Complete a durable power of attorney form.
- Complete a Do Not Resuscitate Order (DNR)

# Five wishes

1. The person I want to make care decisions for me when I can't.
2. The kind of medical treatment I want or don't want.
3. How comfortable I want to be.
4. How I want people to treat me.
5. What I want my loved ones to know.

# Living wills

Allows for the refusal of treatment in the event that the administration of life-sustaining procedures would only prolong the dying process

It also states what life-prolonging treatment you DO want

# Things to consider:

- Living wills are only effective if people have them.
- Individuals must decide what treatment they would want if incompetent, requiring thinking ahead.
- Individuals must accurately and lucidly state their preferences.
- The living will has to be available when it is needed.
- Your family has to be willing to follow the directives of the living will



# Health Care Proxy

- Also known as durable power of attorney for health care
- Not the same as durable power of attorney relating to other decisions

# Last Will & Testament



A legal document expressing a person's intentions and wishes for the disposition of his or her property after death.

# Trusts



- Living trust – effective immediately
- Testamentary trust – effective upon the death of the grantor.

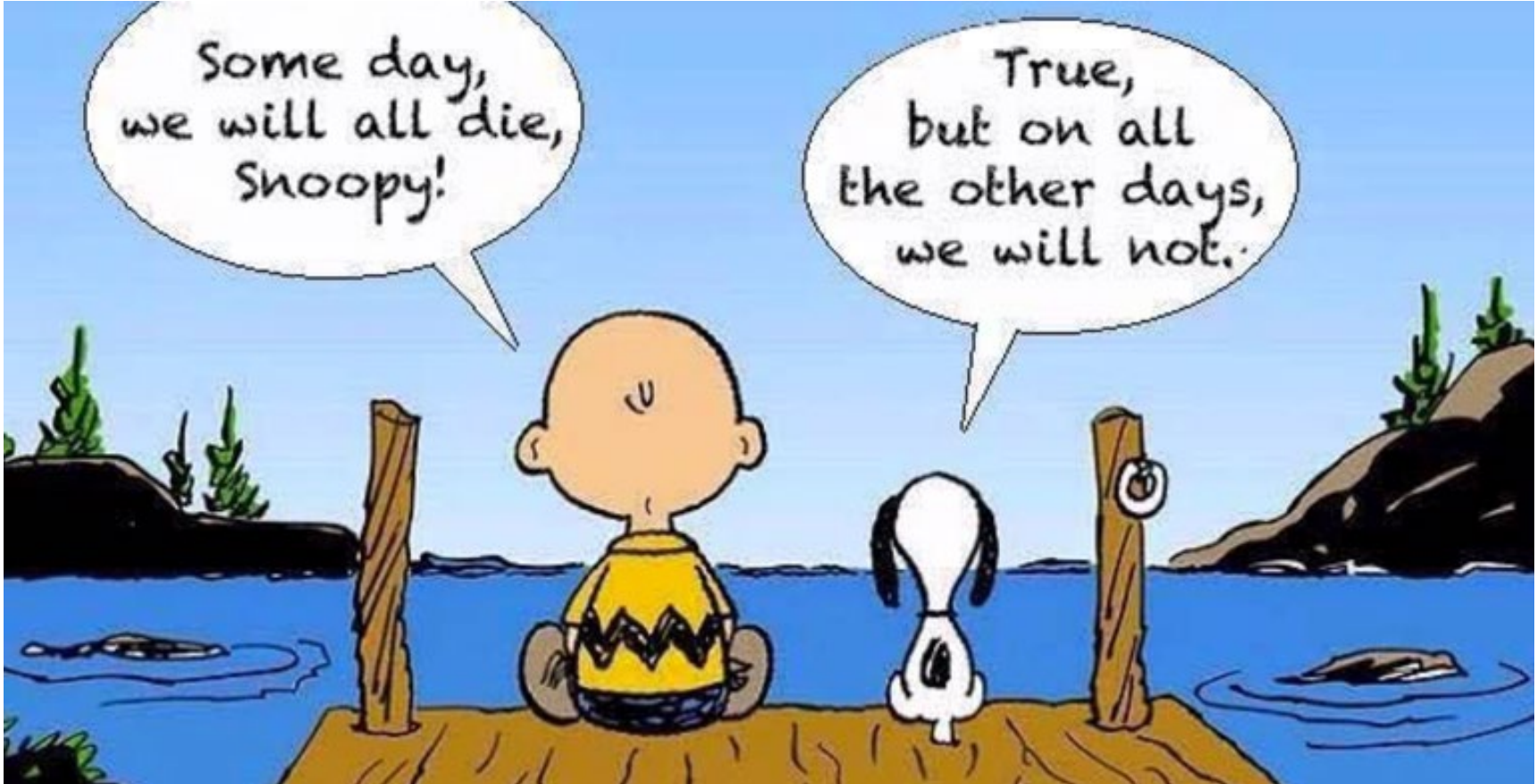
# Social Security Benefits

Question: How much does Social Security Administration pay as a death benefit?

# Social Security Benefits

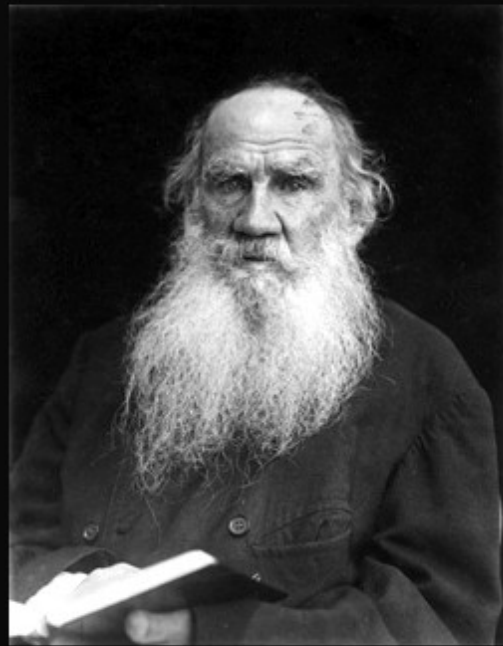
The Social Security Administration death benefit is:

**\$255\***



Some day,  
we will all die,  
Snoopy!

True,  
but on all  
the other days,  
we will not.



You will die — and it will all be over. You will die and find out everything — or cease asking.

(Leo Tolstoy)

[izquotes.com](http://izquotes.com)

# Questions/Discussion



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