Dying: A Human Experience

Continuum Care of Rhode Island

April 26, 2019 - RIALA Conference

There's nothing inherently medical about dying. It's much larger than medicine. It's purely human. Part of that admission is to keep all of this couched in humanity, not medical science, or social science, but really a full arc of humanity. Kindness, total openness, vulnerability, exchange.

-B.J. Miller, M.D., End Game

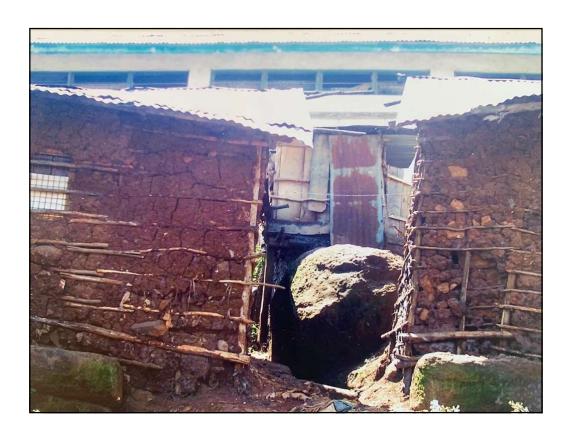


Dichotomies We Face at EOL

- moral vs. unethical
- practical vs. futile
- natural vs. artificial
- * acceptance vs. aggressive
- curative vs. comfort
- vulnerable vs. comfortable
- life vs. death

World Class Service Focus

- *AND particularly challenging... assisted living community vs. healthcare facility
 - * Suggested resource: www.pioneernetwork.com
- Further complicated by... ensuring health and survival vs. enabling well-being
 - * Suggested resource: Being Mortal by Atul Gwande

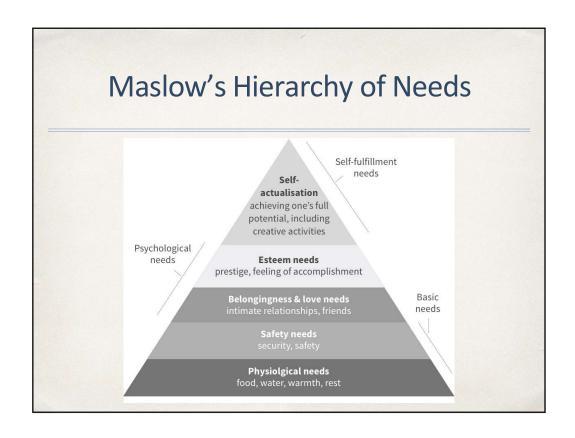


Human Needs

- * We all have the same human needs.
- * We all meet them with different strategies, which makes everyday so challenging and so interesting!
- What are our human needs that impact well-being?

Human Needs Drive Well-Being

- * Abraham Maslow Maslow's Heirarchy of Needs
- * Tony Robbins 6 Human Needs
- * Marshall Rosenberg Nonviolent Communication



