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Original Citation

Kirshbaum, Marilyn (2011) Talking about death and dying: Must we really? *British Journal of Community Nursing*, 16 (4). p. 181. ISSN 1462-4753

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Talking about death and dying: Must we really?

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There seems to be a general perception that the British public, which includes health care practitioners, is reluctant to talk about dying and death. Furthermore, this avoidance behaviour is observed, noted and expressed in national policy briefings as being detrimental to patient involvement in decision-making, effective coping and preparation for death, organ donation, writing a will and the process of bereavement (Department of Health (DH), 2008). A coalition of interested parties supported by the National Council for Palliative Care in the UK called Dying Matters has taken on the mantle to campaign for breaking down the barriers surrounding all aspects of dying and death in society and to simply, talk more openly, easily and frequently about life's ultimate certainty. The coalition was established in 2008 with support from the DH to 'raise the profile of end-of-life care and to change attitudes to death and dying in society' (DH, 2008).

The message that we all need to talk more about dying and death might, understandably, sit slightly uncomfortably with some of us. However, it is part of the art and science of nursing to empower, assist, support and guide those in our care – and this includes helping them to address their concerns surrounding the process of dying and their own death. However, I am a bit sceptical when it comes to encouraging people to talk about difficult subjects. Surely, we should take each moment separately and use our skills of assessment, intuition and sensitivity. I am just being honest about my reaction to the campaign; the time has got to be right. That is all.

Must we really talk about death more? How should well-meaning, socially aware community workers, educators, service managers and front-line health practitioners begin to talk more about dying and death?



In a recent study commissioned by a local hospice, people from the community, including health professionals, were asked for their views surrounding the broad area of talking about dying and death in the context of two separate focus groups. It was obvious that the wide range of attitudes and behaviours originated from quite a mixture of fam-

ily, cultural, personal and professional experiences. Many participants in both groups were more than happy to share their 'less than ideal' and quite upsetting memories, such as traumatic referrals, hard-to-reach (or nonexistent) end-of-life services and numerous examples of family disagreements. On the other hand, it was heartening to hear genuinely positive memories where kindness of individuals and seamless expertise of whole services were noteworthy.

There was just about a full consensus that generally, talking about dying and death is an upsetting topic that remains taboo for many; there is also an illogical belief that talking about 'it' will bring harm.

Some participants in the health professionals group admitted that they did not want to upset patients, so avoided broaching the subject; some nurses were not bothered and 'chose not to talk about it'. In these instances there appeared to be the option to leave it to other staff to take the initiative.

This led up to asking, 'What could help us promote a more open discussion about dying and death with those that could benefit from it? Suggestions were put forward concerning how to engage the public in helpful conversation, such as increased outreach of hospice staff to a variety of community groups, increased experiential training and mentoring of health practitioners, and shared thinking and actions from all health practitioners, volunteers and managers.

I generally believe that where sensitive issues are concerned we should accept our differences and respect each other's comfort zones. However, as nurses, we are in the business of caring. That means that we are bound by our professional code to rise above our personal preferences, and instead remember that the person, their family and loved ones must always be the main focus of our actions. True, some people can talk about difficult subjects with more ease than others; but there is also plenty of room for continued communication training and mentoring. Are we prepared to agree that we all must try a bit harder?

BJCN

Department of Health (2008) *The End of Life Care Strategy*. Crown, London.
<http://tinyurl.com/5rmoX4> (Accessed 24 March 2011)