Death Pronouncements and Coping with the Dying of our Patients: It's Not Just A Protocol

Senior residents as faculty

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Objectives

- Learn protocol on how to perform and document a death pronouncement and when to call the coroner
- Learn how to do a death pronouncement in a culturally sensitive manner with compassion, respect and skill.
- Explore the territory of how to effectively cope with the dying of patients.
- Appreciating the importance of being a compassionate presence for patients and families, listening generously, allowing for silence, and acknowledging our emotions.
- Learn simple techniques for centering, and working through difficult emotions associated with caring for dying patients.

Cartoons

- Where are you in your life – birth through death
- Our death denying culture- being seen as fatalistic with any talk about aging or death
- God giving time of death as an appointment

Why do we do death pronouncements?

And why does a physician do them?

Historical Perspective

To Prevent Premature Burials

JAMA 1899; 32: 329

Get the expert in. Not cool to bury the living.

Historical Perspective

William Rock, MD

Retired Dean Clinic Internist

Retired Hospice Medical Director

Clinical teacher in ethics on MICU rotation at SMH

Just as important to be at a death and a birth.
Comfort for family and closure for physician.

Late Night Call to 6 West

Jonathan Temte, MD, PhD

Wisconsin Medical Journal

1991; 90: 509.

Significance of late night task.

Rite of passage for physicians.

Death Rituals

Ruth Lerman, MD

Annals of Internal Medicine

2003; 139: 384

Codes are much more action oriented and dramatic than a death pronouncement or being with dying patients. She realizes at the death of her father, a physician, that the ritual is important for the family and the physician.

Why this Seminar on Death Pronouncements?

- Decrease anxiety
- Maintain standard of care
- Emphasis on presence versus action
- Encourage self care with emotion and grief
- Face our own mortality, become more comfortable with our own mortality and that of our patients

Why this Seminar on Death Pronouncements?

- View death as normal in life cycle as birth
- Learn fundamentals of communication: listening, presence, authenticity, respect for others, skill in interactions, silence, saying less rather than more.
- Welcoming interactions with families
- Learning about being open to mystery and unanswerable questions.
- Becoming fearless and more curious

How Do We Learn How to Cope with Illness and Death?

- Mentoring
- Role-modeling
- Professional training experiences
- Personal experiences
- Reading
- Self-reflection
- Self-care
- Spiritual practices
- Discussions with family, friends, confidantes

What have your experiences been like with end of life care?

- Personal experiences if you feel comfortable sharing them.
- Experiences in medical school. Any death pronouncements you observed?

What do you do to cope with something new and difficult?

- Take one minute to reflect on this and write down 2-3 strategies you use to decrease anxiety and care for yourself.
- Group sharing

Being Present

- The most important communication skill.
- Focus on breathing, being right here, right now. Here with all of you present.
- Being still. Able to be silent yet attentive.
- Listening to what is inside you and what is coming from the other person both verbal and nonverbal.
- Open to patient and family agenda, and not just your own agenda.

Breathing Exercise

- **Simple**
- **Integrates mind, body, spirit**
- **Relaxes**
- **Can be done anywhere and at anytime**
- **Brings us into the present moment**
- **Helps increase our awareness and focus**
- **Nurtures us. Excellent for self care.**

Senior Resident Experiences with Death Pronouncements and Guidance for First Year Residents

- Emotions
- Style
- Challenging moments
- Notable cases
- Helpful tips for new residents

Managing Different Death Pronouncement Scenarios

- Expected death without family present
- Unexpected death with family present
- Death of a child with parent(s) present
- Death of your own patient with family present
- Death after a code
- Telephone notification

Death Pronouncement Protocol

- The phone call (what you need to find out before you go to the bedside)
  - Patient's location
  - Is family present?
  - Patient's age
  - Circumstances of death (expected or not)
  - Do you need to be there immediately?

Death Pronouncement Protocol

- The patient floor (what to determine before you go into the room)
  - Interview nurse and get details of death
  - Has attending been called?
  - Is autopsy desired or donation of organs?
  - Review chart for medical and family issues

Death Pronouncement Protocol

- In the room
  - Remove tubes if not coroner's case.
  - Introduce yourself to family.
  - Empathetic statements
  - Quiet and comforting. Don't say too much. Touch if appropriate.
  - Explain what you will do and ask them if they want to be present.
  - Ask if they have any questions.

Death Pronouncement Protocol

- The pronouncement
  - Identify patient.
  - Note general appearance.
  - Note no reaction to verbal or tactile stimulation.
  - No pupil light reflex. (Fixed and dilated)
  - Breathing and lung sounds absent.
  - No carotid pulse or heart sound can be heard.

Death Pronouncement Protocol

- Documentation
  - Called to pronounce _____.
  - Chart findings of physical exam.
  - Note date and time of death pronouncement.
  - Note that family and attending notified.
  - Document if coroner was notified.
  - Chart if family accepts or declines autopsy.

Writing a death pronouncement note

SUBJECTIVE:

Called by nursing to pronounce the death of ***.

Patient was admitted on 6/15/2010 for ***. Patient's death was un***expected. Family was *** not present.

OBJECTIVE:

On exam, no response to verbal or tactile stimuli. No vital signs.

HEENT: Pupils fixed, dilated, midline.

CV: No cardiac activity or heart sounds appreciated. No carotid pulse.

PULM: No respiratory effort or spontaneous respirations.

EXT: No peripheral pulses. Extremities cool and mottled.

ASESSMENT/PLAN:

Time of Death: ***.

