

# The Works



## Health

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# When the end is nigh

How well are we likely to be looked after in our final days?

*"Despite rumour, Death isn't cruel – merely terribly, terribly good at his job."*  
– Terry Pratchett, *Equal Rites*

A visit from the Grim Reaper is not something most of us like to think about too often. We know we're going to die and can only hope our death will be as good as it can be. But how can we increase the chance of that? It's the ultimate test of a modern healthcare system: how well will it look after us in our final hours?

The professional model of care for those who are dying has traditionally been provided by hospice. This philosophical approach involves palliating a patient's symptoms (which, for complicated diseases, requires specialist training), but also attending to the psychological, social and spiritual complexities of death. Out of this has grown the practice of palliative care, a relatively new specialist area of medicine that is increasingly being integrated into hospitals.

Palliative stems from the Latin word *pallium*, meaning cloak. "The idea is that you're shielding or protecting people," says Sinéad Donnelly, a palliative medicine consultant at Wellington Regional Hospital. "You can't take away the cancer or whatever it is, but you can shield people from pain, from fear, from feeling abandoned."

People who die with the support of hospice or palliative-care specialists will be surrounded by people who are familiar with the process of death and practised at easing the fears and anxieties of the dying as well as those of their friends and family. Unlike most of us, they've seen this all before.

"I think of approaching the end of life as if you're walking along the mountain ridge towards a gate, and that gate is death," says University of Auckland associate professor of palliative care Rod MacLeod. "So on this walk you're accompanied by your family, and by healthcare professionals who have done this walk loads of times before."

"So they know when it's going to be hard – where the tree roots are, where the hidden boulders are – and they also know

**"We have very high expectations around birth in the Western world. We need to have the same expectations of death."**

where the good views are, when things will get easier. So we say to the person who is dying, 'We can walk with you as far as the gate; the only thing you have to do on your own is walk through the gate.' And we can tell that person not to worry about their family, because we'll show them the way back."

In an ideal world, even one we are preparing to exit, we would all get such care, consideration and consolation. The bad news is there aren't enough hospices and palliative-care specialists to go around.

Which is why those in palliative care say all health professionals need to better understand and pay more attention to death and dying. Donnelly, for instance, argues for more training at an undergraduate level. "If a young doctor decides to become a GP, I think they should spend three months at a hospice."

It's also up to professionals trained in palliative care to pass on their knowledge. "In a way it's doing ourselves out of a job, although it never will, but our job needs to be to teach and inspire others – doctors, occupational therapists, nurses, social workers – to care for people who are dying."

Those in hospices also see their role expanding – looking after those preparing to take their last breath, but supporting and offering training for other healthcare workers in the community to do the same.

"There is a general sense that palliative care is no longer the exclusive preserve of hospices," says Jan Nicholls, chief executive officer at Auckland's Mercy Hospice. "It's something that all health providers should be able to do and feel confident about, and be mentored and supported so that they can."

Many people enter the healthcare profession hoping to help prevent people from dying, she says, but looking after those who are going to die is just as fundamental. "Every person is entitled to as good a death as possible. We have very high expectations around birth in the Western world. We need to have the same high expectations of death."

Often it just means giving health professionals the freedom to spend time with people, and permission to show a little sympathy.

"Most people are frightened of dying," says Donnelly. "But what people need is people around them, a sense of accompaniment, of not being abandoned. That's not just the physical presence of people; people who can listen, people who are capable of listening, people who are capable of being with suffering." ■