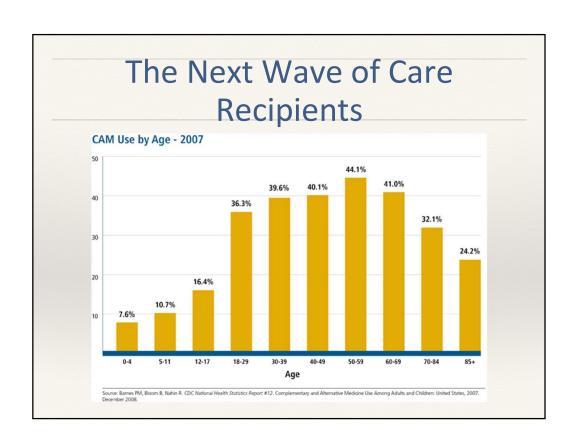
Care from the Heart

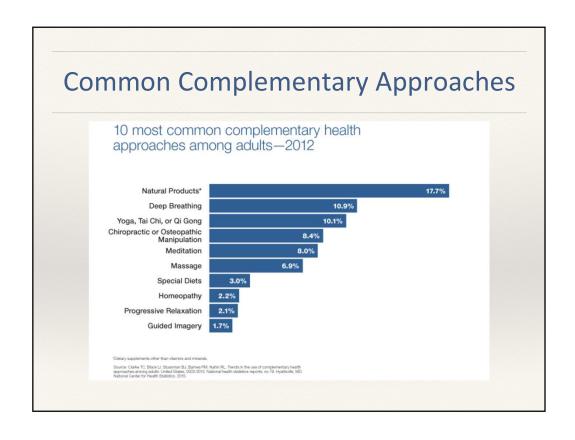
- When our needs are threatened we tend to react from the reptilian part of the lower brain and operate from a fight, flight, or freeze place.
- Medications do help, because we cannot begin to think in the higher parts of the brain when we are in physical pain - Always assess for pain 1st!
- * HOWEVER... WE NEED HEART! What we so often need is empathy, compassion, authenticity, presence, calmness, communication and reassurance (more so than any medication).
- Success Story

Statistics to Consider

- * It is projected that the senior population on average will grow 49.5% by 2030.
- ❖ 1 in 5 Americans will be a senior citizen twice today's number!
- The healthcare system will continue to be stretched, particularly around end of life care and treatments, and our economy will be tested in unprecedented ways.

http://www.blueshifteducation.com/the-blueshift/end-game-its-purely-human





Symptoms We See Body - Mind - Heart - Soul

Biological (body)

- « pain
- * failure to thrive
- * sleep interruption
- * appetite changes
- « pacing
- * wandering
- * falls

- * shaking
- * rocking
- * energy surges
- * restlessness
- physical aggression towards self and/or others
- *increased blood pressure
- * decreased flexibility

Psychological (mind)

- *sudden mood swings
- *apathy
- verbal outbursts
- *depression
- * crying
- *increased confusion
- *hallucinations
- « paranoia
- *flat affect

- *anxiety
- * disorientation
- «delirium
- *disinhibition
- *trauma history
- *PTSD (post traumatic stress disorder
- BPSD (behavioral and psychological symptoms of dementia)

Social (heart)

- * isolation
- * avoidance
- « projection
- « embarrassment
- anticipatory anxiety
- * lack of acceptance
- * lack of a sense of belonging
- * fear
- * tolerance

Spiritual (soul)

- * questioning faith or chosen higher power
- * reported loss of faith
- * lack of authenticity
- * lack of purpose
- * lack of trust in life process
- * loss of connection to familiar
- * stagnant self-growth
- stifled creativity

Creating Conscious Communities

- * To create a community with individualized care plans where needs and interests are discussed and catered to promotes integrative (whole person approaches to care) and personcentered care.
- This focus of care can help people meet their needs.
- * Suggested resource:: www.preferencebasedliving.com

Integrating Interests Body - Mind - Heart - Soul

Biological (body)

- * rhythmic / vibration interventions
 - drumming
 - harp vibrations
 - pulmonica®
- movement interventions
 - tai chi
 - chair yoga
- * adult play grounds / swings
- * interpersonal touch interventions
 - massage therapy
 - * compassionate touch
- weighted blankets

Psychological (mind)

- olfactory stimulation
 - * relaxation with essential oils
 - * memory recall with scent games
 - * fall reduction
- light interventions
 - light / sleep /circadian rhythm
- therapeutic rocking
 - * rocking wheelchairs
- * mindfulness and meditation
- guided imagery
- virtual reality

Social (heart)

- * compassion/compassionate communication
- validation
- * <u>reminiscence</u> opportunities
- pet companions
 - * joy for all cats and dogs
 - * equine-assisted healing
- * music interventions
 - * music therapists (BCMT)
 - * music & memory / alive inside
 - Grace Note Singers
- * intergenerational opportunities for connection

Spiritual (soul)

- art interventions
 - * soulcollage®
 - buddha board
- horticulture opportunities & hope
- soul injury®
 - Debra Grassman
 - * wounds that separate us from self
 - anchoring heart technique
 - ceremonies
- * oracle / affirmation cards

Assisted Living Applications Creating Connection to Your Communities Michele Carignan, RN

There simply is no pill that can replace human connection. There is no pharmacy that can fill the need for compassionate interaction with others. There is no panacea. The answer to human suffering is within us and between us.

-Dr. Joanne Cacciatore