



COPING WITH SUFFERING & DEATH

Group 2: Lisa, Kim, Taryn, Emma,
Mackenzie, Kyra, Nami



Land Acknowledgment

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Sk_wx_wú7mesh
səlililw̓ətəʔt

Lhukw'lhukw'áytən
(Burnaby Mountain)
təmtəmíx^wtən
(Belcarra Peninsula)



GROUNDING EXERCISE

1

ICDEP LINKAGES

2

DIETITIAN'S ROLE

3

**COMMUNICATING WITH
PATIENTS AND THEIR LOVED
ONES**

4

CASE STUDY

5

SELF-CARE & BOUNDARIES

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COPING STRATEGIES

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RESOURCES

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**CONCLUSION AND
DEBRIEF**



ICDEP LINKAGES

2.02 → Act ethically and with integrity

2.04 → Employ a client-centered approach

2.11 → Practice within limits of current personal level of professional knowledge and skills

“It shouldn't be something that scares us and it would be best to take it as a learning experience in life. It's something we are always going to encounter.”

- Stephanie Herrera, RD

ROLE OF THE DIETITIAN

THE ROLE OF THE DIETITIAN





WHAT IS THE INVOLVEMENT?

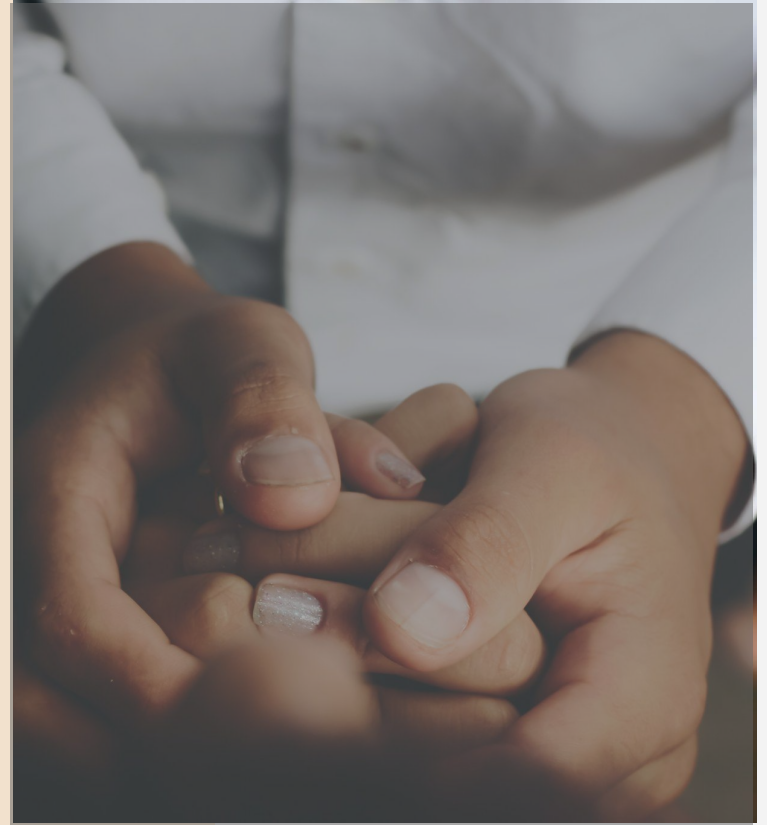
- Depends on the area of work as patient interaction varies
- Examples -
 - Dietitian in dialysis: Strong relationships, 1/3 of patients pass as it is palliative care
 - Intern in acute care: Little patient interaction as high turnover, patient attachment can be limited this way
 - Dietitian in long-term care: Build relationships with families of patients and share their grief

- Those who work closely:
 - Palliative care
 - Seniors care
 - Cancer, neonatal units
- Cater your position to your experience
 - How well can you handle this area?
- Often we must speak to patients when they are in pain or suffering, regardless of timing
- Important to learn the language regardless of your position and involvement



