

PLEASE TAKE A MOMENT TO PROVIDE US WITH YOUR ANSWER TO THE FOLLOWING QUESTION
(use the Q&A tab to share your response, please):

If Heaven exists, what would you like God to say when you arrive at the pearly gates?

—James Lipton*

*American writer, lyricist, actor, and dean emeritus of the Actors Studio Drama School at Pace University in New York City. He was the executive producer, writer, and host of the Bravo cable television series Inside the Actors Studio, which debuted in 1994.

1

Become a **VCU** Gerontologist

Death and Dying
A Five-week Course

Instructor: Enid Walker Butler, MSG, CT
Adjunct Instructor

2

MIND DUMP

PARKING LOT **BE HERE NOW**

Before we get started please take out a piece of paper. Draw a line down the center.
On the left side write Parking Lot. On the right side write Be Here Now.
On the **Parking Lot** side write down all the things swirling in your mind that you need to remember to do but not right now (shopping list, friends to reach out to). On the **Be Here Now** side write down the things that are on your mind about tonight's class (topics of interest, questions you have, ideas to share).

Take this moment to come into this learning space.

3

Course Objective

To recognize the importance of:

Self-determination

The uniqueness of the individual

The individuality of death

4

COURSE INSTRUCTOR

Enid Walker Butler
Adjunct Instructor

Department of Gerontology
College of Health Professions
Virginia Commonwealth University



5

The Course

1

Week 1
Death and Dying –
an Overview

2

Week 2
Death and Dying in
the COVID19 World

3

Week 3
The Cultural,
Spiritual and
Psychosocial
Aspects of EOL

4

Week 4
Models of Care and
Advance Care
Planning

5

Week 5
Loss and Grief

6

**WEEK 1
AGENDA**

Focus

Welcome & Stage Setting

Death and Dying

Practice Pause

Discussion

Wrap up

7



8

We all die...

every last one of us.

9

Major Tenets

- Individuals with terminal illness are still living human beings.
- Dying is very individual.
- For everyone who dies, it is a *first-time, one-time* experience.
- Everyone in the equation experiences the death differently.
- The death experience is highly *nuanced*, rarely **black** and **white**.
- There is not one universally right way to die.

10

Death Averse Society

"Of all of our human experiences, none is more **overwhelming in its implications** than death." (Despelder & Strickland, 2011)

Western cultures often see death as an **enemy to be defeated** with the weapons of medical technology and modern medicine.

This type of death aversion "estranges us from an **integral aspect of human life**." (Despelder & Strickland, 2011)

Research shows the **more we talk about death the more comfortable** we are with it.

It's important that we get **comfortable with the uncomfortable**.

11

Words Matter

Interactive Exercise

"Death" synonyms

12

Words Matter

Euphemisms for death can be both useful and detrimental.

- Protective quality, modulate emotion
- Reflect belief system i.e. "crossed over"
- May keep an individual in denial
- May create a false picture of patient status

Using euphemisms can cause issues in the health care setting.

Important that healthcare providers use clear, direct language.

13

Words Matter

"Dying"

OR

"Life-Limiting Illness"

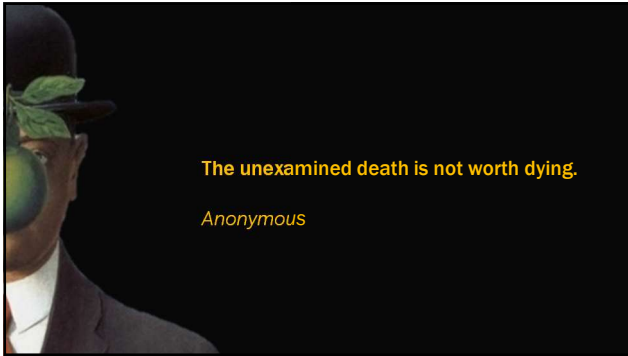
14



The unexamined life is not worth living.

Socrates

15



16

POLLS

1. Have you given serious thought or "examined" your own death?
2. Do you avoid even thinking about it?
 - ☐ Yes, I avoid thinking about it.
 - ☐ No, I don't avoid thinking about it.
 - ☐ I probably avoid thinking about it but want to believe I remain open.

