

A “good” death

Dr Andrew Davies





2019

21 - 23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Introduction



“Good” death

What constitutes a “good” death?

Whose perspective?

- Patient
- Carers
- Health service
- Society



“Good” death

Principles of a good death

- To know when death is coming, and to understand what can be expected
- To be able to retain control of what happens
- To be afforded dignity and privacy
- To have control over pain relief and other symptom control
- To have choice and control over where death occurs (at home or elsewhere)
- To have access to information and expertise of whatever kind is necessary
- To have access to any spiritual or emotional support required
- To have access to hospice care in any location, not only in hospital
- To have control over who is present and who shares the end
- To be able to issue advance directives which ensure wishes are respected
- To have time to say goodbye, and control over other aspects of timing
- To be able to leave when it is time to go, and not to have life prolonged pointlessly



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death

Factors affecting opinion (“good” death):

- Culture
- Religion
- Society
- Personal experiences
- Personal circumstances



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death

**A good death is better
than a bad life**



www.StatusMind.com



2019

21-23 JUNE

SAN FRANCISCO

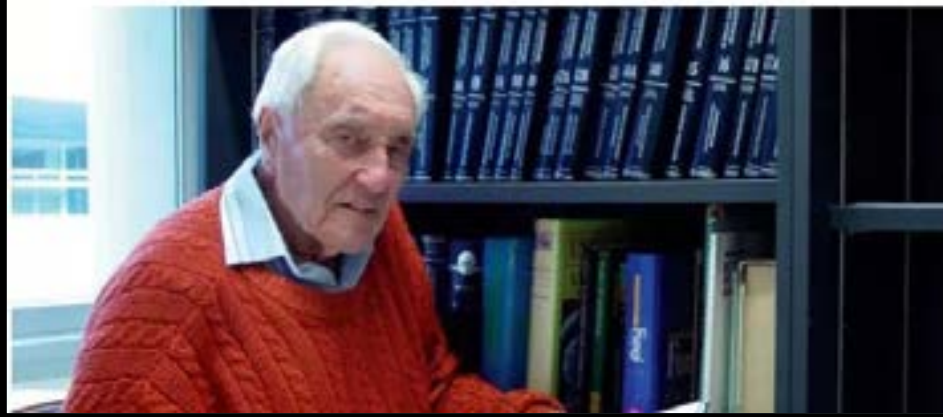
SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death

David Goodall: 104-year-old scientist to end own life in Switzerland

Goodall's decision is reigniting a debate about euthanasia in Australia where assisted suicide is illegal



2019

21 - 23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE





2019

21 - 23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Literature



“Good” death

Steinhauser KE et al. Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA 2000; 284:2476-82.



“Good” death



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Table 4. Attributes With Broad Variation Among Participants Regarding Importance at End of Life

Attributes	Patients, %			Bereaved Family Members, %			Physicians, %			Other Care Providers, %		
	Agree	Disagree	Neither	Agree	Disagree	Neither	Agree	Disagree	Neither	Agree	Disagree	Neither
Use all available treatments no matter what the chance of recovery	48	31	22	38	44	18	7	81	12	5	83	12
Not be connected to machines	64	16	20	63	17	20	50	9	41	61	10	30
Know the timing of one's death	39	22	39	49	16	35	26	29	46	35	18	47
Control the time and place of one's death	40	24	35	38	22	40	36	25	39	44	25	30
Discuss personal fears	61	11	28	80	4	16	88	1	11	94	1	5
Die at home	35	12	53	30	16	54	44	5	51	46	2	52
Be with one's pets	37	18	45	47	10	44	42	8	50	73	2	24
Meet with a clergy member	69	7	24	83	1	17	60	4	36	70	1	30
Have a chance to talk about the meaning of death	58	9	33	72	3	26	66	5	29	86	1	12
Discuss spiritual beliefs with one's physician	50	13	37	54	7	39	49	10	41	51	7	42



“Good” death

Table 3. Attributes Rated as Important by More Than 70% of Patients But Not Physicians*

Attributes	Participants Who Agreed That Attribute Is Very Important at End of Life, %	
	Patients	Physicians
Be mentally aware	92	65
Be at peace with God	89	65
Not be a burden to family	89	58
Be able to help others	88	44
Pray	85	55
Have funeral arrangements planned	82	58
Not be a burden to society	81	44
Feel one's life is complete	80	68

* $P < .001$ for all comparisons.



