

DEATH AND DYING

Module 15

I. **Statement of Purpose**

The purpose of this module is to prepare the nurse assistant to reinforce the concepts of grief, loss, death and dying. It includes the skills required for nurse assistants to provide physical care and emotional support to these patients and significant others.

II. **Terminology**

1. Active listening
2. Autopsy
3. Do not resuscitate (DNR)
4. Body bag
5. Grief
6. Hospice
7. Loss
8. Patient-controlled analgesia (PCA)
9. Palliative care
10. Post-mortem
11. Rigor mortis
12. Sacrament for the sick
13. Shroud
14. Terminal

III. **Performance Standards (Objectives)**

Upon completion of 3 hours of class plus assignments and 3 hours of clinical experience, the learner will be able to:

1. Define basic terminology.
2. Discuss cultural differences in death rites.
3. Describe how to communicate with the terminally ill patient and significant others.
4. Provide postmortem care.

DEATH AND DYING

Module 15

IV. References

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MODULE 15 - DEATH AND DYING

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation	Clinical Activities
Objective 1 Define Basic Terminology - Terminology - Clinical application	- Lecture/ Discuss - Written test - Appendix 15.1 Definitions	
Objective 2 Discuss cultural differences in death rites. - Common ethnic groups in service area - Specific death rites	- Lecture/ Discuss - Clinical observation - Appendix 15.2 - - Appendix 15.2b – Concerns About Death and Dying - Written test	Respects cultural differences in death rites.
Objective 3 Describe how to communicate with the terminally ill patient and significant others. - Active listening—serve as a <i>sounding board</i> for patient/family. - Don't negate hope or support false hope. - Patients/families need to have hope—therapeutic, but also need to prepare for the possibility of loss/death. - No magic answers. Just listening provides the patient/family with a means to express their feelings. Listen, make eye contact, show that you appreciate their feelings, not that you know how they feel—you don't know unless you've been there. - Help to decrease feelings of guilt. - Protect the dying person's rights.	- Lecture/ Discuss - Role play - Clinical observation - Appendix 15.4 - Dying Person's Bill of Rights - CNA-MC Module 16, objective 3, pp. 16.4-16.5: Emotional/spiritual needs of dying patients - CNA-MC Module 16, objective 4, pp. 16.5-16.6: Rights of dying patients	Demonstrates effective active listening skills. Demonstrates therapeutic interactions with patient/significant others.
Objective 4 Provide postmortem care. - Equipment - Procedure - Belongings - Transport	- Lecture/ Discuss - Appendix 15.4 - Giving postmortem care - Lab practice	

SAMPLE TEST QUESTIONS

Directions: Circle the best answer

1. As death nears, the last sense to be lost is
 - a. Sight
 - b. Taste
 - c. Smell
 - d. Hearing
2. A "no code" order means
 - a. To start CPR immediately
 - b. Do not resuscitate
 - c. Do not begin postmortem care immediately
 - d. To notify the family if the patient seems in danger of dying
3. Postmortem care is done
 - a. After rigor mortis sets in
 - b. After the doctor pronounces the person dead
 - c. Just before the body is transported to the morgue
 - d. After the family has viewed the body
4. As death approaches, changes include
 - a. Constriction of the pupils
 - b. Muscle spasm
 - c. Slowing of circulation
 - d. Skin developing a yellow hue
5. Sacrament for the Sick may be administered to the patients of what religion?
 - a. Judaism
 - b. Lutheran
 - c. Catholic
 - d. Jehovah's Witness
6. During postmortem care the nursing assistant should
 - a. Remove the foley catheter, but check to see if specimen is needed
 - b. Close patient's eyes by placing a coin on top of the eyelids
 - c. Remove the hospital ID band and replace with ID tags from morgue kits
 - d. Change the soiled gown, dressings and drainage bags
7. Before performing postmortem care, the nursing assistant should check
 - a. If the patient is a coroner's case
 - b. If the patient is an organ donator
 - c. The patient's chart for advanced directive instructions
 - d. If the patient is under Hospice care

SAMPLE TEST QUESTIONS - KEY

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 - d. **Hearing**
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Definitions

Advance Directive: An advance directive is a written or verbal communication that allows individuals to make their wishes known if they become unable to speak for themselves. There may be two components to an advance directive: 1) appointment of a surrogate decision-maker, and 2) instructions for future health care treatment decisions. In California, the specific term now used in state law is the Advance Health Care Directive (AHCD).