17

<p>They are still alive and often have "unfinished business" they want and need to address.</p> <p>We need to listen actively to them in order to identify with them their tasks and needs so that we can be effective providers of care.</p> <p>They have much to teach us about our shared humanity and the final stages of life with all of it's anxieties, fears and hopes.</p> <p>(Kübler-Ross, E. 1969)</p>	<p>WHY IS IT IMPORTANT TO PAY ATTENTION TO THE DYING?</p>
---	--

18

The Good Death

19

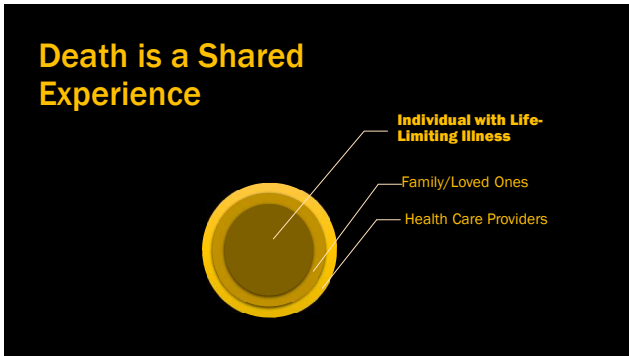
	Death in 1900	Death in 2000
Life Expectancy	47.3 years old	78.9 years old (2019)
Cause of Death	Infectious Disease Smallpox, influenza, scarlet fever, pneumonia	Degenerative/Chronic disease Heart disease, cancer, stroke, lung disease, dementia
Trajectory	Rapid, brief (days, weeks)	Slow decline (months, years)
Location	80% at home Only poor died in institutions	80% in institutions, i.e., hospitals, nursing homes
Caregivers	Family Members	Paid Professionals
Death Encounter	Intimate, Close, Participant	Removed, Sanitized, Observer
Role of Physician	Comforter, Consoler	"Curer-er," Miracle Worker

