

# Awareness About Death and Dying



## حكم وراثه المال الحرام

الحمد لله والصلاة والسلام على رسول الله وعلى آله وصحبه،  
أما بعد:

فالراجح أن المال الحرام لا يورث، بل يجب على الورثة أن يتخلصوا منه بصرفه في وجوه الخير ومصالح المسلمين العامة، قال الإمام النووي رحمه الله تعالى: من ورث مالاً ولم يعلم من أين كسبه مورثه أمن حلال أم من حرام؟ ولم تكن علامة فهو حلال بإجماع العلماء، فإن علم أن فيه حراماً وشك في قدره أخرج قدر الحرام بالاجتهاد. انتهى.



## closed awareness

- ▶ The client is not made aware of impending death
- ▶ The family may choose this because they do not completely understand why the client is ill or they believe the client will recover
- ▶ Do not communicate a diagnosis or prognosis to the client




## Mutual pretense التظاهر


- ▶ The client, family, and health personnel **know that the prognosis** is terminal but do not talk about it and make an effort **not to raise** the subject
- ▶ The client refrains from discussing death to protect the family from distress
- ▶ **Permits the client a degree of privacy and dignity**
- ▶ It places a heavy burden on the dying person, who then has **no one in whom to confide**



## Open awareness

- ▶ The client and others know about the impending death and feel comfortable discussing it, even though it is difficult
  - ▶ Provides the client an opportunity to finalize affairs and even participate in planning funeral arrangements
  - ▶ Not all people are comfortable with open awareness
  - ▶ Some believe that terminal clients acquire knowledge of their condition even if they are not directly informed
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## Open awareness

- ▶ Others believe that clients remain unaware of their condition until the end.
  - ▶ It is difficult, however, to distinguish what clients know from what they are willing to accept or acknowledge.
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## CLINICAL MANIFESTATIONS OF DEATH

### ▶ Loss of Muscle

#### Tone

- ▶ Relaxation of the facial muscles (e.g., the jaw may sag (تبدل))
- ▶ Difficulty speaking
- ▶ Difficulty swallowing and gradual loss of the gag reflex
- ▶ Decreased activity of the gastrointestinal tract, with subsequent nausea, accumulation of flatus, abdominal distention, and retention of feces, especially if narcotics or tranquilizers are being administered
- ▶ Possible urinary and rectal incontinence due to decreased sphincter control
- ▶ Diminished body movement

## CLINICAL MANIFESTATIONS OF Clinical DEATH

### ▶ Slowing of the Circulation

- ▶ Diminished sensation
- ▶ Mottling and cyanosis of the extremities
- ▶ Cold skin, first in the feet and later in the hands, ears, and nose (the client, however, may feel warm if there is a fever)
- ▶ Slower and weaker pulse
- ▶ Decreased blood pressure

## CLINICAL MANIFESTATIONS OF Clinical DEATH

- ▶ **Changes in Respirations**
  - ▶ Rapid, shallow, irregular, or abnormally slow respirations
  - ▶ Noisy breathing, referred to as the death rattle, due to collecting of mucus in the throat
  - ▶ Mouth breathing, dry oral mucous membranes

## CLINICAL MANIFESTATIONS OF Clinical DEATH

- ▶ **Sensory Impairment**
  - ▶ Blurred vision
  - ▶ Impaired senses of taste and smell

## CLINICAL MANIFESTATIONS OF Clinical DEATH

- ▶ Various consciousness levels may exist just before death
- ▶ Some clients are alert, whereas others are drowsy, stuporous, or comatose
- ▶ Hearing is thought to be the last sense lost

## The Family of the Dying Client

- ▶ Have you ever been close to someone who was dying before?
- ▶ What have you been told about what may happen when death occurs?
- ▶ Do you have questions about what may happen at the time of death?
- ▶ How do you think you would like to say goodbye?
- ▶ How are you taking care of yourself during these times?
- ▶ Whom can you turn to for help at this time?
- ▶ Is there anyone you would like us to contact now or when the death occurs?

## Objectives to help dying person

- ▶ maintaining physiologic and psychologic comfort
- ▶ achieving a dignified and peaceful death
- ▶ maintaining personal control and accepting declining health status
- ▶ People facing death may need help accepting that they have to depend on others
- ▶ Some dying clients require only minimal care; others need continuous attention and services

## The Dying Person's Bill of Rights

The Dying Person's Bill of Rights," by A. J. Barbus, 1975

- ▶ have the right to be treated as a living human being until die
- ▶ have the right to maintain a sense of hopefulness however changing its focus may be
- ▶ have the right to express feelings and emotions about approaching death in own way.
- ▶ have the right to participate in decisions concerning care.
- ▶ have the right to expect continuing medical and nursing attention even though cure goals must be changed to comfort goals.

- ▶ have the right not to die alone.
- ▶ have the right to be free from pain.
- ▶ have the right to have questions answered honestly
- ▶ have the right not to be deceived.

## The Dying Person's Bill of Rights

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- ▶ have the right to have help from and for family in accepting death.
- ▶ have the right to die in peace and with dignity.
- ▶ have the right to retain individuality and not be judged for decisions which may be contrary to the beliefs of others.
- ▶ have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand needs and will be able to gain some satisfaction in helping face dying person my death.



## Assist the dying person to a peaceful death.

- ▶ To minimize loneliness, fear, and depression
- ▶ To maintain the client's sense of security, self-confidence, dignity, and self-worth
- ▶ To help the client accept losses
- ▶ To provide physical comfort

## Assist the dying person to a peaceful death.

### ▶ Helping Clients Die with Dignity



- ▶ maintaining their humanity consistent with their values, beliefs, and culture.
- ▶ introducing options available to the client and significant others
- ▶ restore and support feelings of control.
- ▶ Some choices that clients can make are the location of care (e.g., hospital, home, or hospice facility), times of appointments with health professionals, activity schedule, use of health resources, and times of visits from relatives and friends.

## Assist the dying person to a peaceful death

- ▶ determine their own physical, psychologic, and social priorities



## How to discuss death with the client and family

- ▶ Identify your personal feelings about death and how they may influence interactions with clients
- ▶ Acknowledge personal fears about death, and discuss them with a friend or colleague
- ▶ Focus on the client's needs
- ▶ avoid imposing personal fears and beliefs on the client or family
- ▶ Talk to the client or the family about how the client usually copes with stress
- ▶ Establish a communication relationship that shows concern for and commitment to the client

## How to discuss death with the client and family

- ▶ communication
- ▶ You seem sad. Would you like to talk about what's happening to you?"
- ▶ I'd like to know better how you feel and how I may help you."
- ▶ It must be difficult to feel so uncomfortable. I would like to help you be more comfortable."
- ▶ Provide a caring touch

## How to discuss death with the client and family

- ▶ Determine what the client knows about the illness and prognosis.
- ▶ Respond with honesty and directness to the client's questions about death
- ▶ Make time to be available to the client to provide support, listen, and respond