COMMUNICATION

COMMUNICATING WITH PATIENTS, AND THEIR LOVED ONES



- **Recognize when someone is showing signs of dying**
 - weakness, steep decline in health and weight, loss of appetite
- **Humanize the health care setting - treat patients like humans!**
 - maintain professional boundaries, but be open to talking and/or being there for the patient
 - understand culture & religion
 - liberalize their diet
- **Trauma-informed care**
 - <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

PATIENTS

- **Normalize the dying process**
 - it is okay to feel sadness and grief - everyone grieves in different ways
 - understand culture
- **Liberalize the patient's diet**
 - allow loved ones to bring favourite foods of patient
- **Provide support and resources**
 - as a healthcare team, make decisions that respect the patient
 - BC Bereavement helpline: <https://www.bcbh.ca/sgevents.php?pID=19>

LOVED ONES

CASE STUDY ON LOSS, GRIEF, DYING ADAPTED FOR DIETETICS STUDENTS

CASE STUDY

You are working as an inpatient dietitian where you meet Laura, 42-year-old woman with metastasized esophageal cancer whose prognosis is terminal. She was admitted to the hospital with a significant history of weight loss due to difficulties swallowing, then her scans determined esophageal cancer. Her doctor has decided she will soon need a PEG tube, and they estimate she has 10-12 months left to live. She wants to spend this time with her husband and three children, who demonstrate affection and support. Her family is attentive and significantly involved in her care. They visit as often as they can, wheeling her around the garden area, and talking of future plans for the family. You have built a good rapport with Laura over the weeks of her stay because you both share a love of cooking and food, and you pay her a visit during dinner meal service after her family has gone home. She confides in you about how difficult it is to think of her family's future, knowing she won't be there to participate. Her family plans on caring for her at home once she is allowed to leave the hospital, and there will be home health dietitian who will continue to visit Laura.

Questions

CASE STUDY

- A) **What factors would contribute to your patient experiencing a ‘good death’?**
(A good death here means a death that allows a person to die on their own terms, relatively free of pain and with dignity)
- B) **Describe the care that would be deemed “excellent” for your dying patient**
- C) **What are some physical signs that your patient has neared the end of her journey?**
- D) **How could you best meet the needs of your patient when she wants to discuss how difficult some conversations are with her family?**
- E) **In what ways can a dietitian promote personal communication with dying patients?**
- F) **What are some normal reactions you might experience after a patient dies? (Consider what ‘abnormal’ reactions could be and what to do at this point?)**

A) What factors would contribute to your patient experiencing a ‘good death’?

- Free of avoidable stress and suffering for families and caregivers
- In control of symptoms, preparation for death
- Opportunity for the person to have a sense of completion of their life
- A good relationship with health care providers

B) Describe the care that would be deemed “excellent” for your dying patient

- The care is guided by the values and preferences of the individual patient.
- Palliative care should attend to both the needs of the patient and the family
- Care should focus on relieving symptoms, not just relieving pain, using both pharmacologic and nonpharmacologic means
- All health care professional should receive in-depth, insightful, and culturally sensitive instruction in the optimal care of dying patients.

C) What are some physical signs that your patient has neared the end of her journey?

- Dysphagia or dysphasia
- GI s/s
- Incontinence
- Loss of movement, sensation, reflexes
- Decreasing body temperature and cold or clammy skin
- Weak, slow, or irregular pulse
- Decreasing BP

D) How could you best meet the needs of your patient when she wants to discuss how difficult some conversations are with her family?

- Listening. The patient may want to talk to someone who they trust and who is non-judgemental in what they are concerned about
- Education. Tell the patient about what will happen towards the end
- Offer other resources such as connecting the patient or their family to social worker, counselling services, clergy or other spiritual advisors
- Do not give false reassurance

E) In what ways can a dietitian promote personal communication with dying patients?

- Show your vulnerable side to the patient and use nonverbal communication as appropriate

F) What are some normal reactions you might experience after a patient dies? (Consider what ‘abnormal’ reactions could be and what to do at this point?)