20

Death and Dying Course – Week 1

Practice Pause

21



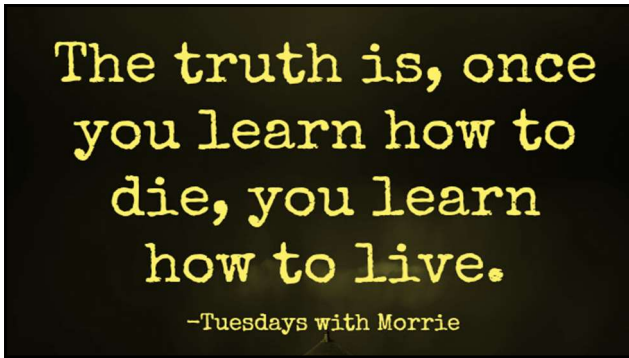
22



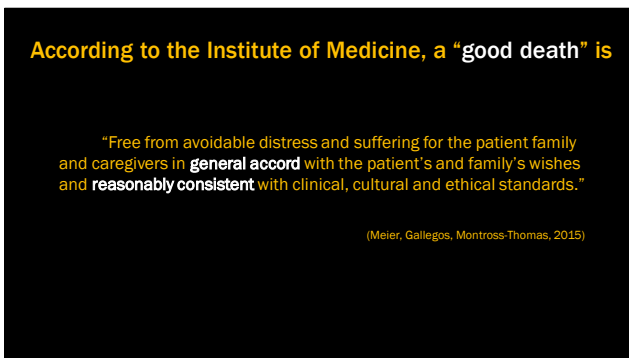
23



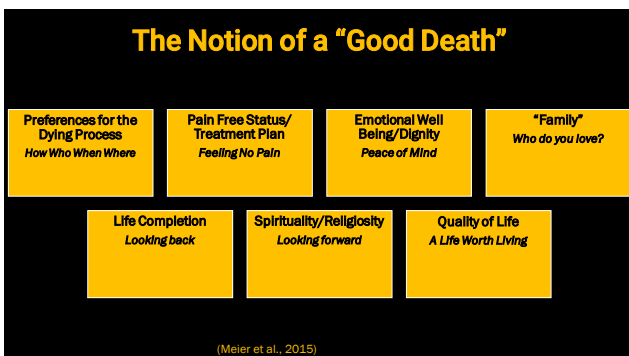
24



25



26



27

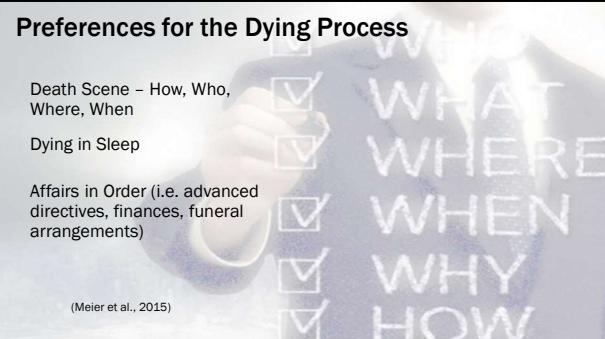
Preferences for the Dying Process

Death Scene – How, Who, Where, When

Dying in Sleep

Affairs in Order (i.e. advanced directives, finances, funeral arrangements)

(Meier et al., 2015)



28

Pain Free Status/Treatment Preferences

Feeling No Pain

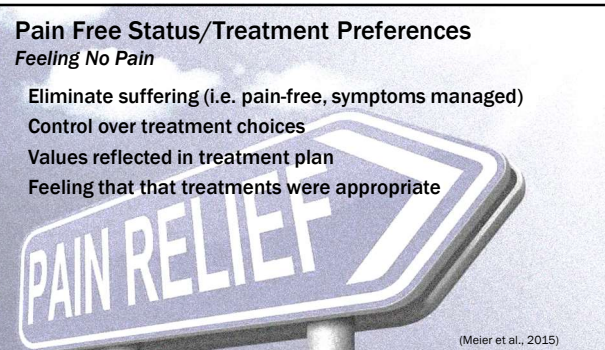
Eliminate suffering (i.e. pain-free, symptoms managed)

Control over treatment choices

Values reflected in treatment plan

Feeling that that treatments were appropriate

(Meier et al., 2015)



29

Emotional Well-Being; Dignity

Peace of Mind

Emotional support and psychological comfort

Opportunity to talk about death

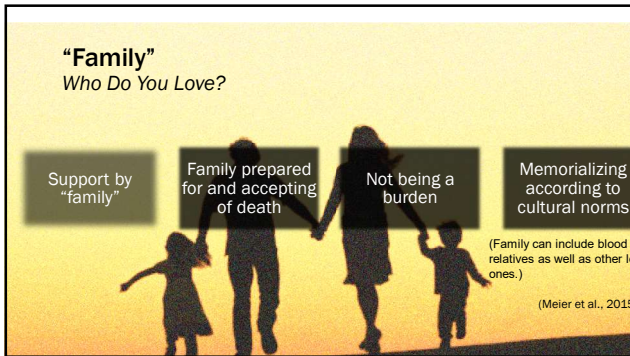
Respect as a person

Independence

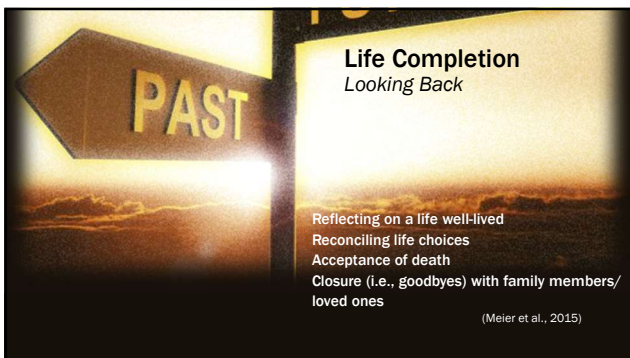
(Meier et al., 2015)