Living Will: A living will is a type of advance directive that specifies one's treatment wishes if he or she becomes permanently unconscious or suffers from a terminal illness. Despite this specific definition, the term Living Will is often used generically (especially by the general public) to refer to any advance directive document.

Durable Power of Attorney for Health Care: Until 2000, this was the main advance directive document used in California; its primary purpose was to designate a surrogate decision-maker who could act on behalf of an individual unable to make his or her own health care decisions. This function is now a component of California's Advance Health Care Directive.

Hospice: Hospice programs care for those facing a life-threatening illness who have a prognosis of six months or less and are willing to forego curative treatment. Using a team approach, services include expert pain and symptom management, as well as emotional and spiritual support tailored to the needs of the patient and family.

Palliative Care: Palliative care addresses patients' symptoms and associated suffering, including physical, mental, emotional, social and spiritual pain. Unlike Hospice, palliative care is not limited to patients who are terminally ill and can be provided simultaneously with curative treatment.

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<http://www.chcf.org/documents/chronicdisease/DeathDyingSnapshot06.pdf>

Terminal Care for Various Ethnic/Religious Groups

A number of research studies have shown inequities in end-of-life care related to specific ethnic groups (Atkinson, M., 2001). Ethnic minorities have reduced access to palliative care (symptoms control), the opportunity to die at home/hospice care and pain control. There are many reasons for these inequities, which include: preference for aggressive medical care (rather than dying at home), mistrust of medical professionals, discrimination, communication barriers, and even the decision-making style of the minority family. It is important for caregivers to attempt to understand and respect cultural, religious, and ethnic preferences as related to the patient's care.

When spiritual needs are addressed, patient/family morale and confidence that they are in capable hands is increased. General themes among most religions are that families perform rituals to foster the passage of the deceased to God or into another life. The stronger the beliefs, the more dedicated is the family in completing specific rituals, practices, and prayers. *It is important to recognize that the great world faiths have been mentally and spiritually preparing people for death—much longer than the modern scientific establishment* (Siriwardena, 2004). Regardless of the faith or culture, respect is given to the body after death. The table below provides some general guidelines, though asking the patient and family their preference is always preferred and more reliable.

Ethnic Group	General Beliefs/Preferences	Post Mortem/After Death Preferences
Asian culture	Family members may wear white clothing or headbands. Grieving and sadness may be expressed as somatic complaints. Elaborate funerals emphasize passing to the afterlife. May voice concerns about their loved one staying in a room with the number 4; this number is believed to be associated with death. They may be uncomfortable with their loved-one's feet facing the door, as the dead are carried out of a room feet first. In most Asian cultures and religions, bad karma (actions) causes sickness and death.	
Buddhists – 376 million Buddhists comprise 6% of the world's religious population; it is the world's 5 th largest religion. Buddhists comprise 0.5% of the U.S. population (Adherents, 2000).	Dying is considered a part of life. Full & frank discussion of death with the patient and family is usually appreciated. Believe in reincarnation; that this life is one in an endless succession of lives. Believe that the actions in this life will affect the quality of the next, so Buddhists accept all responsibility for their actions. View death as an opportunity for improvement in the next life. To enter death surrounded by monks and family as well as a positive state of mind, helps the deceased to be reborn at a higher level. Some may refuse pain killers/analgesics, as they wish to remain alert in preparation for death. The family may seek out other Buddhists with whom to meditate along with the patient.	In Buddhism, blessings and counseling are offered to the bereaved or sick. Buddhists celebrate few life events; however, funerals are the exception.

