



# Personal Reflections



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It is very important that you take the time to identify your feelings, beliefs and experiences related to death, dying, aging and loss.

What are your personal values about death?

- Role?
- Meaning?
- Beliefs about life after death?
- What you fear most?
- Preferences for when and where you die?

## VALUES ENCOUNTER REGARDING DEATH

1. What **ROLE** does death play in your philosophical understanding of life?
  - a) fate
  - b) an enemy
  - c) a friend
  - d) a mystery
  - e) a necessity
  - f) deserved or undeserved
  - g) other
  
2. The **MEANING** of death is...
  - a) The end of everything.
  - b) Joining the universal cosmic consciousness.
  - c) The end of this physical life and the beginning of another physical life as a different person, animal, or thing.
  - d) I don't know.
  - e) I don't care.
  - f) Not important to me.
  - g) It is meaningless.
  - h) The end of this physical life and the beginning of another spiritual life.
  
3. What **BELIEF** do you hold about life after death?
  - a) An afterlife exists, but I don't think much about it.
  - b) Life is important now and the afterlife is just a bonus.
  - c) Life now is simply a prelude to the more important afterlife.
  - d) No afterlife exists.
  - e) I don't know.
  - f) other
  
4. To whom would you like to talk shortly before death?
  
5. Would you **PREFER TO OUT LIVE** your spouse/close friends?



6. If you had only a short time to live, **HOW WOULD YOU SPEND YOUR TIME?**
- a) I would try to put things in order.
  - b) I would make no change in my life.
  - c) I would become more contemplative and ponder the meaning of life.
  - d) I would make a radical change in life, indulge myself (sex, drugs, gambling, travel, etc..)
  - e) I would concern myself with the needs of my family.
  - f) I would attempt some great feat.
  - g) I would think about committing suicide.
  - h) I would commit suicide.
  - i) Become depressed.
7. When I think about death, what I **FEAR** most is...
8. **HOW WOULD YOU WANT TO DIE?**
- a) quietly, in my sleep
  - b) quickly, but not violently, fatal MI
  - c) quickly and violently
  - d) after a significant accomplishment
  - e) suicide
  - f) in the line of duty
  - g) saving someone else
  - h) from cancer over a few years
  - i) other
9. **WHEN** would you want **TO DIE?**
- a) in my 20's
  - b) in my 30's
  - c) in my 40's
  - d) in my 50's
  - e) in my 60's
  - f) in my 70's
  - g) in my 80's
  - h) in my 90's
  - i) never!
  - j) today!
  - k) anytime
10. I would be **WILLING TO DIE** (sacrifice my life)...
- a) for a loved one.
  - b) for a principle or a cause.
  - c) for the life of a stranger.
  - d) for my country.
  - e) nothing or no one.
  - f) other

What was difficult to answer? What was easier to answer? What did you learn about yourself?

Understanding how and why some topics are easier than others allows you to think about how/why there might be differences in how other people view death and how you might approach these conversations with others.

## What are the boundaries and limits of your role?

Boundaries define the scope and limits of your role. As caregiver's we are required to put our resident's needs before our own needs. Sometimes, our own conscious or unconscious wishes make it hard to recognize boundary violations.

You should aim to understand your own strengths and limitations when confronting resident dynamics. Seek professional assistance when necessary and appropriate.

## The Perils and Pitfalls of Communication at End-of-Life

Consider these barriers and pitfalls in the effort to improve your communication skills.

*The role of Communication in PC by Robert Buckman, 2011*

*Communication with patients and families, 2000, by Laura Hawryluck, Ian Anderson  
Continuing Education Program in End-of-Life Care, University of Toronto*

### Barriers:

- Personal beliefs and values, psychological and emotional stress, fatigue, biases, past personal or professional experiences, and knowledge influence both how the communication is delivered and received.
- The following are the common fears among healthcare providers:
  - Fear of eliciting a reaction
  - Fear of saying "I don't know"
  - Fear to seem weak or unprofessional for displaying emotions
  - Fear of own mortality
  - Discomfort at feeling the resident's suffering
  - Fear of being blamed
  - Fear of the untaught

### Pitfalls:

- Remember that talking about dying can be difficult for everyone.
- Avoiding personal issues can be risky. Remember, others can tell when this is the case. Self-reflection is an important feature in communication.
- Avoidance of residents who are suffering or dying can feel like abandonment to them and their families. Do not let fear cause avoidance.
- Avoiding the emotional content of the communication with the families can create conflicts. Families may experience and express strong emotions such as anger and guilt. Be prepared for these intense emotional responses: acknowledge family's feelings, investigate the underlying cause and find out how you can help them manage their concerns; be empathetic and supportive.
- Communicating and assessing the needs of the residents with advanced dementia can be challenging. Pay close attention to their nonverbal behavioral signs.

### Learn More

The **Communication at End-of-Life (CEoL)** program offers bilingual education materials that provide LTC educators with tools for teaching palliative and end-of-life communication skills to team members by combining didactic, peer-to-peer, and scenario-based learning. A variety of resources have been created surrounding communication at end-of-life, including Facilitators Guide, PowerPoint Modules, webinar, an article from AdvantAge Ontario's Action Update, information packages, and an FAQ. See below for links to these items.

The CEoL training program was developed in partnership between the Ontario CLRI at Bruyère and Algonquin College.

Learn more at [clri-ltc.ca/ceol](http://clri-ltc.ca/ceol)

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