

Ministering to the Terminally Ill and to Families Facing Life-threatening Illnesses

By
Israel Galindo



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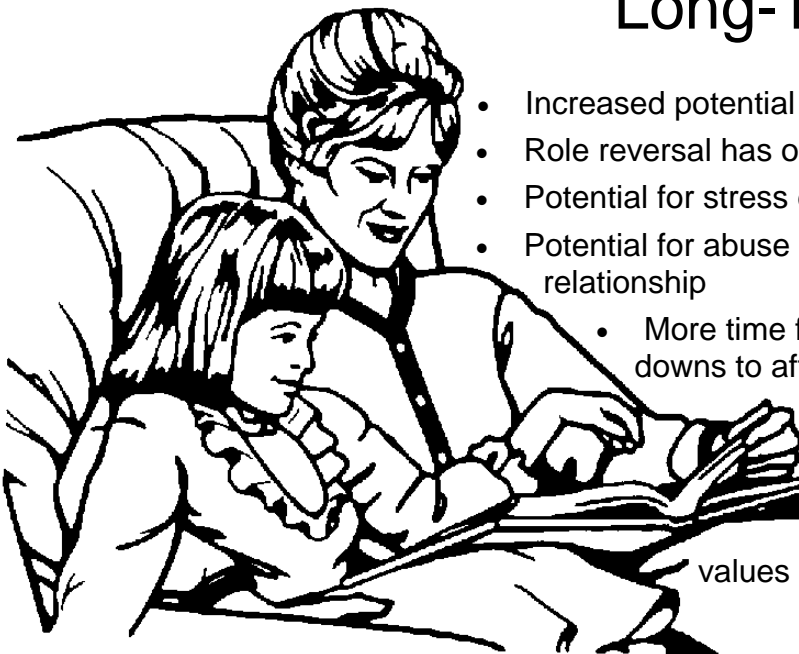
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Dynamics of Short-Term Illnesses

- Less time to come to terms with illness
- Impact of shock/denial may be immobilizing
- Greater time pressure to get “unfinished business” in order
- Support systems may not be as developed
- Patient/family doesn’t have to deal with a lingering illness/death
- Less likelihood that illness will drain family resources.



Dynamics of Long-Term Illnesses



- Increased potential for financial hardship
- Role reversal has occurred over a long period of time
- Potential for stress disorders in primary caregivers
- Potential for abuse or neglect if illness has unbalanced relationship
- More time for cycle of emotional ups-and-downs to affect family
- More opportunity for family to adjust to the illness and prognosis
- More opportunity for “saying goodbye” and discussions of values and wishes

Signs and Symptoms of Approaching Death

- Decreased need for food and fluid
- Increased restlessness
- Increased confusion
- Possible hallucinations
- Decrease in blood pressure
- Changes in skin color
- Increased perspiration
- Arms and legs cool to the touch
- Patient sleeps more during the day
- Incontinence of urine and bowel movements
- Urine output decreases
- Oral secretions increase, may cause “death rattle”
- Hearing and vision may decrease slightly
- Irregular breathing develops (apnea)
- Pulse weakens

*“I will encounter
darkness as a bride,
And hug it in
mine arms.”*

—Shakespeare,
Measure for Measure
Act III, Scene I



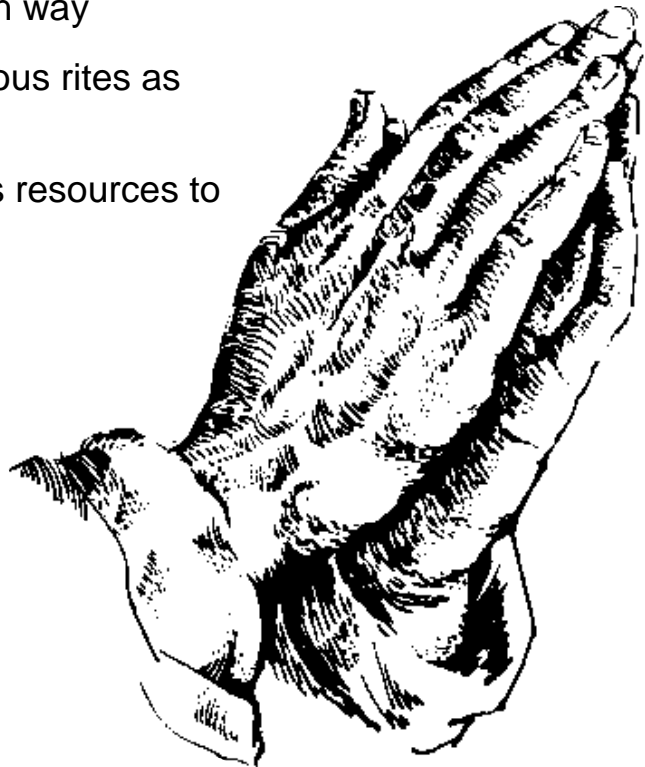
Spiritual Care *for Patients and Families*