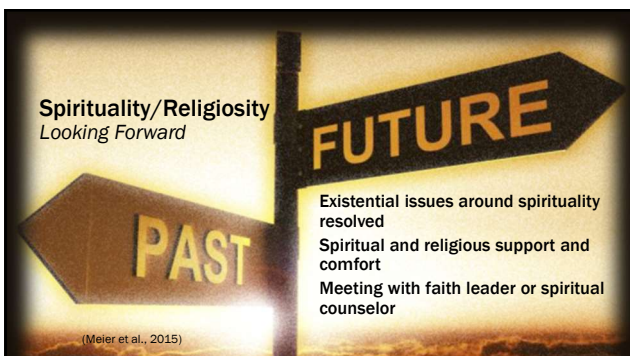
30



31



32



33

Quality of Life

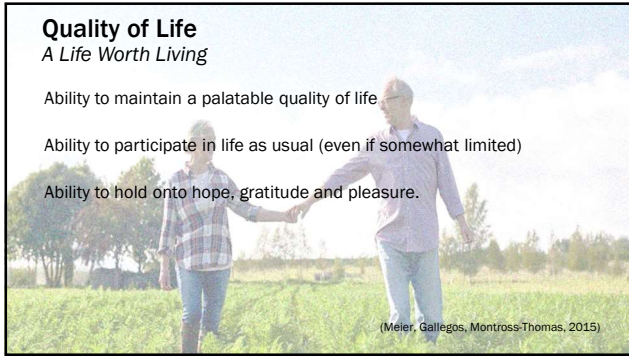
A Life Worth Living

Ability to maintain a palatable quality of life

Ability to participate in life as usual (even if somewhat limited)

Ability to hold onto hope, gratitude and pleasure.

(Meier, Gallegos, Montross-Thomas, 2015)



34

Stakeholder Differences

Individual with Life-Limiting Illness	Family/Loved Ones	Health Care Providers
<ul style="list-style-type: none">• Preferences for the Dying Process• Pain Free Status• Emotional Well-Being	<ul style="list-style-type: none">• Preferences for the Dying Process• Pain Free Status• Life Completion	<ul style="list-style-type: none">• Preferences for the Dying Process• Pain Free Status• Dignity/Emotional Well Being (tied)

(Meier et al., 2015)


35

Death and Dying – An Overview – Week 1

BREAK

36

The Ethical Principle of Autonomy



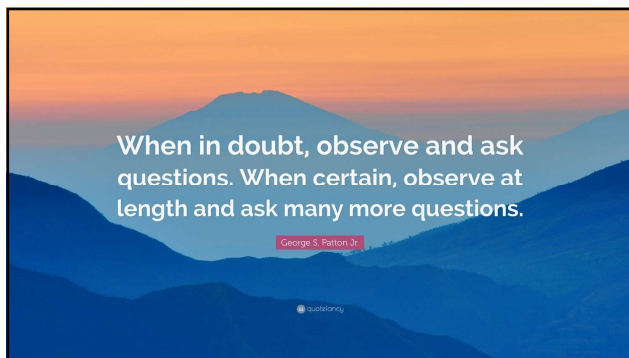
Autonomy – self-determination;
 “An individual’s ethical right to receive care consistent with their preferences.” (Houska & Loucka, 2018)

Autonomy has a deeper, more **contextualized meaning with terminally ill individuals.**

Review of literature reveals the need to view autonomy not just as the ability to make one’s own treatment choices but **to be supported in the process of living through a terminal illness.**

Being Normal Taking Charge

37



When in doubt, observe and ask questions. When certain, observe at length and ask many more questions.

George S. Patton Jr.

Quotefancy

38

Role of Death in Perception of Life

Past research	Newer research
Focused on the adverse impact of thinking about death.	Reveals how death awareness can trigger behaviors/attitudes that enhance life
Destructive behaviors	Can improve physical health outcomes
Negative attitudes	Facilitates realignment of goals and values
Aggression	Can motivate more altruistic behavior
Prejudice	Reduces death anxiety

39

Ageism and EOL

Elders experience ageism and discrimination through societal attitudes, media portrayal and employment, among others.

Death is no exception.

Approximately 75% of all deaths occur past the age of 65.

This connection to death:

- Drives fears

- Is reminder of individual mortality

- Often drives psychological distancing from older adults and resulting ageism.

40

Death Anxiety

Negative attitudes and emotions towards death and dying that include worry, fear, concern and discomfort.

Older adults tend to have lower death anxiety than younger adults.

Older adults are often more comfortable talking about death than those around them.

Institutionalized older adults have higher levels of death anxiety.

Older women have higher levels of death anxiety than older men.