Ethnic Group	General Beliefs/Preferences	Post Mortem/After Death Preferences
Christians – With an estimated 2.1 billion adherents in 2001, Christianity is the world's largest religion (33% of the world's population & 76.5% of the U.S. population). It is predominant in Europe, the Americas, sub-Saharan Africa, the Philippine Islands, Australia and New Zealand. It is growing rapidly in Asia (Adherents, 2005).	Believe in life after death, but not reincarnation. Patients or family may request a chaplain or priest to pray with them. Parents may ask that their critically ill babies/children be Baptized (in an emergency, a Christian may perform the Baptism, by sprinkling water on the baby's forehead, saying the baby's name and <i>I Baptize you in the name of the Father, the Son and the Holy spirit. Amen</i>)	Both burial and cremation are practiced by Christians, while Roman Catholics may prefer burial. No religious doctrine prohibits post-mortems/autopsies. Some Christian denominations (i.e., Church of Latter Day Saints/Mormons) will dress the body prior to burial.
Catholics & Episcopalians – Two subsets of Christianity.	May request to be anointed (sacrament of the sick/last rites) by a priest prior to death; this does not necessarily indicate impending death. It symbolizes forgiveness, healing and reconciliation.	
Christian Scientist- A Christian denomination with 2,000 churches in 70 countries.	Generally do not believe in many medical treatments and are particularly opposed to receiving some one else's blood.	
African American culture	May show distrust for the health care system, advance directives, and end-of-life care. Often uncomfortable discussing <i>do not resuscitate</i> options (DNR), as they have a strong belief that they should do all that is necessary to keep the person alive. Discussing organ donation may be perceived as being insulting. Death rituals vary widely related to religious affiliation, geographic, and socioeconomic background. Strong religious beliefs. Often view deceased as being "in God's hands" and that they will be reunited in heaven.	
Baptists	Comforted by the belief that heaven is a beautiful place where the redeemed go. Believe in the resurrection. Often uncomfortable discussing <i>do not resuscitate</i> options (DNR), as they have a strong belief that they should do all that is necessary to keep the person alive. Consent is rarely given for organ donation.	

Ethnic Group	General Beliefs/Preferences	Post Mortem/After Death Preferences
Hispanic culture (also see Catholics section)	Believe that it is detrimental to a loved one to inform him/her of the seriousness of the illness. Often uncomfortable discussing <i>do not resuscitate</i> options (DNR), as they have a strong belief that they should do all that is necessary to keep the person alive. Believe that wearing pendants (especially by children) helps to ward off <i>evil eye</i> (which can cause damage/harm). Some may practice Curanderismo, a combination of Catholicism and indigenous folk medicine.	Spirituality is very important; a connection is sought to the recently departed through prayer and graveside visits.
Hindus- Nearly 1 billion in the world; the 3 rd largest religion. In the United States, they comprise only 0.4% of the population (Adherents, 2000).	Consider death a part of the ongoing process of reincarnation. Believe their past actions will influence their next life. Hindus prefer to die at home and efforts should be made to accommodate this preference. May request that a Hindu priest or family member pray with them, read chapters from holy books, or sing hymns by their bedside. Prior to death, family members may offer food and other articles to the needy, to religious persons, or to the temple. In India, water from the Ganges River is given to the patient just before death, usually by the eldest son; this water is considered holy and provides salvation for the departing soul. Water from a river flowing to the ocean may also be used.	Water from a holy river or oil may be sprinkled on the body of the deceased. The body is ceremonially bathed and wrapped in clean, mostly white khadi cloth. The body is cremated by the next sunrise to facilitate the soul's transition to the next world. Mourners wear white (the color of mourning); dull colored clothes are also considered appropriate.
Judaism — 14 million, the world's 11 th largest religion. In the United States, Jews comprise 1.3% of the population (Adherents, 2000).	There is a wide variety in rituals and the interpretation of Jewish law. Emphasize this life, though believe in an afterlife in which the soul lives on. Patient's rabbi may be requested to pray with patient/family. Traditionally family/patient say a special prayer or confession near the time of the patient's death. Believe that a dying person should not be left alone and families may request to stay with the patient.	The first of three stages of mourning is the Shiv'ah (literally seven), observed for one week. Upon death, those present make a small tear in their clothing as a symbol of grief or wear a black ribbon. A son or the closest relative present may carry out the last offices or rites, such as closing the deceased's eyes and straightening the body. In the absence of a relative, non-Jews are not permitted to handle the body without gloves. The body may be washed by Jewish attendants. Clothing should be left on and the body is wrapped in a clean sheet or burial shroud. After death, the family and rabbi may wish to stay with the body and say a prayer. Post-mortems are not allowed by the faith unless required by law.