- Interact with patient and family in a way that communicates acceptance
- Respond to spiritual concerns of patient and family
- quality of hope
 - ⇒ relationship with God
 - ⇒ subjective feelings about illness
 - ⇒ life review
- Invite patient and family to explore spiritual concerns in a non-intrusive manner
- Respect and affirm the right of patient to express their religion, spirituality, and values in their own way
- Provide for sacraments and religious rites as requested
- Provide prayer and other religious resources to patient and family as requested

*“Earth to earth,
ashes to ashes,
dust to dust,
in sure
and
certain hope
of the
resurrection.”*

—Book of Common Prayer



Identifying Spiritual vs. Religious Needs

DIRECTIONS: The following are statements often heard from patients and their families. After you read each question, please indicate whether the statement indicates a spiritual or religious need or neither (It is possible that both spiritual and religious needs are expressed in the same statement).



- S R N 1. Sometimes I feel that life is just not worth the struggle anymore.
- S R N 2. Why is God punishing me so much?
- S R N 3. My family won't come and visit me; I feel so abandoned.
- S R N 4. I don't feel like talking today.
- S R N 5. I don't have any regrets.
- S R N 6. What do you think death is like?
- S R N 7. Ministers are all crooks, they just want your money.
- S R N 8. Don't send me a priest, they didn't help me when my husband was sick years ago, and they won't help me now.
- S R N 9. Please find me someone to talk with about God.
- S R N 10. I am afraid.
- S R N 11. I know I'm going to die, but my family won't accept it. What should I do.
- S R N 12. Please go away, I just want to be left alone.
- S R N 13. I am Catholic and we called the parish church, but the priest won't come.
- S R N 14. I refuse to talk to anyone from the church, they won't help.
- S R N 15. I don't know why, I just don't feel like doing anything.
- S R N 16. Why can't you just give me a pill and let me die.
- S R N 17. This may sound cruel, but I wish my mother would die. How can God let her suffer so much?
- S R N 18. I need to see a priest/rabbi. Can you help me?
- S R N 19. How can God let this happen, we've led a good life?
- S R N 20. I can't do anything for myself anymore—it makes me so angry.

10 Common Myths About Children and Grief

1. Grief and mourning are the same experience
2. A child's grief and mourning is short in duration
3. There is a predictable and orderly stage-like progression to the experiences of grief and mourning.
4. Infants and toddlers are too young to grief and mourn
5. Children are not affected by the grief and mourning of the adults who surround them
6. The trauma of childhood bereavement always leads to a maladjusted life
7. Children are better off if they don't attend funerals
8. Children who express tears are being "weak" and harming themselves in the long run
9. Adults should be able to instantly teach children about religion and death
10. The goal in helping bereaved children is to "get them over" grief and death.



Factors Influencing Unique Responses in Children

- The child's relationship with the person who died
- The nature of the death
- The support system available to the child
- Child's chronological/developmental age
- The personality of the child
- Child's prior experiences with death
- Ritual/funeral experience
- Cultural background



"Guilt in search of a cause will always find one."



Informing a Child About Death

- Use language appropriate to the level of the child
- Tell the truth, identify the cause of death
- Explain what "dead" means:
"A person's (name) body has stopped working and it won't work any more."
- Don't anticipate that the child will respond in "appropriate" adult ways
- Respond to any questions honestly ("I don't know")
- Demonstrate support

Helping Actions in Ministering to the Terminally Ill



- Listening
- Understanding
- Supporting
- Educating
- Advocating
- Encouraging
- Referring



“We begin to die as soon as we are born, and the end is linked to the beginning.”

—Manilus

*“Is death the last sleep?
No, it is the last final
awakening.”*

—Scott

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