- Grief (crying, sadness, shock, sleep change pattern, appetite change, feelings of anger, questioning spirituality, feeling lethargic etc.)
- Complicated grief (Intense sorrow, pain and rumination over the loss, focus on little else except the loss, extreme focus on reminders or excessive avoidance, intense and persistent longing, problems accepting the death, numbness or detachment, inability to enjoy life or trouble carrying out normal routines, isolate from others and withdraw from social activities, experience depression, guilt or self-blame, believe that you did something wrong or could have prevented the death)

COPING STRATEGIES

COPING STRATEGIES



WORDEN'S 4 TASKS OF MOURNING

COPING STRATEGIES

**Accept the Reality
of the Loss**

1

3

**Adjust to a World
without the Deceased**

**Experience the
Pain of Grief**

2

4

**Find Connection with
the Deceased while
Embarking on a
New Life**

(Worden, 2018)

FEELING & EXPRESSING GRIEF



Common Emotional Responses:

- Anger
- Anxiety
- Apathy
- Betrayal
- Emptiness
- Fear
- Guilt
- Loneliness
- Numbness
- Relief
- Strength
- Thankfulness



Karen Giesbrecht, RD

“Emotions have a lag time. We often feel [grief] days, weeks, months after a hard event. Sometimes, the hard stories we [or our patients] witness have a cumulative effect, and it is a relatively small thing that really gets to us.”

“Emotions need to be validated; we need empathy not just advice or direction.”



BOUNDARIES

Some examples of boundaries that may be helpful when coping with suffering and death include:

- Prioritizing caring for yourself
- Limiting your care for others while you are tending to your own grief
- Limiting what you share about your loss and grief
- Limiting the type of feedback you're willing to accept from others about your grief

HEALTHY COPING

Two broad categories of coping mechanisms:

- Problem-focused coping
- Emotion-focused coping

Unhealthy coping:

- Isolating oneself
- Over- or under-eating
- Impulsive spending
- Excessive drug or alcohol use
- Oversleeping



What are some examples of healthy coping strategies?



Reach out for support
Practice non-judgement
Positive daily readings
Read a good book
Talk to a friend
Watch a movie
Get active outside
Colouring sheets
Journaling
Crosswords and puzzles
Crafts

Hot bath/shower
Deep breathing
Walk in nature
Meditative yoga
Abstain from alcohol
Listen to body signals
Go swimming
Get a massage
Garden
Gentle stretching

Listen to music
Cry
Group therapy
See a counsellor
Cook
Knit
Meditate
Manicure/pedicure
Sing
Play with a pet
Affirmation cards

Prayer
Practice mindfulness
Be in nature
Go to a place of worship
Volunteer
Guided meditation
Yoga



MENTAL



PHYSICAL



EMOTIONAL



SPIRITUAL

Resources & Support for 5th Year

RESOURCES

SAP

- UBC Student Assistance Program (SAP)
- Available 24/7
- Phone, video, in-person*
- Multiple languages
- North America: **+1 833-590-1328**
- Outside NA: **+1 604-757-9734**

UBC Counselling

- Embedded Counsellor: Nicole Adoranti
- To contact Nicole: call UBC counselling services directly
 - **604-822-3811**
- What do Students Reach out to Counselling for?

UBC Group Counselling

- Online group programs
- **Relevant Group's:**
 - Balancing emotions Program
 - Safety and Resilience Group
 - And more!



CONCLUSION

We hope you leave with...

- A better understanding of a dietitian's role in supporting patients and families through death and suffering
- Healthy coping strategies that you can use in 5th year as well as strategies to identify when you need to take a step back and draw boundaries
- UBC resources that are "free" for student use



PREVIOUSLY

Do you feel confident in your ability to manage encounters with death while working as a dietitian?