2019

21 - 23 JUNE

SAN FRANCISCO

**SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE**



“Good” death

Payne SA et al. Perceptions of a “good” death: a comparative study of the views of hospice staff and patients. Palliative Medicine 1996; 10: 307-12.



“Good” death

Table 2 Staff perceptions of a 'good' death

Categories	Number of responses (n = 20)
1. No sign of physical pain	16
2. Family acceptance	15
3. A peaceful death	14
4. Location of death is patient's choice	14
5. Continuity of life	13
6. Presence of loved ones	12
7. The patient shows no anxiety	12
8. Staff make the dying process more comfortable	12
9. The patient is still able to exert some control	11
10. Recognition of cultural procedures for dying	11
11. The patient is at peace with him/herself	10
12. Cultural diversity	9



2019

21 - 23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Table 1 Patients' perceptions of a 'good' death

Category	Number of responses (<i>n</i> = 18)
1. Dying in one's sleep	6
2. Dying quietly	3
3. Dying suddenly	3
4. Not afraid/fatalistic	3
5. Religion	2
6. Being pain free	2



“Good” death

Waghorn M et al. Opinions of patients with cancer on the relative importance of place of death in the context of a ‘good death’. *BMJ Supportive & Palliative Care* 2011; 1: 310-4.

Davies A et al. Good concordance between patients and their non-professional carers about factors associated with a ‘good death’ and other important end-of-life decisions. *BMJ Supportive & Palliative Care* 2016 [Epub ahead of print].



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE



“Good” death



2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Table 4 Patients' absolute ranking of importance of factors linked to a 'good death' (ie, top five rankings)

