

IN A GOOD PLACE TO DIE DYING MATTERS WEEK UK 2021

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May 2021

- Place – environment
- Place personally
 - Physically
 - Emotionally
 - Spiritually
- Role of Health care professionals
 - Communication
 - Support

ST. BRIGID'S HOSPICE, THE CURRAGH, CO. KILDARE



SOLAS ROOMS





- “Dying well” is not about a location
- “Dying well” is about the care given
- “Dying well” is about the people in the room, around the bed & giving care

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WISDOM // September 30, 2019

Well-being in Dying — Preserving Human Potential Through the End of Life

When dying people are cared for in ways that meet their basic needs and honor their worth, the waning phase of life contains surprising opportunities for wellbeing

By [Ira Byock, MD](#), physician, author, patient advocate. Founder, Institute for Human Caring at Providence St. Joseph Health



the author's father Seymour Byock and daughter Lila in early 1981

The idea that someone might be "well" as they are dying may seem hard to believe. Let me suggest that's because the care dying people receive has been so bad for so long and caused with so much unnecessary distress that few of us can think of anyone who died well. Collectively, our expectations are way too low.

I've been focused on improving care for seriously ill and dying people since the late 1970s. It wasn't what I intended to do when I applied to medical school, but early on I realized that's where the need was greatest. After all these years, it's a crying shame to still witness sick people subjected to excessive, nonbeneficial treatments, lapses in medical

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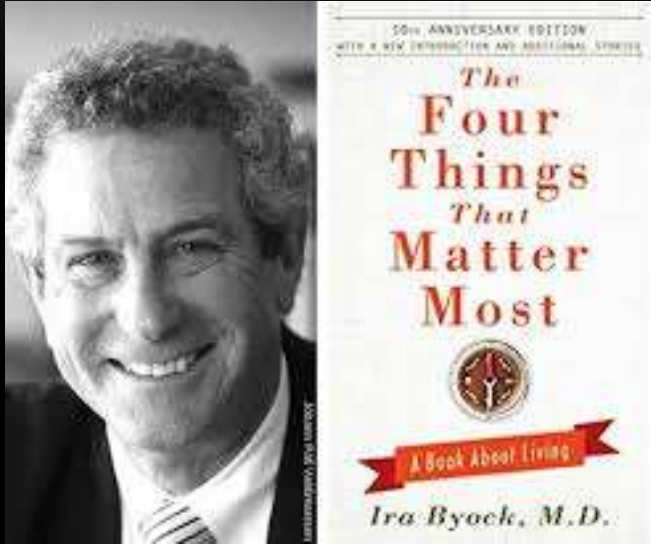


DAME CICELY SAUNDERS

"YOU MATTER BECAUSE
YOU ARE YOU, AND YOU
MATTER TO THE END OF
YOUR LIFE. WE WILL DO
ALL WE CAN NOT ONLY TO
HELP YOU DIE PEACEFULLY
BUT ALSO TO LIVE UNTIL
YOU DIE."

In End Well 2019

Dr. Ira Byock in the interview



“if we’re giving the best care possible through the end of life that starts today.”

“words matter”





- The Patient Dignity Question (PDQ):
- *“What do I need to know about you as a person to take the best care of you that I can?”*

Dignity and the Eye of the Beholder

Harvey Max Chochinov

Here's the Case

Mr. J was a 67-year-old man with an end-stage gastrointestinal malignancy. Having decided he no longer wished to go on living, he had gone on a hunger strike, precipitating an admission to an inpatient tertiary palliative care unit. He reported that, aside from some minor discomforts, his symptom management was quite reasonable. Psychiatric consultation was initiated to determine if depression might be a factor influencing his wish to die. While he was not overtly suicidal, and in fact seemed ambivalent about his wish to die, he did state, “if I were in a European country where I could ‘press the button now,’ I would.” After careful evaluation, it was determined that rather than depression, the driving force behind his desire for death was a sense that life no longer held purpose, meaning, nor hope. While he spoke of a lingering wish to participate in various life activities, he bemoaned the fact that his body was simply too weak and too ill to allow him to

psychiatric disorder, the paucity of therapeutic options or formatted approaches can leave oncology practitioners at somewhat of a loss. There may be aspects of despair toward the end of life that may be inherent to the dying process itself. If such distress is not primarily an aberration of neurochemistry, but rather reflects a paucity of hope, meaning, and self worth, what can be done to safeguard or enhance those life-sustaining attributes? And if loss of meaning, hope, and self-worth are the essence of such despair, what implications does this have for palliative care providers?

The Wish to Die

The expression of a desire for death, or of a loss of will to live, is often misconstrued as being synonymous with a request for euthanasia or assisted suicide. There is good evidence, however, that in the context of advanced illness, desire for death can be thought of along a continuum. At its most

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Submitted December 16, 2003; accepted December 23, 2003.

Author's disclosures of potential conflicts of interest are found at the end of this article.

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DOI: 10.1200/JCO.2004.12.095

FROM THE PATIENT'S PERSPECTIVE

- *What do I need my clinical team to know about me as a person to take the best care possible of me?*

THANK YOU
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