Introduction

A Massive Open Online Course (MOOC) on death and dying (Dying2Learn) was held in 2016 to open the dialogue with the general community. As a society that does not always speak openly about death and dying we can tend to shy away from what can be seen as harsh words or language.

An activity in week 1 asked participants to think of alternative words (euphemisms) to death and dying (e.g. kicked the bucket).

Aim: To explore the findings from the euphemisms and associated comments posted in the MOOC and to reflect on how language enables and sometimes disguises important messages and conversations.

Week one: How we engage with Death and Dying - Language

Misunderstandings in practice:

“I prefer to use the word died. When arriving at a client’s door many years ago, her husband said, ‘she’s gone’. I asked where his wife had gone. She had died a few days earlier.”

“My great aunt was very worried that her husband would ultimately be transferred to one of two nursing homes, located quite some distance away, and therefore not easy for her to visit him. After a phone call one morning letting her know that her husband had ‘gone’, she inquired as to which nursing home he was transferred to; whereby the caller awkwardly clarified that her husband had in fact died. Plain language would have prevented an awkward conversation at a sensitive time.”

When it is appropriate:

“….after Nursing in a multicultural area for years I’m aware of the cultural sensitivities that exist around death and dying.”

This need to soften language is now translating into workplaces:

“….some line managers do not like the word ‘died’. I was told to write ‘passed away’ in a set of care notes.”

And finally:

“I am getting the message that the word ‘die’ is like an obscenity or offensive word. How can it be right to continue the entrenched myths about death by not referring to it as an event except through shrouded inferences? How does it help children learn about how death is a part of the cycle of life if we are afraid to use the term ‘died’?”

Results

This activity saw 471 participants contribute between 1 and 38 words or phrases each (an average of 6.5) to a total of 3,053 euphemisms. Comments (n=122) were also made about this activity and about the use of euphemisms in everyday language.

The word ‘gone’ was the most frequently cited word (used 485 times). It was often used alone, but was used 60 times in a saying or well-used phrase, the five most popular of these being: ‘Gone to Heaven’ (n=76), ‘Gone to a Better Place’ (n=52), ‘Gone to God’ (n=48), ‘Gone to Sleep’ (n=20) and ‘Gone to the other side’ (n=18). The second most frequently cited word or words was ‘passing’ although this also encompassed pass, passed and passes. It was used 447 times. The word ‘lost’ was cited 51 times in the activity. All of these words or phrases are now commonly used but with potential misunderstandings and misinterpretation.

Euphemisms

The euphemisms were many and varied and demonstrated how language has changed but also stayed the same. Many participants also provided comments about the use of euphemisms and how they can easily offend, or be misinterpreted.

This was a somewhat contrived task (an ice breaker) and we are aware that the euphemisms were ones that participants had found and not ones that they necessarily used. However, as over two-thirds of participants described themselves as health professionals an unintended outcome was the description of euphemisms in practice. While many decried the use of words like ‘passed away’, they also mostly agreed that it was situational and that they would be guided in their use of language by the people they were talking to.

Ethics approval was received for this study, allowing de-identified content to be used (Flinders University HREC No: 7247).

Conclusion

Euphemisms have become a part of our everyday language to describe things we would rather avoid saying, and are used to soften conversations and avoid stating the obvious. This study highlighted some common euphemisms for death, why they are used, and how their use can be easily misconstrued in daily life and in clinical practice.

For health and aged care professionals, there are implications for clinical practice in terms of the language used in communicating with patients and families which could potentially cause embarrassment and distress.