

## STUDENT HANDOUT

### Common Patterns of Dying

#### Video Discussion Questions:

Consider these questions while watching *Unprecedented – Common Patterns of Dying* instructional video available on the Life and Death Matters website:

<http://lifeanddeathmatters.ca/products/videos/>

- What key factors have changed the way we die?
- What are the four common patterns of dying?
- What information did you find most surprising or interesting?

#### Small Group Questions:

Read the case scenario describing the pattern of stuttering decline (“Stuttering Decline – The Roller Coaster”)

- In your own words, describe the pattern of dying that is represented in this scenario.
- What is the impact that this pattern of dying might have on Tom?
- What is the impact on Sarah and the family?
- As an HCA, identify ways that you can support Tom, Sarah, and the family.

#### As a Class:

- Identify common health challenges that may result in the stuttering decline pattern of dying (e.g., organ failure, such as congestive heart failure, chronic obstructive pulmonary disease; or end-stage kidney disease, chronic progressive illnesses, such as Parkinson’s disease or dementia-related illnesses).
- HCAs work with clients with chronic disease who may experience a prolonged period of dying that may occur over months or years. How can a palliative approach be integrated into providing care for these clients? How might different work settings (residential, community, or acute care) factor into this approach?

## **Stuttering Decline – The Roller Coaster**

*My name is Sarah. I am Tom's wife and caregiver. Tom has chronic obstructive pulmonary disease, and although we have been dealing with it for over 15 years, the last eight years have been the hardest, with repeat hospital admissions, decreased abilities, and increased needs. I have heard it said that the typical patient with this disease goes to death's door a number of times before dying. At least five times the children have gathered to say goodbye.*

*June 9: Last week the doctor came in and, squatting to make eye contact with Tom, asked us what we wanted. Tom said that he was tired – tired of hospitals, emergencies, tests, and more treatments. I very carefully suggested hospice. Tom and the doctor agreed.*

*June 15: We came home by transport ambulance. All the kids came home to help. In the middle of the night, I wept. I am exhausted. I wonder if he will die soon. I hope he will. I hope he won't.*

*July 15: How long will this go on? It has already been eight years! The HCAs come five times a week now. I willingly let them help. Tom seems to enjoy them.*

*July 18: My, oh my, what a journey! This man of mine has always had a huge appetite. Now he is eating so little. It is hard for him to eat and digest and breathe at the same time. I try to feed him but even with all my effort, he eats very little.*

*August 9: Tom has been restless for the last three nights. He sits on the edge of the bed, tries to get up, then sits down. Then he wants up. We need to be with him because he is unsafe. He has more difficulty breathing. He is confused, sometimes talking to people who aren't there. The other day he dreamt of his mom who died several years ago. His sentences are not making sense, his words jumbled. He was like this last year when he was really sick. He recovered then. I don't think he will recover this time.*

*August 17: We celebrated our 60th anniversary two months early.*

*August 19: Tom is very weak, can manage sips of water. He is confused again.*

*August 20: It is with a sad heart that I tell you my Tom died this morning. He has been sick for 15 years.*