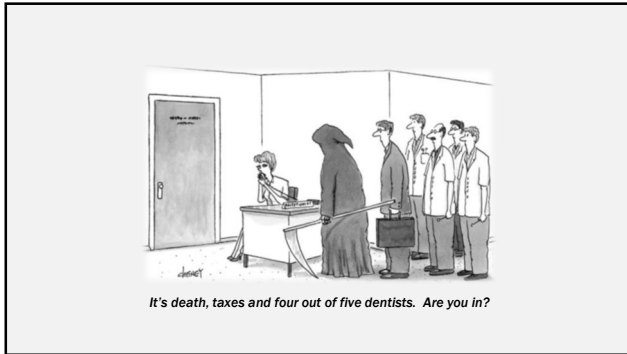
Those with either a strong belief (or disbelief) in religion and an afterlife seem to have less death anxiety than those without those beliefs.

Death anxiety has been linked with self-actualization and accomplishment.

41

Q&A

42



43

Reflection for the Week

Is there a death of a client or loved one that has informed how you feel about death either positively or negatively?

An email will follow with an invitation to share these thoughts.

The true value of life is only fully revealed when it confronts death at close quarters.

Apoorva Dubey, Living Life from the Inside Out

44

References

Beck, S. B. (2015, June 03). How Thinking About Death Shapes Your Life. Retrieved January 24, 2021, from <https://www.theatlantic.com/health/archive/2015/05/what-good-is-thinking-about-death/394151/>.

Chopik, W. J. (2016). Death across the lifespan: Age differences in death-related thoughts and anxiety. *Death Studies*, 41(2), 69-77. doi:10.1080/07481187.2016.120699

Carr, C., & Carr, D. (2013). *Death and dying, life and living* (7th ed.). Wadsworth, Cengage Learning.

DeSpelder, Lynne Ann, and Albert Lee Strickland. *The Last Dance: Encountering Death and Dying*. New York, NY: McGraw-Hill Companies, 2011. Print.

Eshier Heerema, M. (n.d.). Euphemisms for Death, Death, and Dying: Are They Helpful or Harmful? Retrieved January 24, 2021, from <https://www.verywellhealth.com/euphemisms-for-dead-death-or-dying-1131903>

Euphemisms for death and how they can affect grief. (2016, March 16). Retrieved January 24, 2021, from <https://naifd.org.uk/2016/03/11/never-say-die-euphemisms-death-can-affect-grieving-process/>

Houška, A., & Loučka, M. (2019). Patients' Autonomy at the End of Life: A Critical Review. *Journal of Pain and Symptom Management*, 57(4), 835-845. doi:10.1016/j.jpainsymman.2018.12.339

Kubler-Ross, E. (1969). *On death and dying*. New York, NY: MacMillan Paperbacks Edition

Kubler-Ross, E., & Bolk, D. (2013). *Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement* (2nd ed.). New York, NY: Association for Death Education and Counseling, The Thanatology Association.

Martens, A., Greenberg, J., Schmeel, J., & Landau, M. J. (2004). Agism and Death: Effects of Mortality Salience and Perceived Similarity to Elders on Reactions to Elderly People. *Personality and Social Psychology Bulletin*, 30(12), 1524-1536. doi:10.1177/0146167204271185

Martens, A., Goldenberg, J. L., & Greenberg, J. (2005). A Terror Management Perspective on Agism. *Journal of Social Issues*, 61(2), 223-239. doi:10.1111/j.1540-4560.2005.00403.x

Meier, E. A., Gallegos, J. V., Thomas, L. P., Depp, C. A., Irwin, S. A., & Jeste, D. V. (2016). Defining a Good Death (Successful Dying): Literature Review and a Call for Research and Public Dialogue. *The American Journal of Geriatric Psychiatry*, 24(4), 261-271. doi:10.1016/j.jagp.2016.01.135

Vall, K. E., Jun, J., Amth, M., Vess, C., Routledge, and B. T. Ruiters. "When death is good for life: Considering the positive trajectories of terror management." *Personality and Social Psychology Review* (2012): 303-29. Print.

What does a 'good death' really mean? (n.d.). Retrieved from <https://www.medicinenews.com/articles/308447>

45

**VCU**
College of Health
Professions
Gerontology

CONNECT!


(804) 828-1565


agingstudies@vcu.edu


<https://gerontology.chp.vcu.edu/>

Be sure to "like" us on Facebook
www.facebook.com/vcugerontology
Twitter
Instagram
