

Reflections on a 'good death' in palliative care

“The notion of a ‘good death’ is closely related to the principles and practices of palliative care. Some historians argue that technological and medical advances, as well as professional domination of death, typify our modern times. Others counter the above by focusing on the notions of expression of feelings and having a sense of meaning and trust. These issues become of paramount importance when new subjectivity within the healthcare system prevails, where patients are assessed not only on the basis of their disease and the ensuing symptoms and needs, but also in relation to their personal, psychosocial, spiritual and cultural concerns.

A ‘good death’ means a beautiful death. Death is seen as a private and individual encounter, which takes place within the boundaries of one’s own home, family and culture. Rituals associated with death and dying are in many cultures religious, prescriptive and publicly acknowledged. They emphasise in many ways the stability of one’s world and the certainty of the life–death trajectory. For many non-Western cultures, control over nature and the will to change life’s natural pattern is seen as impossible and unnecessary. This picture is usually contrasted with Western hospitalised death, which is characterised by a loss of individual choice, fear, isolation from family and friends, and by being totally impersonal.

In the wake of the pioneering work by the late Elisabeth Kübler-Ross, the professional literature on dealing with death has shown a remarkable consistency in describing the desirable dying trajectory for terminal patients. This includes awareness, autonomy, a self-chosen coping style and uninhibited communication with all involved. According to Kübler-Ross, ‘Dying is nothing to fear. It can be the most wonderful experience of your life. It all depends on how you have lived.’

In our studies, patients’ accounts and descriptions of what a good death means to

them covered a number of areas, such as accepting one’s fate as a dying person, being engaged in the process of dying, taking care of one’s final responsibilities, communicating with others about it, and dealing actively with one’s emotions. Recent studies in some Eastern cultures additionally show that a good death means protecting loved ones and making sure the family is not burdened and overly taxed by the dying process.

As a result, a good death may be viewed as an individual experience with varied dimensions and as a series of social, religious and cultural events. A good death is not a lonely and impersonal experience but rather a peaceful end of one’s life trajectory. It takes place preferably in one’s home among family and loved ones. The person’s dignity is seen as paramount.

Although carers may not subscribe to the same school of thought as their patients of what a ‘good death’ entails, they ought to be sensitive to cultural nuances and connotations and to their patients’ expectations. Being aware of these, carers stand a better chance of avoiding professional paternalism and unquestioning adherence to the all-embraced norms. All of this should be firmly embedded in their dedication to the patient’s ability to live towards their death in ways that agree most with the patient’s values, beliefs and human dignity.

Fortunately, recent developments in palliative care have helped promote the ideologies of a good death, which were lost in the process of medicalisation of the end of life. The current picture, however, remains far from ideal. For many, death continues to be seen as far from ‘good’ or ‘good enough’ and, as such, it is unwanted and feared. These issues will continue to create a challenge for palliative care services. They need to be confronted with diligence, wisdom, education and cultural sensitivity.

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