

## Opinion

## Dying as a normal part of life

Conversations about dying are difficult but affirming, writes **Christine Stirling**.

WHILE WE ALL want to live a healthy and fulfilling life we increasingly realise that this includes having a 'good death'.

This issue of *Australian Ageing Agenda* includes topics on palliative care and pain management. We increasingly hear the term palliative approach used, and it means focusing on overall quality of life while treating dying as a normal part of life. A palliative approach should be used for anyone in late and end stages of disease.

One of the barriers to introducing a palliative approach is people's discomfort in talking about dying. Most health professionals and residential aged care staff are reluctant to discuss dying with older people or their relatives, especially when the likely timing of death is uncertain.

Research shows that individuals and family members need better information at the end stages of life. Lack of discussion about dying can make the dying individual or family members feel distress as they see health deteriorating but are unsure why or about the best care. This in turn can lead people to pursue inappropriate and distressing health care interventions at the end of life.

I was involved in a project to develop and test a booklet aimed at helping staff at residential aged care facilities build their skills in talking about dying in relation to dementia. These are difficult conversations but it is worthwhile developing your skills in talking about dying. I will outline some of the key steps below but you might want to access the full free booklet here (<http://bit.ly/2cUpmdL>). The skills in talking about dying are really relevant to all difficult conversations.

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Holding a formal meeting to discuss end of life with the older person and relevant family members is the key strategy. But there are many times when spontaneous conversation opportunities arise and we used the acronym AFIRM to help you remember some key strategies, but also to remind you that responding as factually as possible is affirming for people's concerns.

Many staff are afraid to answer questions directly in case they "say the wrong thing." Here are some suggested processes and examples of what to say that will allow you to deal with spontaneous conversations without saying "the wrong thing". We call this the AFIRM response:

**Acknowledge concerns** (e.g. 'your mother is less able to move about now')

**Find out what the person knows about the other's condition** (e.g. 'what have you been told to expect about your mother's condition?')

**Immediate concern addressed:** provide an appropriate and factual response to the question (e.g. 'we know your mother has dementia and that losing the ability to move around is part of the progression of the disease. We adjust our care

depending on how your mother is feeling.')

**Respond to subsequent questions:** continue to provide factual responses that are within the scope of your work role.

**Meeting arranged:** suggest that you can arrange a meeting for them to discuss their relative's condition with the relevant registered nurse or other relevant person such as the person's GP.

Improving our skills and confidence in talking about dying can help all of us to treat dying as a normal part of life, and improve end-of-life care for many. ■

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