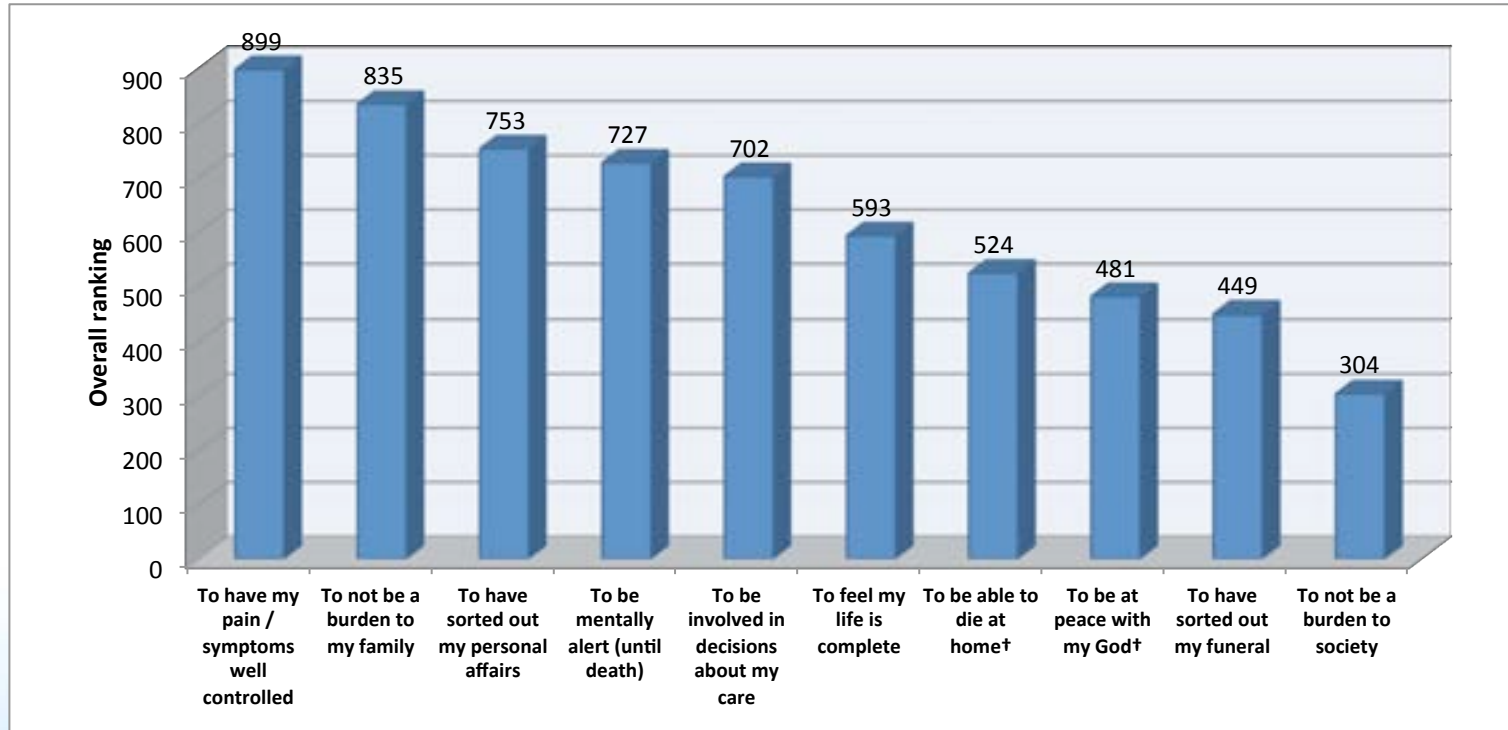
Factor	Ranked first (n=114)*	Ranked second (n=114)*	Ranked third (n=114)*	Ranked fourth (n=114)*	Ranked fifth (n=114)*
To have my pain/symptoms well controlled	38 (32)	17 (15)	23 (20)	14 (12)	6 (5)
To not be a burden to my family	18 (16)	29 (25)	19 (17)	9 (8)	13 (11)
To feel my life is complete	14 (12)	9 (8)	3 (3)	11 (10)	14 (12)
To be at peace with my God	13 (11)	8 (7)	5 (4)	3 (3)	6 (5)
To have sorted out my personal affairs	12 (10)	14 (12)	20 (18)	13 (11)	19 (17)
To be able to die at home	9 (8)	3 (3)	5 (4)	12 (10)	11 (10)
To be mentally alert (until death)	9 (8)	18 (16)	14 (12)	17 (15)	16 (14)
To be involved in decisions about my care	3 (3)	11 (10)	20 (18)	21 (19)	18 (16)
To have sorted out my funeral arrangements	0 (0)	4 (3)	4 (3)	10 (9)	7 (7)
To not be a burden to society	0 (0)	1 (1)	1 (1)	4 (3)	4 (3)

Results are shown as number (%).

* Six patients declined to answer this question.



