

Talking with the Dying Patient

I. Questions for getting started (from Billings and Stoeckle)

A. What is your understanding of your illness?

- How did your illness begin?
- What is happening now?
- What do the doctors say? Your family?
- What do you make of it?
- What are your expectations and concerns about the future?

B. What has this illness been like for you?

- How has it affected you physically? Emotionally?
- What has been most difficult about this illness?
- Have you been sad? Frightened?
- What have been the surprises for you about this illness?
- When you think about the next few weeks or months, what are some of the concerns that come to your mind first? What things concern you more than others?

C. How have you been helped?

- What gives you strength?
- How you been helped by family and friends?
- By Doctors? Nurses? Other health care people?
- By your minister (priest, rabbi, other)?

D. Have there been other tough times you have had to face?

- Have there been serious losses before?
- What was it like for you?

E. Have you been thinking about dying?

- What kinds of thoughts have you had?
- What worries?
- What kinds of plans have you made?
- If you were to die today, what would be left undone?

F. How have your family (or close friends) been affected?

- What have you discussed with them?
- Do you think about what will happen after you die?
- How is your family coping with the illness? What are some of your concerns for them?

II. Psychosocial and Spiritual Pain

A. When confronting death, many patients experience isolation, loneliness and crisis of meaning.

1. Often patients suffer more from psychosocial and existential/spiritual crisis than they do from physical pain.

2. Addressing these issues can often make the difference between a painful death and a peaceful death.

B. What does spirituality entail?

1. The general quest for meaning in life

2. The search for the divine

3. The many rituals and practices that support most faith traditions.

C. Health care providers can provide an enormous therapeutic benefit by simply:

1. Talking to patients at this stage

2. Making them feel heard, supported and valued.

3. When your own time is limited, enlist the help of clergy, social workers, nurses and hospice volunteers.

III. Taking a spiritual history (adapted from Ned Cassem, MD)

A. Religion

1. History of contact with organized religion, early experiences as child, parents' practices.

2. Adolescence: questioning and rejection?

3. Current life: how is religion and religious practice regarded? Any more or less respected? Offensive or repugnant?

4. If practicing now, what is quality of community of believers or other religious persons? Quality of worship? Of attendance? What activities shared?

B. Faith: examination of God as (another) object to which the patient relates, with the entire history of that relationship.

1. What sort of a person is God? (Qualities: caring-cold/close-distant/faithful-fickle/forgiving-punitive, etc.)

2. What is communication (prayer) like? (Feel heard? Does God communicate to you? How do you know?)

3. Doubt? How handle it? Any crisis of faith?

4. Guilt, sense of sinfulness and imperfection, whether God tolerates, resents, forgives? (Feel need of reconciliation now? Feeling of estrangement?)

5. Mystery of Evil: God's position on your illness/loss?
o When people become seriously ill, they usually find themselves wondering why it happened to them. When you wonder about it, what comes to mind?

6. Death: How viewed? Prepared? What does being prepared mean?

7. Anything after death? How picture it?

8. Have any spiritual needs in your life?

IV. Engaging patients in a spiritually supportive way - Things you can do!

A. Nurture your relationship with the patient/family

B. Learn the patient's language of meaning.

C. Ask the patient who she can share her experience with and suggest she do it.

D. If treatment decisions are to be made, ask the patient if he would like to have clergy present as well as family.

E. Assess whether there are particular religious rites, sacraments, or rituals that would support the patient. Facilitate these.

F. If you are unfamiliar or uncomfortable with a patient's religious tradition, call on a chaplain or other team member to support patient and help interpret to the rest of team.

G. Ask if there are particular upcoming events the patient particularly wants to take part in, and try to facilitate these.

H. Encourage the patient to make short, medium, and long-term goals. Encourage these to be considered in decision-making.

I. If the patient shows interest in religious practice, ask how well her spiritual practice is meeting her needs. If it is not, refer her to a chaplain or her clergy person for assistance.

J. Do your own spiritual work.