Ethnic Group	General Beliefs/Preferences	Post Mortem/After Death Preferences
Judaism – (continued)		Burial should take place as soon as possible, thought on the Jewish Sabbath or religious holidays. Cremation is not allowed by the faith.
Muslim- Islam is a major world religion, second only to Christianity. It comprises 21% of the world's religious population, but in the United States, it is 0.5% of the religious population (Adherents, 2000).	Believe that life in the world is a preparation for death and eternal life. Regard death as inevitable and a gift that enables their soul to be exposed and with God; it is viewed as a door to the afterlife of eternity. The dying patient should be positioned facing Mecca and the room is perfumed. Passages from the Quran are read to the dying patient. With the family's consent, organ donation is permissible.	Personal prayers are recited while standing, but prayers from the Quran may not be recited near the corpse. The body of a Muslim who has died remains as sacred as the body of a living Muslim. If the body is not treated properly, it is believed the soul watching over its body will be hurt. If possible, the body should be referred to the Muslim burial council to ensure that beliefs and customs are honored. After death, a non-Muslim should not touch the body; if touch is necessary, the attendant should be of the same sex as the deceased and should use gloved hands. Whenever possible, it is preferred that some one from the family close the deceased's eyes and position the hands. Any tubes, false teeth, artificial limbs, and contact lenses should be removed. The jaw should be bound to keep the mouth closed. The ankles must be fastened together to avoid opening of the legs. The arms must be placed straight down the side of the body with the fingers straightened. Hair should not be cut nor nails clipped. The body should not be washed by anyone other than the family; they will wrap the body themselves. Once wrapped, the body can go to a mortuary, where it should remain untouched until a Muslim representative arrives to collect it.
Non-religious/Secular- They comprise the second largest "religious" group in the U.S. at 13.2% or nearly 39 million people (Adherents, 2000).	This is a highly disparate group and not a single religion. It includes atheists, but they are only a small subset and this category is not synonymous with atheism. Most are not connected to any organization, but the group does include well-defined philosophies such as secular humanism, systems not traditionally defined as "religious."	

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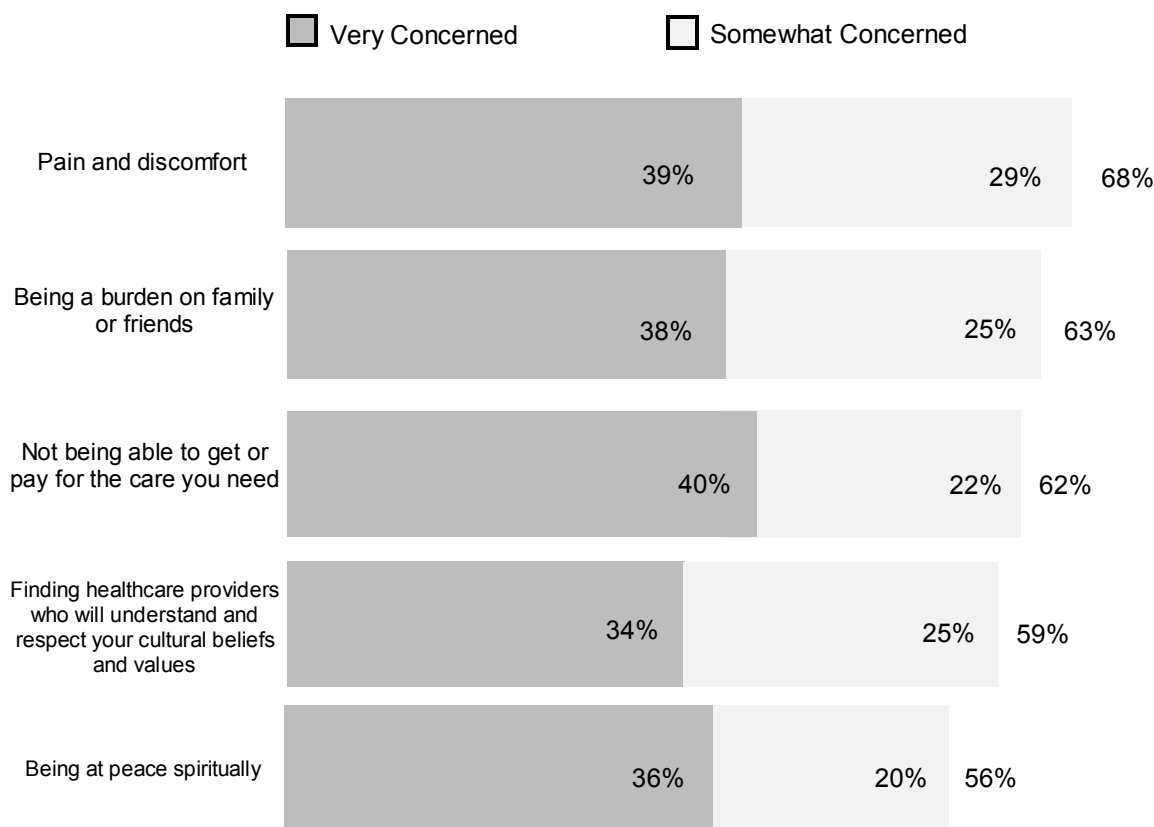
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Death and Dying**Attitudes Toward**

Survey participants were asked to rank five concerns about death and dying on a 4-step scale, ranging from “not concerned at all” to very concerned.” Although the majority of Californians are concerned about all aspects of death and dying, pain and discomfort tops the list for those who are somewhat or very concerned.

