

Tips for Nurses: Talking about Dying



What it is: Talking about death and dying can be challenging for everyone involved. It can be difficult to tell someone that care will be about comfort, not cure.

Why it matters: These conversations can help the person and their family to make decisions about future care and improve the care that the person receives. Many people may know or suspect that they are dying. Acknowledging that a person is dying allows them to express their fears and concerns. Nurses can provide support and information and explain any changes in care.

What I need to know: Cultural considerations may influence how and if talking about dying is appropriate. Acknowledging the role of family and talking with the family can improve the care of the person, their family and carers.

Effective communication:

- allows staff to identify individualised needs and to provide individualised care
- may reduce agitated behaviour in older people with impaired cognition
- requires specific skills that can be developed with training.

When talking about a person, aged care workers need to remember:

- the person's right to privacy and autonomy
- the organisation's policies and relevant legislation
- the Charter of Aged Care Rights.

Developing effective communication skills requires training, practice, reflective learning, and a supportive working environment.

Many relatives find comfort in talking about their loved one as they were in the past and appreciate someone listening to their story. It helps them to feel that staff understand the person he or she was and to treat them as an individual.

Actions

When talking about dying remember to:

- check if the person wants to talk about this
- make appropriate eye contact
- keep your face in view if appropriate
- be aware of sensory impairments, check that the person has their glasses and/or hearing aid if needed
- speak slowly or as loudly as needed
- use an appropriate tone of voice and gestures
- check a person's understanding of what is being discussed.

Refer to the person's advance care directive (ACD) to identify the substitute decision-maker and a family member with whom you can discuss death and dying.

Record and report a person's likes and dislikes, behaviours, and responses to care. That way, their preferences can be respected when they cannot communicate.

Actively listen to the person and their family and allow feelings to show. Acknowledging their feelings and yours can be beneficial to care.

When an older person or resident dies, other older people or residents may be sad, fear that they will be next, become angry or withdrawn. Listening to their concerns can help them to feel comfortable again.

Tools

Tools that may be useful include:

SPIKES – a tool for breaking bad news.

Name:

My reflections:

How comfortable am I with talking about death and dying and, if needed, what might be done to improve my confidence and that of my staff?

Does my organisation have support such as pastoral care or counsellors that I can call on to help with difficult discussions about death and dying?

Do I know where to find the Charter of Aged Care Rights?

My notes:

See related palliAGED Practice
Tip Sheets:
Advance Care Planning
Palliative Care
Spiritual Care

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/Practice-Centre/For-Nurses

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