Seminar 3: Imminent Death

Notes and Activities

Group discussions:

1. People die in various ways and families and friends react in various ways. Respecting the individual's choice in life, dying and death strengthens your delivery of patient-centred care and care to families. Consider whether you are able to be responsive to these different end of life scenarios. What would you do, for example when on your ward or unit:
   - A family for whom it is culturally appropriate to wail as a response to a death are responding to their mother's death. The patient next door asks, 'what's going on?'
   - A large family of 25 people gather in a ward corridor asking many questions of you several times per shift.
   - A patient's family does not want the patient to know they are dying, even though the team assesses that the patient has weeks to live. The patient has asked you, 'what will happen to me?' How do you respond?

2. Skilled compassionate clinical care during the final days and hours of life can make a huge difference to all involved. For example, are you aware of the signs of impending death? This is a useful skill in terms of providing more information to families and planning your clinical response.
   - How would you explain Cheyne-Stokes respirations to a family who is concerned and distressed by it?
   - Would you feel comfortable talking to a patient who had died? How could you explain this to a family?
   - How can you normalise dying to a family? What would you say?

3. What do you consider the barriers to delivery of end-of-life care on your ward or unit? What concerns you the most?

4. How can you respond when you do not know what to say?

5. What does compassionate care mean to you when a patient has hours to live?

6. What worries you most when delivering care to a patient in the last hours of their life?