“Good” death



2019

21-23 JUNE
SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

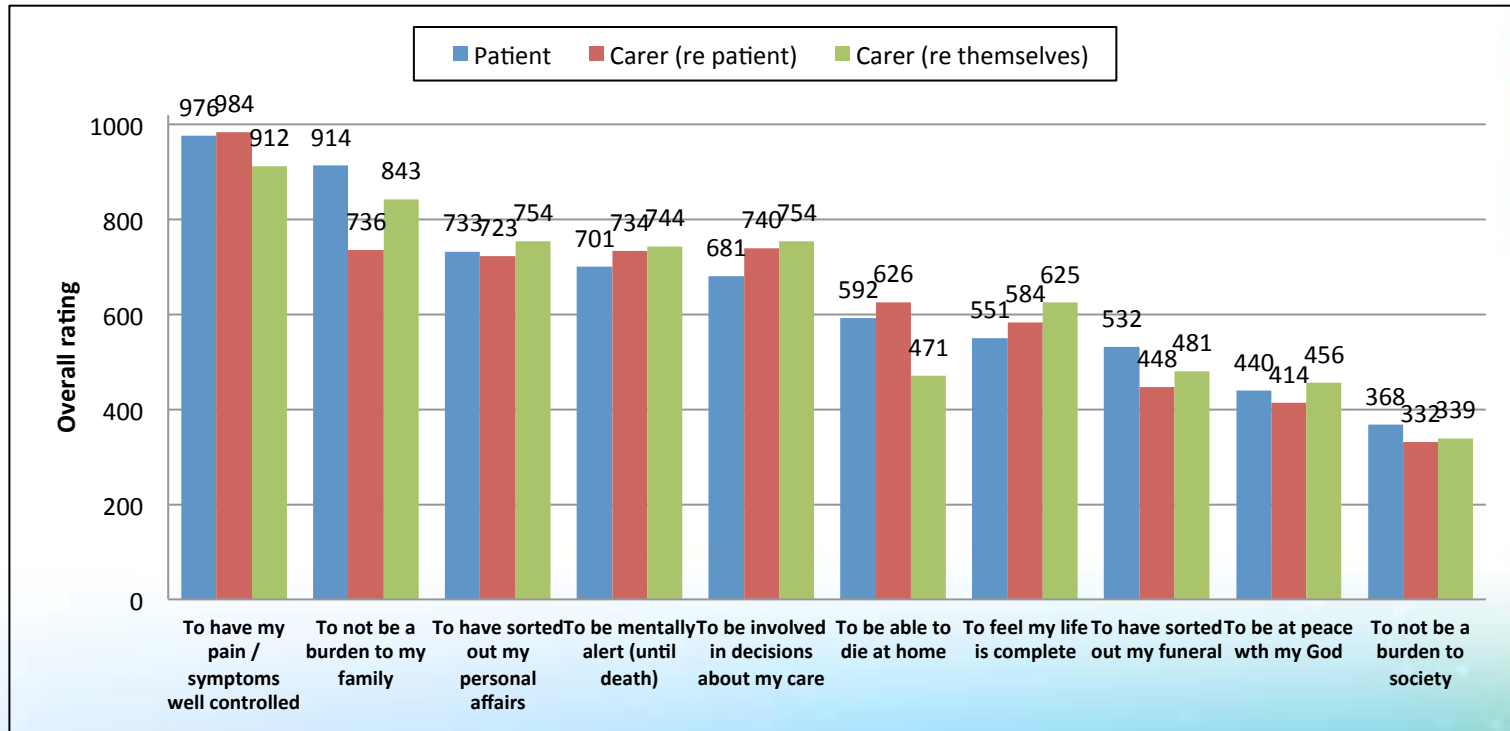


“Good” death



2019
21-23 JUNE
SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE





2019

21 - 23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

Conclusion



Conclusion



“For me, the good death includes being prepared to die, with my affairs in order, the good and bad messages delivered that need delivering. The good death means dying while I still have my mind sharp and aware; it also means dying without having to endure large amounts of suffering and pain. The good death means accepting death as inevitable, and not fighting it when the time comes. This is *my* good death, but as legendary psychotherapist Carl Jung said, "It won't help to hear what I think about death." Your relationship to mortality is your own.”

Caitlin Doughty



Conclusion

- A good death is very subjective
- Factors important for a good death often change (as the disease progresses / death approaches)
- [Place of death is often not the most important factor]





2019

21-23 JUNE

SAN FRANCISCO

SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

SAVE THE DATE

MASCC/ISOO

Annual Meeting on Supportive Care in Cancer

www.mascc.org/meeting

Follow us on Twitter: @CancerCareMASCC



MASCC

Multinational Association
of Supportive Care in Cancer

ISOO

INTERNATIONAL SOCIETY
OF SUPPLEMENTARY
ONCOLOGICAL ONCOLOGY



#MASCC19