Concerns About Death and Dying, 2006

“When you think about death and dying, how concerned are you about . . . ”



Source: End-of-Life Issues and Care in California, statewide survey of 1,778 adults, conducted by Lake Research Partners for the California HealthCare Foundation, February to March 2006.

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<http://www.chcf.org/documents/chronicdisease/DeathDyingSnapshot06.pdf>

THE DYING PERSON'S BILL OF RIGHTS

- I have the right to be treated as a living human being till I die.
- I have the right to maintain a sense of hopefulness, however changing its focus may be.
- I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.
- I have the right to express my feeling and emotions about my approaching death, in my own way.
- I have the right to participate in decisions concerning my care.
- I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.
- I have the right not to die alone.
- I have the right to be free from pain.
- I have the right to have my questions answered honestly.
- I have the right not to be deceived.
- I have the right to have help from and for my family accepting my death.
- I have the right to die in peace and dignity.
- I have the right to retain my individuality and not be judged for my decisions, which may be contrary to the beliefs of others.
- I have the right to discuss and enlarge my religious and/or spiritual experiences, regardless of what they may mean to others.
- I have the right to expect that the sanctity of the human body will be respected after death.
- I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

Modified From Barbus AJ: Am J Nurs 15(1):99, 1975

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Sorrentino, S. (1996). Mosby's textbook for nursing assistants (p. 716). St. Louis: Mosby.

GIVING POSTMORTEM CARE

1. Assemble equipment:
 - a. Shroud or clean sheet
 - b. Basin with warm water
 - c. Washcloth
 - d. Towels
 - e. Disposable gloves
 - f. Identification tags
 - g. Cotton
 - h. Bandages
 - i. Pads as needed
2. Put on disposable gloves.
3. Remove all appliances, tubing and used articles if instructed to do so.
4. Work quickly and quietly; maintain an attitude of respect.
5. With the bed flat, place the body on the back, with head and shoulders elevated on a pillow.
 - a. Close the eyes by grasping the eyelashes, gently pulling the eyelids down and holding shut for a few seconds.
 - b. Replace dentures in the patient's mouth, if used. Replace an artificial eye, if used.
 - c. The jaw may have to be secured with light bandaging or a chin strap.
 - d. Pad beneath the bandage. Handle the body gently, as tight bandaging or undue pressure from your hands may leave marks.
 - e. Straighten the arms and legs and place arms at side.
6. Bathe as necessary. Remove any soiled dressings and replace with clean ones. Groom hair.
7. Place a disposable pad underneath the buttocks. If the family is to view the body:
 - a. Put a clean hospital gown on the patient.
 - b. Cover the body to the shoulders with a sheet.
 - c. Remove disposable gloves and wash your hands.
 - d. Make sure the room is neat.
 - e. Adjust the lights to a subdued level.
 - f. Provide chairs for the family.
 - g. Allow the family to visit in private.
8. Return to the patient's room after the family leaves. Wash your hands and put on disposable gloves.
9. Collect all belongings and make a list. Wrap property and label. Valuables remain in the hospital safe until they are signed for by a relative.
10. Fill out the identification cards or tags in the morgue kit and attach them as follows:
 - a. Place one card on the right ankle or right great toe.
 - b. Attach one card to the bag with the patient's valuables.
11. Put a shroud on the patient and attach an identification card or tag to the outside.

12. Transport the body to the morgue.
 - a. Call an elevator to the floor and keep it empty.
 - b. Close patient corridor doors.
 - c. Empty corridor.
 - d. With an assistant, place the body on a gurney. Use a morgue gurney if available.
 - e. Keep the patient supine, with a rubber head elevator under the neck.
 - f. Cover the body with a sheet.
 - g. Remove disposable gloves and discard according to facility policy. Wash your hands.
 - h. Take the body to the morgue.
 - i. Attach one identification card or tag to the morgue compartment.