

Nurse Aide: Talking with Patients Who Are Dying

Talking about dying can help someone with a terminal illness to express their concerns and fears and help them to make plans for what is important to them. It can produce uncomfortable emotions for you and for the person who is dying, but there are things you can do to make the conversation easier and more meaningful. Your caring presence is more important than saying the right thing. Sometimes listening may be more comforting to a patient than trying to make conversation.

WHAT YOU CAN DO TO PROVIDE EMOTIONAL SUPPORT:

- Know the patient's history, if death is expected to be soon, and be aware of his/her preferences for care at end-of-life
- Let the patient know that care is focused on his/her wishes and that the team will do their best to honor these wishes.
- Listening is an important part of communication and requires your full attention; it is important to give the patient time to share his/her story in his/her own words; helping the patient review his/her life's story may help resolve past conflicts, and foster forgiveness and inner peace. Here is how you can show you are listening:
 - If possible, sit at the same level as the patient. If the patient is in bed, sit in a chair next to the patient, rather than standing above them.
 - Remove any barriers between you. Do not sit at opposite sides of a table.
 - Use open postures, for example rest your hands on your thighs rather than crossing your arms.
 - Give the patient your full attention.
 - Nodding and leaning towards the patient can show that you are listening.
 - You can be warm and smile but remember that you are discussing serious things.
 - Explore cues; for example, if a patient says they feel worried, you could say, "Can you tell me more about how that feels?"
 - Check that you have understood what the patient said; for example, if the patient says, "I'm worried about what's going to happen next," you could say, "You said you're worried about what's going to happen next. What kind of things are you worried about?"
 - Summarize the conversation; at the end of the conversation, sum up what you have understood and ask the person if you have missed anything
- Encourage the patient and family to ask questions, don't worry if you don't have all the answers; admit you don't know; you can try and find the answers to their questions and let them know later.

Module 22 – End of Life Care

Handout #2

- Encourage the patient and family to express their feelings; be prepared for a range of emotions such as anger, sadness, anxiety, or fear; do not take what is said personally; try not to be angry, judgmental, or be offended by what is said
- Be honest; if the patient asks if he/she is dying, let the patient know what is happening; an example of a way to say this is, “It appears that you have lost weight and that you are getting weaker.” You can check what the patient knows already by asking, “What has the doctor told you”? You may add, “Is there anything that you need to do, or anyone you need to see at this time? The team is here to help you with whatever you need.” It is also important to ask about spiritual needs at this time; An example may be, “Is there someone you would like to talk with at this time, perhaps someone from your faith community?”
- Some patients may ask you, “How much longer do you think I have?” since no one knows the exact answer, ask the patient what they have been told; inform the nurse that this question has been asked; reassure the patient that a team member will follow up with them
- Help the patient maintain a realistic sense of hope, even in the midst of dying; reframe hope by helping the patient hope for a good night’s rest, for better pain control today, or for the chance to see grandchildren one more time
- For some people, a way to communicate caring support may be with loving physical contact, such as holding hands, hugs, or gentle massage; remember to ask permission before using touch, as some people may be uncomfortable with physical contact or their culture does not allow touch
- Often, patients may talk to or see people from their past that have already died; this is normal and should not necessarily be dismissed as agitation; as death approaches, a patient may withdraw from everything outside of him/herself in an attempt to cope with the many changes that are occurring; withdrawal is part of the natural dying process and usually does not mean that the patient is depressed or upset; help family and friends understand that process is expected and normal