Nursing to***has notif*** involved physicians. Family {was/will be:22152:o:"was"} notified. Nursing to make appropriate phone calls.

Death Pronouncement Protocol

- When to call the coroner
  - Call if patient was in hospital less than 24 hours.
  - Call if the death had unusual circumstances: poisoning, following abortion, homicide, suicide.
  - Call if death was associated with trauma regardless of the cause of death. Any motorized vehicle death.
  - No physician or spiritual healer in attendance of patient 30 days prior to death.
  - Doctor of patient unwilling or unable to sign death certificate.
  - If any questions, call the nursing supervisor.

Autopsy

- Purpose: help answer questions about death.
- Who can request one? Next of kin or person legally responsible for person who died.
- What is procedure? Not disfiguring. Pathologist does it. 2-4 hrs. Respectful.
- Cost? Free if inpatient.
- Doesn't interfere with funeral arrangements.
- Results: Preliminary in a few days, final report in weeks. Sent to attending doctor who will review it with family or guardian.

Death Pronouncement Role Plays

- Expected death with no family
- Expected death with family present
- Unexpected death with family present
- Unexpected death with no family present
- Death of a child with family
- Unexpected death with family present and trauma involved

Resources for you first year

- Resources: residents and faculty
- End of life education in the first year.
  - Morning report
  - Community medicine – hospice
  - Inpatient rotations – MICU, Family Medicine Service
  - Perhaps your own patients in the clinic
  - Palliative care faculty
  - Palliative Care Services
  - Fast facts Death pronouncements : PCNOW website and can be downloaded to smart phone

Stages of professional growth in working with dying patients

- Intellectualization
- Emotional survival
- Depression
- Emotional arrival
- Deep compassion

Harper, B. *Death: The coping Mechanism of the Health Professional.* Greenville, S.C.: Southeastern University Press, 1977

Intellectualization

- Being entirely in the professional or helping role. Relationship centered care not possible. No connection.
- Emphasis on diagnosis, treatment, disease and not the person. The “case”.
- Narrow focus on tangible delivery of professional services. Emphasis on safety of physician especially emotionally.
- “Clinical perspective”
- Emotion seen as distracting and irrelevant.
- Dying patient is often avoided. Dying process denied.
- Patients can feel isolated and abandoned emotionaly.

Emotional Survival

- Difficult growth period for the professional
- Professional faces own mortality, emotions regarding that, and must face anxiety produced.
- Trauma is experienced and must be worked through.
- Emotional connection and relationship to patient occurs.
- Emotions might be overwhelming, and discomfort reflects need to survive difficult emotions.
- Sadness, frustration and guilt that patient is dying, and that we cannot “save” this person.

Depression

- A turning point for the clinician.
- Experience of grief and loss. Deeper levels of emotion experienced.
- Grieving, depression and exploration of feelings about the professionals own death can occur.
- Processing of strong emotions with appropriate support can lead to professional and personal growth and increasing satisfaction with caring for dying patients, and progression to next stage, emotional arrival.
- Or health professional decides that the pain is too great, emotions are dangerous and to be avoided in intellectualization, and avoid caring for dying patients

Emotional Arrival

- Emotions are accepted as normal and an essential part of effectively caring for patients.
- Sense of freedom from incapacitating effects of dealing with the pain associated with caring for dying patients.
- Increased comfort with dying process.
- Ability to cope with the loss of the relationship with the dying patient. Clinician can grieve and has resiliency to recover. Emotional maturity.

Deep Compassion

- The professional or helper does not experience death as a personal failure but as a natural part of the life cycle.
- Experience of a sense of fulfillment and satisfaction in the shared dying experience.
- Clinician experiences greater self-awareness and self actualization.
- Grief and joy can co-exist, and the wholeness of the living and dying experience can be appreciated.

Professional Growth and Development in Caring for the Dying

- Process of growth and development is not linear but dynamic.
- Intellectualization is the beginning stage for most clinicians.
- Emotional survival and depression are very difficult stages and need the support of others and one’s own inner strength and practices.
- Emotional arrival and deep compassion characterize the mature, self-aware clinician.

What is compassion?

- Connection as human beings
- Social Justice - action
- Service; calling to our work
- Meaning and purpose in our work
- Love
- Integrative care
- Healing
- Gratitude - renewal
- Empowerment
- Patient centered
- Freedom

The heart is needed to balance the mind. Namaste

Science is the
intellect of medicine.
Service is the heart of
medicine.

Rachel Naomi
Remen, MD

What are the consequences of not mastering these developmental stages?

- Avoidance of certain patients
- Patient dissatisfaction
- Fix, cure or nothing
- Surgery and medications
- Over reliance on technology
- Missed diagnoses and inappropriate care
- Missing the experience of being a full human being
- Burnout and compassion fatigue; hopelessness
- Impairment- depression, anxiety, use of substances

Caring for Dying Patients: Deepening our Spiritual and Emotional Connections

Take 5 minutes to write about a memorable patient situation in which you were touched deeply. What about the patient or situation touched you? How did it affect you? What was difficult for you? Did you do anything to help you cope with the situation? What was the outcome for you?

Reflecting Back on our own Journey

- Take 5 minutes and share your story with another person here, if you are comfortable sharing. Voluntary. The person telling the story speaks as the other person generously listens.
- Then after 5 minutes switch.
- Reflect on what your strengths are and how they can help you in caring for yourself in this journey. Often what we perceive as a weakness is actually our strength.
- What did it feel like to be listened to?

What is your plan for your professional development and self care?

The heart is needed to balance the mind. Namaste