

PSYCHOSOCIAL ISSUES AT THE END OF LIFE

with

Margot Escott, MSW, LCSW

5633 Strand Blvd., Suite 307

Naples, Florida 34110

(239) 434-6558

me1818@aol.com

WHY ARE WE HERE?

- Substitute EOL for Domestic Violence licensure requirement
- 90% want to die at home but only 20% actually do

GOALS OF COURSE

At the end of this workshop participants will be able to:

- Identify three psychosocial concerns of the dying patient and their families
- Understand advance directives
- Identify specific interventions to assist families in need of hospice care

PSYCHOSOCIAL ISSUES IN TERMINAL ILLNESS

- Fear of the dying process
- Fear of abandonment
- Financial concerns
- Focus on spiritual issues

PSYCHOSOCIAL END OF LIFE ISSUES

- Increased weakness = increased dependency on others
- Increased drowsiness and sleeping
 - Do not assume patient cannot hear
- Withdrawal from family, friends and caregivers
 - Letting go and transitioning toward death

MENTAL HEALTH INTERVENTIONS IN END OF LIFE CARE

- Referrals
- Advance Directives
- Food & Water Issues
- Life Review

REFERRALS

Referrals may come from the individual, family, friends and a hospice team will provide information and education.

However, a physician must certify that a patient is terminally ill for that patient to be admitted to a hospice program.

ADMISSIONS

- Level of patient acceptance/awareness of terminal diagnosis.
- Family understanding of illness.
- Assess patient's and family's prior experience with death.
- Interventions – supportive, reflective, directive.

ADVANCED DIRECTIVES

How do we know what our clients want?

ADVANCE CARE PLANNING: THE LAW AND POLICY

- US Supreme Court, 1990**
- Federal Law, 1991**
- State Law**
- Statutory Documents**

ADVANCE DIRECTIVE CONCERNS

- **Doing something against the patient's will**
- **Omitting the proxy from discussion**
- **Not discussing all the options**
- **Avoiding it - task seems too difficult**

ADVANCE DIRECTIVE CONCERNS

- **Not informing loved ones/family**
- **Excluding compromised patients**
 - **from discussions who retain DMC**
- **Not reading the Advance Directive**
- **Letting our own values interfere**

COMPETENT ADVANCE DIRECTIVES

- **Complete your own Advance Directive**
- **Ask proxies if they are able and willing to fulfill their role**
- **Identify a patient's personal threshold for life-sustaining intervention**
- **Five Wishes – educational tool**

<http://www.agingwithdignity.org/5wishes.html>



FOOD AND WATER AT THE END OF LIFE


"She never feels like eating. I try to give her food so that she can keep up her strength." Family

"All they talk about is food, always wanting me to eat more. They don't understand that I would eat more if I could." Patient



FOOD & WATER - EXTRAORDINARY MEASURES?

- Effects
- Benefits
- Hardships



CONFLICT IN THE FAMILY SYSTEM

Family:

Loss of appetite equates to loss of
life

Patient:

Loss of appetite may be the least
of their losses.

LIFE REVIEW

- Assists identifying loss due to disease
- Allows expression of feelings/issues of loss/grief
- Explores past losses and coping strategies
- Understands knowledge of grief reactions
- Reinforces strengths of pt/family
- Teaches responses to loss/grief
- Helps patient/family with closure

ELISABETH KUBLER-ROSS

Dying is an integral part of life, as natural and predictable as being born. But whereas birth is cause for celebration, death has become a dreaded and unspeakable issue to be avoided by every means possible in our modern society.

BENEFITS OF KUBLER-ROSS'S STAGES

- Increased public awareness
- The dying are still alive and often have unfinished needs
- Effective providers need to listen actively to the dying

WEAKNESSES OF KUBLER-ROSS'S STAGES

- No cookie-cutter model for all people
- No valid research supporting existence of and movement through stages
- Does not take environmental factors into account
- Can be misused by well-meaning professionals and caregivers
- Responses rather than stages

TASK-BASED APPROACH

- Physical
- Psychological
- Social
- Spiritual

THOUGHTS ON DEATH & DYING

Life does not cease to be funny when people die any more than it ceases to be serious when people laugh.

George Bernard Shaw

Never go to a doctor whose office plants have died.

Erma Bombeck

BIBLIOGRAPHY

- Corr, Charles, Nabe, Clyde & Corr, Donna. (2000) *Death and Dying, Life and Living*.
- Fitzgerald Helen. (1995) *Mourning Handbook*.
- Helton & Jackson. (1997) *Social Work with Families, A Diversity Model*.

Web-Links

- American Academy of Hospice and Palliative Medicine - <http://www.aahpm.org/>
- National Hospice & Palliative Care Organization - <http://www.nhpco.org/>
- The American Hospice Foundation - <http://www.americanhospice.org/>
- EOL decision making
www.caregiver.org/factsheets/end-of-lifeC.html