ABSTRACT

The objective is to provoke reflection on the process of death and dying and the necessary care associated with this phase of the life of people who experience death and their families, aiming to contribute to the debate of education for death and humanization of the process of death and dying. Death is a phase of life and is present in health professionals' daily life, but the healthcare model has not been effective in dealing with the demands of people in situation of death and their families. There are many challenges to be faced in vocational training, such as limitations in curricula and the multicultural approach to death. The teaching of technological and scientific aspects has been privileged, with little space for approaching the emotional, spiritual and social aspects of the human being. It is necessary to talk more about death and the dying process in order to increase knowledge about this theme and the acquisition of professional skills to deal with relatives and end-of-life care situations, with death in daily care and with the professionals who experience such care experiences.

Keywords: Death; Palliative Care; Nursing.

RESUMO

Objetiva-se refletir sobre o processo de morte e morrer e dos cuidados necessários associados a essa fase da vida das pessoas que vivenciam a morte e de suas famílias, visando contribuir para o debate da educação para a morte e da humanização do processo de morte e morrer. A morte é uma fase da vida e está presente no cotidiano dos profissionais de saúde, mas o modelo de atenção à saúde não se mostra efetivo para lidar com as demandas de pessoas e de suas famílias na morte. Há muitos desafios a serem enfrentados na formação profissional, como limitações nos currículos e na abordagem multicultural da morte. Privilegia-se o ensino da tecnociência, com pouco espaço para a abordagem dos aspectos emocionais, espirituais e sociais do ser humano. Concluiu-se que é preciso conversar mais sobre a morte e o processo de morrer, ampliar a geração de conhecimentos sobre o tema e a aquisição de habilitações profissionais para lidar com os familiares e com as situações de cuidados de fim de vida, com a morte no cotidiano assistencial e com os próprios profissionais que vivenciam tais experiências de cuidado.

Palavras-chave: Morte; Cuidados Paliativos; Enfermagem.
Death and the dying process: we still need to talk about it

RESUMEN

El objetivo del presente estudio es reflexionar sobre la muerte y el proceso de morir y los cuidados necesarios para las personas y familias involucradas en dicho proceso, con miras a contribuir al debate de educación para la muerte y humanización de la muerte y del proceso de morir. La muerte es una etapa de la vida que está presente en el cotidiano de los profesionales de la salud, pero el modelo de atención de la salud no parece ser eficaz para lidiar con las demandas de las personas y de sus familias en la muerte. Hay muchos retos por enfrentar en la formación profesional, tales como las limitaciones en el plan de estudios y en el enfoque multicultural de la muerte. Se propone la enseñanza de la tecnociencia, con poco espacio para los aspectos emocionales, espirituales y sociales del ser humano. Se concluye que debemos hablar más sobre la muerte y el proceso de morir, aumentar la generación de conocimiento sobre el tema y la adquisición de competencias profesionales para lidiar con la familia y con las situaciones de cuidados al final de la vida, con la muerte en el cotidiano de la atención y con los propios profesionales que viven tales experiencias de cuidados.

Palabras clave: Muerte; Cuidados Paliativos; Enfermería.

INTRODUCTION

Death and the process of dying are phenomena that generate anguish, fear and anxiety, and although they are part of life, they are still considered taboo. People's attitudes toward death are influenced by personal, cultural, social, and philosophical belief systems that will shape their conscious or unconscious behaviors.

Healthcare professionals face physical, emotional, social and spiritual suffering of people and, in many cases, difficult-to-solve situations. The current healthcare model is based on prevention, diagnosis, effective treatment and cure of diseases, but when faced with the incurability of certain diseases, this model becomes ineffective. Relieving symptoms, in this case, requires medication, but also approaches to emotional, social, and spiritual symptoms, which are quite complex to deal with.

Advanced stages of certain diseases, such as cancer, are feared situations because they are linked to physical and moral suffering, pain, mutilation and death. Often suffering extends throughout the family and friends, generating fear and insecurity, and generally few professionals are prepared to deal with all the complexity of a patient with advanced disease and progression.

In general, there is a lack of debates in elementary, middle and high schools, which demands an expansion of the scope of education to death, given the interdiction of this theme. In nursing, there are many challenges to be faced in training, such as the limitations in school curricula on the death and dying process, especially in multicultural settings.

With regard to models of care, there are also different policies and practices in health systems that imply the acquisition of professional skills to deal with end-of-life and death care situations.

Therefore, this article aims to reflect on the process of death and dying and the necessary care associated with this phase of the life of people who experience death and their families, aiming to contribute to the debate of education for death and the humanization of the process of death and dying.

LIFE, CARE AND DEATH

Life is the great triumph of healthcare and exalting it obscures the view of health professionals and interdicts the understanding that when death is inevitable, because the course in life was completed due to illness or fatality, taking care of one's death is a worthy and necessary action, being also an important function of the health professional. Death is present in the daily life of these professionals, but the formal training is still insufficient, with teaching focused on the technological and scientific aspects and little space to approach the emotional, spiritual and social aspects of the human being. This insufficiency raises questions about what to do in incurable cases that will fatally lead the individual to death.

But it is necessary to consider that professionals also suffer in this process, because talking about death and the process of dying requires a great cognitive and emotional effort, since this language was not taught to them or was incipiently taught in the pedagogical training process. There is insufficient and adequate investment in the training, both at the technical and higher levels, to allow them to interpret the feelings that emerge at this moment, which is unique in one's life. Health professionals take care of other's pain, but they do not find the adequate shelter for their own sufferings and many have become ill.

Few professionals had experiences that could clarify the various questions that arise in this unusual moment of encounter. It is also added that, since the process of dying is a subjective experience, care is unique and always on demand, requiring the professional to have a unique disposition to care for, as well as verbal and non-verbal communication abilities for establishing a humanized relationship, which is so essential to health care.

A review study showed that younger nurses have consistently reported stronger fear of death and more negative attitudes toward end-of-life care. On the other hand, Nursing students in the first year of training reported that thinking about death is more frightening than the actual experience of dealing with it. These results show how much the experience of dealing with death can be diverse, depending on the preparation and the disposition of each human being.

Death integrates human development into its life cycle; it is a reality and no matter how much one tries to abstract it and make it distant, it will be present someday in everyone's life. Accompanying one's death raises awareness of our own mor-
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CONCLUSION

When one looks at these questions in a profound way, it is possible to perceive how laborious and complex the farewell phase of someone dying is, and how much study is necessary to learn how to deal professionally with this situation of one’s death and his/her family, especially when the person is not used to thinking about it.

So it is still necessary to talk about death, to bring it close to us, to make it intimate, to know it. In life and in the field of health, especially, the more and the better one knows a phenomenon, the more one learns to deal with it. Therefore, to better care for someone who is dying, we must talk about death: about his, about yours, about our death.

The phenomenon of death should be dealt in the same way as dealing with the phenomenon of birth. Caring for life means caring for death, because the professional responsibility is regarding the protection of life: of the one who is about to be born, of the one who is about to die.

This reflection suggests that it is still fair and necessary to generate knowledge about death and the process of dying, about the care to those who are dying and to their families, about the care to those who are caring for people in these situations, since in practice, at the moment of death, the human desire is that we have friendly hands that will help us and comfort us in our death and, professionally, that we are the hands that others wish to have.

REFERENCES


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