

Discussing the process of death and dying

Recommendation	Useful phrases (where applicable)
<ul style="list-style-type: none"> Explore fears and dispel myths. 	<p><i>"It is very difficult for any of us to contemplate our own death. Are there particular fears or issues concerning you about dying?"¹</i></p> <p><i>"People who have an illness such as yours sometimes experience worries or concerns about how they will manage as their disease progresses. Is this something on your mind?"</i></p>
<ul style="list-style-type: none"> Explore the patient's preferred place of death or dying. Recognise that the situation may change (eg, person may not wish to die at home, but to be at home as long as possible). 	<p><i>"Have you had any thoughts about where you would like to be when you get sicker with this illness — where you would like to be cared for when you die?"</i></p> <p><i>"When talking about dying, some people are very clear where they would want this to happen. Some want to die at home, others in a hospice and others in hospital. Do you have any particular wishes?"</i></p>
<ul style="list-style-type: none"> • Consider explaining the likelihood of decreasing consciousness levels as death approaches. • Explain that they will gradually become weaker, needing longer rest periods and eventually become less conscious. • Promote understanding of the decreased need for fluid and foods, non-essential medications, routine observations, tests and investigations in the final days. • Consider reassuring patients and caregivers that dying will neither be inappropriately prolonged nor hastened by any treatments or medications given in the patient's final days. 	<p><i>"In your final days, you may gradually go into a coma, which is like a deep sleep. However, it is not the same as sleep and going to sleep at night won't make this happen any sooner."</i></p> <p><i>"Often what happens is that people become more and more drowsy, and less and less aware of what is going on around them. As far as we can tell, this is not distressing or frightening at all. If you do become distressed, however, we will do our best to ease this as quickly as possible. We will also be there for your family at this time to help support them if necessary."</i></p> <p><i>"We will not be measuring your blood pressure and pulse on a regular basis any more, but will be concentrating on relieving your symptoms."</i></p> <p><i>"Some of these tablets will not be of any help at this stage and may be difficult to swallow."</i></p> <p><i>"Intravenous fluids are unlikely to alter the course of the disease and at this time they may pool in the lungs and make breathing more difficult."</i></p> <p><i>"We have discontinued most of [his/her] medications as [he/she] can't take them by mouth anymore and they will not make any difference at this stage. We will continue all the medications that are essential, but give them in a form [he/she] can manage."</i></p>
<ul style="list-style-type: none"> • Consider warning families that dying may be a slow process. 	<p>Regarding an unconscious patient:</p> <p><i>"It is likely that [patient's name] will die within the next couple of days. However, sometimes it takes longer, even up to a week or so. So it is important for you to look after yourself at this time, maybe take shifts with other family members. Otherwise you may get completely exhausted if you are unable to leave [his/her] side for that amount of time."</i></p>

1. National Breast Cancer Centre and National Cancer Control Initiative. Clinical practice guidelines for the psychosocial care of adults with cancer. Canberra: NHMRC, 2003. <http://www.nhmrc.gov.au/publications/synopses/cp90syn.htm> (accessed May 2007).