

Bury the Top 10 Myths About the Dying Process

By Tani Bahti, RN, CT, CHPN

A good death does honor to a whole life.

—Petrarch

The current debate about end-of-life decision making in health care is avoiding the most important ingredient, understanding the natural process of dying. It is critical that this information be provided compassionately and thoroughly before those facing a potentially terminal illness can make a truly informed decision.

Those of us who work directly with the dying understand that the body has a natural wisdom built into it, to protect itself and promote comfort. Just like a body must go through certain stages to prepare to be born, it must also go through certain stages to shut down and die. It's knowing what the natural and normal changes are that we do not want to interfere with lest we inadvertently create more discomfort. It's also knowing how to manage any distressing symptom.

When people don't understand the wisdom of the body, they will make decisions based on fear, lack of information, or misinformation. This can lead to devastating physical, emotional, and financial consequences for the patient and

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family as they seek futile or even harmful end-of-life care. Knowing and honoring the body's changes will lead to the best possible choices and care for our loved ones.

As health care professionals working directly with those facing a terminal illness, it is our work to excavate and correct the myths and misconceptions that may drive treatment decisions, including understanding their prior experience or knowledge of death. The following is a list of what I have seen as the most common myths about the dying process.

1. Dying is painful.

Pain is not an expected part of the dying process. In fact, many people experience no pain whatsoever. If your loved one's particular condition does produce any pain, however, it can be managed by medications prescribed by a properly trained clinician.

2. If people don't eat, they should get a feeding tube or they will starve to death.

The needs of the body and its ability to process and utilize food changes in the final months of life. People do not die because they are not eating, but rather they do not eat because they are dying. Complications due to forced feeding and the use of tube feedings can actually hasten dying. One of several reasons why your loved ones will be more comfortable when not eating is that endorphins, the

body's natural pain killers, are released to promote a sense of well-being and comfort.

3. Not drinking leads to painful dehydration.

Natural dehydration is comfortable and causes the release of endorphins which promote comfort. Unlike in a healthy person, providing artificial fluids near the end of life may actually increase discomfort. Natural dehydration results in less chance of nausea and vomiting, swelling, and lung congestion.

4. If I don't make use of every possible technology available, or if I tell the doctor to stop using machines to keep my loved ones alive, I am essentially killing them.

It is the disease that kills your loved ones, not you. They wouldn't be on machines if they weren't critically ill. When dealing with a progressive or terminal illness, the use of machines may only be prolonging dying rather than prolonging living. Just because we have technology doesn't mean it's always the best or most appropriate care.

5. If they are allowed to stay in bed or sleep as much as they want, they are giving up and will die sooner.

Energy diminishes throughout an illness. To push people beyond their natural limit will not strengthen them and may further deplete what little energy they have left, thus putting increased strain on their already fatigued body.

6. People should be conscious until the moment of death. If they are increasingly tired or confused, they are being over-medicated.

The dying process almost always causes the person to sleep more and more, until they drift into a coma. Sleepiness and possible confusion are often due to natural chemical and metabolic changes in the body as it begins to shut down, and they occur even when a person is not taking any medications at all. Proper management of medication can

keep your loved one pain free while not contributing to confusion or hastening the dying process.



7. Narcotic pain medications will cause loss of control or even hasten death.

Adequate pain medication can actually give your loved ones more life, providing better rest and therefore more energy and comfort to do things. Inadequate pain control can harm the body and even hasten dying due to damage from stress hormones, increased risk of clots, or complications of immobility because one has too much pain to get out of bed. Properly prescribed medications do not hasten death. They keep your loved ones comfortable during the dying process.

8. It's too late to say goodbye if they are in a coma.

Your loved ones can hear and benefit from touch until their final breath. Now is the time for loving actions such as reminiscing, holding them tenderly, stroking their face, telling them what they meant to you, letting them know you will be sad but OK when they die, and saying goodbye.

9. Dying ends in a final struggle.

In the end, most people essentially "die in their sleep" due to a coma that can last from minutes to days, depending on their disease.

10. If I'm not there when my loved ones die, I failed them.

One of the amazing mysteries of dying is the timing of death itself. Sometimes a loved one will wait for someone to arrive or for everyone to leave the room before they die. Make no judgments about whether you were there at the final moment or not. Their knowledge of your love, not your physical presence, is what is most important.

By understanding and honoring the dying process, we promote better decision making, preparation, and comfort on the final leg of our journey. ■