

# Medicine for Managers

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## Telling someone they're dying

**In over half a century of medicine, it has often been necessary for me to tell a patient or family member that their relative and loved-one is dying. For some it is simply confirmation of what they expected, for others it comes as a complete surprise. Over twenty-five years ago, when my father died, in the last hour of his life, my mother held my hand and said “he will be here for a few more months, won’t he?”. We had spoken of his death many times.**

I was completely disarmed by her comment. I had been present a couple of weeks earlier when the very caring GP had sat with my mother and father in their home and had sympathetically and carefully explained the advancing nature of his illness, the dire prognosis and the reassurance about support being available.

They had listened and held hands, looking at each other. I thought that they had comprehended what was being said and that their fifty-seven years of marriage was reaching its end. Yet an hour before he died, my mother suddenly seemed lost and unable to understand the imminent inevitability we were facing.

He died peacefully in his bed at 11.00 p.m. We sat together with him for some hours until the first daylight appeared. My mother then went to bed and managed to sleep a few hours before we started the process of notification and making arrangements.

Telling members of a family, or the patient him or herself about the impending death can be a huge challenge.

The recipient of the information, either the patient or family members present or separately, may or may not expect such news and may be apprehensive, frightened and disbelieving, or alternatively fully aware of the forthcoming death and simply accepting the information as confirmation of the expectations.

For the healthcare professional, knowing when a patient is likely to die may be very difficult to assess and the preparation for having such a conversation should be carefully considered and suitable preparation made so that it can be done sensitively and appropriately with or without other family, and at the best time in the most suitable location.

It is important to appreciate that the process of talking about death should start long before it is

imminent in most cases. In someone with a terminal illness, health and social care practitioners should initiate discussion about a range of areas including planning for increasing incapacity and death, the care that might be needed, where and how such care might be provided and timescales.

Other areas of discussion might include making or updating a Will, consideration of options for care and treatment and whether they might not wish to have particular interventions.

There might be personal considerations about relationships with others and particular cultural or religious practices which might be important.

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*It is important to have sufficient time to engage with the individual so that the conversation is not rushed.*

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An initial conversation might revolve around the general circumstances and the progression or symptoms of the condition and seeking the individual's thoughts on how they perceive their health state.

It may also be the opportunity to ask whether the person would like family present when a more detailed discussion about the prognosis of the condition actually occurs.

It is essential to have the patient's consent for family to be involved because of considerations around diagnosis, management and prognosis which may impact on them in terms of care provision, accommodation, financial

implications, funeral arrangements and informing other family members.

The GP, or other healthcare professional such as a specialist nurse, is usually the best person to initiate conversations about death because they are normally known to the patient and the family and the rapport is good.

In the hospital, it is normally one of the medical staff who discusses it with the patient and family but inevitably the lack of personal familiarity and affinity may make it feel more formal and challenging to manage the process with empathy.

Sometimes the dying person or their family may have questions about the process and the events surrounding the demise.

They may be anxious that the person's condition will deteriorate and they will become more unwell, and difficult to manage if at home. They may want to know whether the person will be able to go out or even walk about and what they will be able to do to enjoy their remaining time with family.

Some patients may have expressed wishes about burial or cremation or leaving their body to medical science.

Others will want to discuss religious aspects of contact before death and the procedure after death. It is important that the dying individual is central to the care provided and involved in all decisions.

If a dying patient does not have the mental capacity to contribute to family conversations and explain their wishes, they may already have

an advance care plan in place outlining their wishes.

For the medical professional working with the patient and the family in the pre-mortar period, it is important to allocate the time necessary to provide the appropriate support and to help the family to accept the reality of the imminent death.

Sometimes families feel guilt about what they may perceive as time not spent with their dying family member.

This may need sensitive handling and support. Perhaps most importantly the family must be helped to feel united and at one with their impending loss and to provide understanding and compassion without feeling frustrated and angry about the imminent death.

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