

Dying in the Americas 2018, March 21-25, 2018

How to Achieve a Peaceful Death in the 21st Century

PROPOSAL

Conference participants (from the legal, medical, and lay communities) from the U.S., Canada, and South America are invited to share their real life, cultural, religious, and statutory experiences with dying and death: what is achievable, what is available now, and how we can come to a better understanding of how each of us has a role to play in making a ‘peaceful death’ available to everyone.

The Last Stages of Dying Care

PROBLEMS / SOLUTIONS?

- Doctors, even those who treat terminal diseases, are only trained to treat the patient up to the point where treatment no longer shows positive results.
- There is a gap between the end of treatment and death that the medical community is not equipped to deal with
- Doctors do not want to provide death / dying ‘bridge’ services as they do not, generally speaking, see this as their role
- Most patients are complicit with doctors in that they want as much treatment as they can get to extend life – at any cost – and they are rarely ready to admit that there is no further treatment for their disease
- Hospice offers palliative care, but is not always the perfect bridge in this care, especially for those who have longer than six months to live, or have debilitating cognitive losses
- End of Life statutes are not available to those with many illnesses such as ALS, Parkinson’s, dementia or neurological diseases, among many others.

Impediments to Better Dying Care & Choice

PROBLEMS / SOLUTIONS?

- Most Americans are not comfortable with the thought of death
- We do not talk about death and its ramifications with friends and family
- Most people do not see the correlation between the quality and cost of end of life care
- Most individuals find it hard to come to terms with the fact that the cost of care may not equate with the quality of their last days, weeks, and months of life.
- There is no easily available ‘blue print’ that definitively helps the patient make the determination of whether the cost of care is equal to the quality of care.
- Once the decision to end care is determined, there are few services other than hospice and palliative care to fill this end of life gap
- The decision to endure suffering is out of the individual’s hands and is made by others in either the medical community, by statute, or determined by religious beliefs
- What kind of peaceful death is achievable when only 20% of the U.S. has End of Life statutes, and those have serious limitations?

OUTCOMES

- How do we bridge these gaps of knowledge, expertise, and accepted practice?
- What is the responsibility and role of doctors, nurses, families, and individuals in achieving this peaceful death?

- Is it possible to explore these problems and come up with a blueprint for understanding and approaching death?
- Can we better use our current medical resources by teaching people (including the medical community) about their ability to predict and control the inevitable end of life?
- Is early education or global outreach in the medical community feasible, i.e., pamphlets in doctors' offices, "What is a good death?"; training for seniors in OLLI programs, Death Cafes and other groups, either structured or informal?
- Can we make tools available to individuals who are diagnosed with a terminal disease to help them understand a prognosis and how the quality of dying fits into their treatment?
- Is there a way for this 'bridge' – that space between disease treatment to death - to become an identifiable and quality time in each person's life?
- Is it possible to give control to individuals who will be able to then determine how they will live during this time before death
- And is it possible to give control to individuals who will then rationally be able to determine how they want their deaths to occur
- Is it possible to determine a matrix that will give each person as much control and understanding of this part of their life, thereby giving the 'tools' to the individual - as opposed to the doctor - to better determine their own end of life care
- What are the elements of a good death that could be incorporated in making the decisions to create the qualitatively best outcome of the dying experience?
- And then, if the choice is to plan one's death, what is the best way to achieve that peaceful death?

For more information, contact Final Exit Network conference coordinator at mtg584@gmail.com or visit finalexitnetwork.org for the latest conference updates.