I think I have the resources to cope well



here

Maybe. I think I will be okay

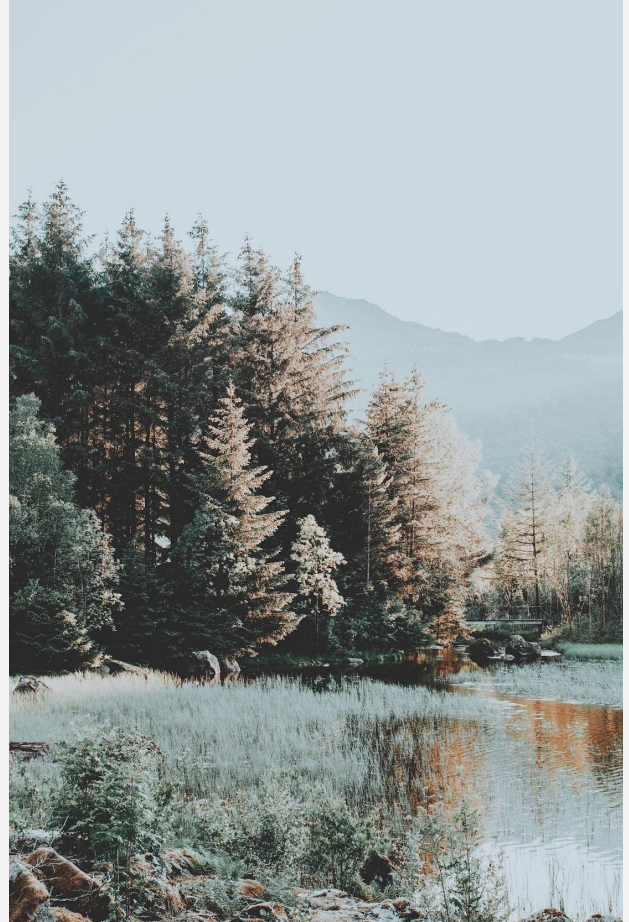


Jamboard

What is one thing you learned from our session today?

DEBRIEF

~10 MIN



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RESOURCES

- BC Bereavement helpline: <https://www.bcbh.ca/sgevents.php?pid=19>
- Anywhere in BC 1-800-SUICIDE: 1-800-784-2433
- Mental Health Support Line: 310-6789
- Vancouver Coastal Regional Distress Line: 604-872-3311
- Sunshine Coast/Sea to Sky: 1-866-661-3311
- Seniors Distress Line: 604-872-1234
- Online Chat Service for Youth: www.YouthInBC.com (Noon to 1am)
- Online Chat Service for Adults: www.CrisisCentreChat.ca (Noon to 1am)
- To find a clinical counselor in BC: <https://bcacc.ca/>
- Check with health insurance provider for possible mental health support coverage

MORE RESOURCES

Resources from Karen Giesbrecht, RD:

- Kristen Neff ([Self Compassion](#))
- [Atlas of the Heart](#) by Brené Brown
- [With the End in Mind: Dying, Death, and Wisdom in an Age of Denial](#) by Dr. Kathryn Mannix
- “[How to have tender conversations](#)” - White Coat, Black Art CBC Podcast (interview with Dr. Kathryn Mannix)
- [Upside](#) by Jim Rendon
 - Explores post-traumatic growth

Additional Learning Resources:

- [Grief and Grieving](#) - HealthlinkBC
- [Worden's Tasks](#) - Psychology Today
- [What is trauma-informed care?](#) - Trauma-Informed Care Implementation Resource Center
- “[Thanatology \(DEATH & DYING\) with Cole Imperi](#)” - Ologies Podcast
 - A comedic and oddly reassuring discussion about death and dying from a person who studies it and is present during the death and grieving process for many people

Healthy Coping Strategies

RESOURCES

- Reach out for support
- Practice non-judgement
- Positive daily readings
- Read a good book
- Talk to a friend
- Watch a movie
- Get active outside
- Colouring sheets
- Journaling
- Crosswords and puzzles
- Crafts
- Hot bath/shower
- Deep breathing
- Walk in nature
- Meditative yoga
- Abstain from alcohol
- Listen to body signals
- Go swimming
- Get a massage
- Garden
- Gentle stretching
- Listen to music
- Cry
- Group therapy
- See a counselor
- Cook
- Knit
- Meditate
- Manicure/pedicure
- Sing
- Play with a pet
- Affirmation cards
- Prayer
- Practice mindfulness
- Be in nature
- Go to a place of worship
- Volunteer
- Guided meditation
- Yoga

Thank You!