

# A Good Death or Good Care?

Dr Lam Chee Loong

Senior Lecturer in Palliative Medicine

University of Malaya

# Declaration of interests

Sponsorship by the Menarini Group to attend the Asia Pacific Hospice Conference Singapore 2017

# Overview

- Death and dying – when?
- A good death
- Good care

# Dying

A moment?

A timeframe leading up to the end?

Much longer?

# On one's own terms

Euthanasia

From Greek “eu” – well/good and “Thanatos” - death

Physician Assisted Suicide

Core themes of a good death:

- Preferences for a specific dying process
- Pain-free status
- Religiosity/Spirituality
- Emotional well-being
- Life completion
- Treatment preferences
- Dignity

Core themes of a good death:

- Family
- Quality of life
- Relationship with Healthcare Provider
- Other

Meier EA *et al*, Am J Geri Psych 2016; 24(4): 261-71

Good Care



# ABCDE of Resuscitation

**A**

**AIRWAY**

**B**

**BREATHING**

**C**

**CIRCULATION**

**D**

**DISABILITY**

**E**

**EXPOSURE/ENVIRONMENT**

# ABCDE of Good Care

**A**

**ATTITUDE**

**B**

**BEHAVIOUR**

**C**

**COMMUNICATION**

**D**

**DUTY**

**E**

**ENVIRONMENT**

# Attitude

“They have to be very caring. And of course, they have to be patient in order to tolerate all different kinds of people that come in.”

“Basically, you need to have passion for the job. That means you have to treat each patient as a person and know their problems individually.”

# Behaviour

“You have to be more careful. Some are not. They simply adjust for you when you say you want to adjust the bed. They don’t know where your wound is.”

“When you smile, others will feel happy. If you don’t smile, people tend to think that you aren’t doing your work willingly.”

# Communication

“Be nice and gentle when you talk. Don’t speak in a harsh manner.”

“Just chat about some normal stuff.... From the facial expressions and the way doctors treat the patient, actually it is enough.”

“We sleep better after all the comforting words.”

# Duty

“They have to know that patient’s needs because sometimes patient’s needs are different from what they expect.”

“Sometimes they are here immediately when I need their help. Sometimes I need to wait for a very long time. I need to call them again and again.”

# Environment

“Where should my family members sit when they come? They stand and look at me, then leave after a while. I think they should provide more chairs.”

“Although the rules are important, visiting hours are from this to that, but I still feel if somebody is coming from far to see a patient, you should allow.”

# Summary

- The patient should define if a death is good or not
- Good care has no substitute and has the best chance of bringing about a good death