

Lived Experiences of Good Death in Cancer Patients



Wanlapa Kunsongkeit, PhD, RN
Assist. Prof., Faculty of Nursing ,
Burapha University, hailand

Background and Significance of the Research Problem

Cancer is the first cause of death



End-of life



Good death



Definition of good death
is different

Objective of the Study



➤ To describe lived experiences of good death in cancer patients

Methodology

Research Design:

- ❖ According to Heidegger's phenomenology, the understanding of human experience involves a background of presuppositions from which the interpreter can never be free.
- ❖ The presuppositions which the researcher brought to the research experience were examined and explicated rather than suspended (Koch, 1995)

Informants:

Selected by using purposive sampling
Inclusion criteria as follows:

- * Admitted in hospital
- * Having experience about death
- * Be able to communicate in Thai
- * Willing to participate in the study

March, 2011 - May, 2011 at a
Cancer Hospital, Chonburi, Thailand

Recruitment

Sensitive topic



Asking head nurse to ask for willingness



The researcher asked for permission

Protection of Human Subjects

- Approved by the Research Ethics Committee, Burapha University and Cancer Hospital Committee
- All potential informants received sufficient information about the study
- The informants were assured of privacy and confidentiality of their information

Instruments

- * The researcher
- * The Demographic Data Recording Form
- * The Interview Guideline Questions
- * The Observation Guidelines
- * The Researcher's Reflex Recording Form
- * A tape recorder/ note books

Methods of Data Collection

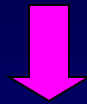
In-depth Interview

Observation

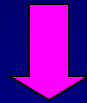
Critical reflection

Data collection

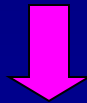
Building a relationship and familiarity



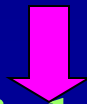
made an appointment.



interviewing (2 times)



transcribed verbatim



saturation of data (5 informants)

Trustworthiness of the Study

- ❖ The researcher maintained trustworthiness according to the guidelines of Lincoln and Guba (1985) who identified these terms: credibility, transferability, dependability, and neutrality

Data Analysis

- ❖ Using the guidelines of Cohen, Kahn and Steeves (2000) including six steps

Results

Demographic Characteristics (n=5)

No	Sex	Age	Marital	Religion	Education	Career	CA	Experience
1.	F	51	Married	Buddhism	primary	employee	breast	Others: patient
2.	F	54	Widowed	Buddhism	primary	farmer	cervix	Others: patient
3.	F	38	Married	Buddhism	primary	employee	breast c metas	Others: patient
4	F	21	Married	Buddhism	vocational	employee	breast c metas	Others: patient
5.	M	70	Married	Buddhism	primary	farmer	prostate	Others: friend

3 Themes

Theme 1 : Meaning of good death

Theme 2 : Preparing for Good Death

Theme 3 : The Need for Having Good
Death

Theme 1 :
Meaning of
Good Death

```
graph LR; A[Theme 1 : Meaning of Good Death] --> B[Sleeping without pain]; A --> C[Peaceful death without any concern];
```

Sleeping without
pain

Peaceful death
without any
concern

Sleeping without pain

“I saw ones become unconscious and sleep. Good death should be like that.(ID3)”

*“Good death is death during sleeping. That is wonderful. If I die with torture from accident, it is painful which is sorrow during death.”
(ID4)*

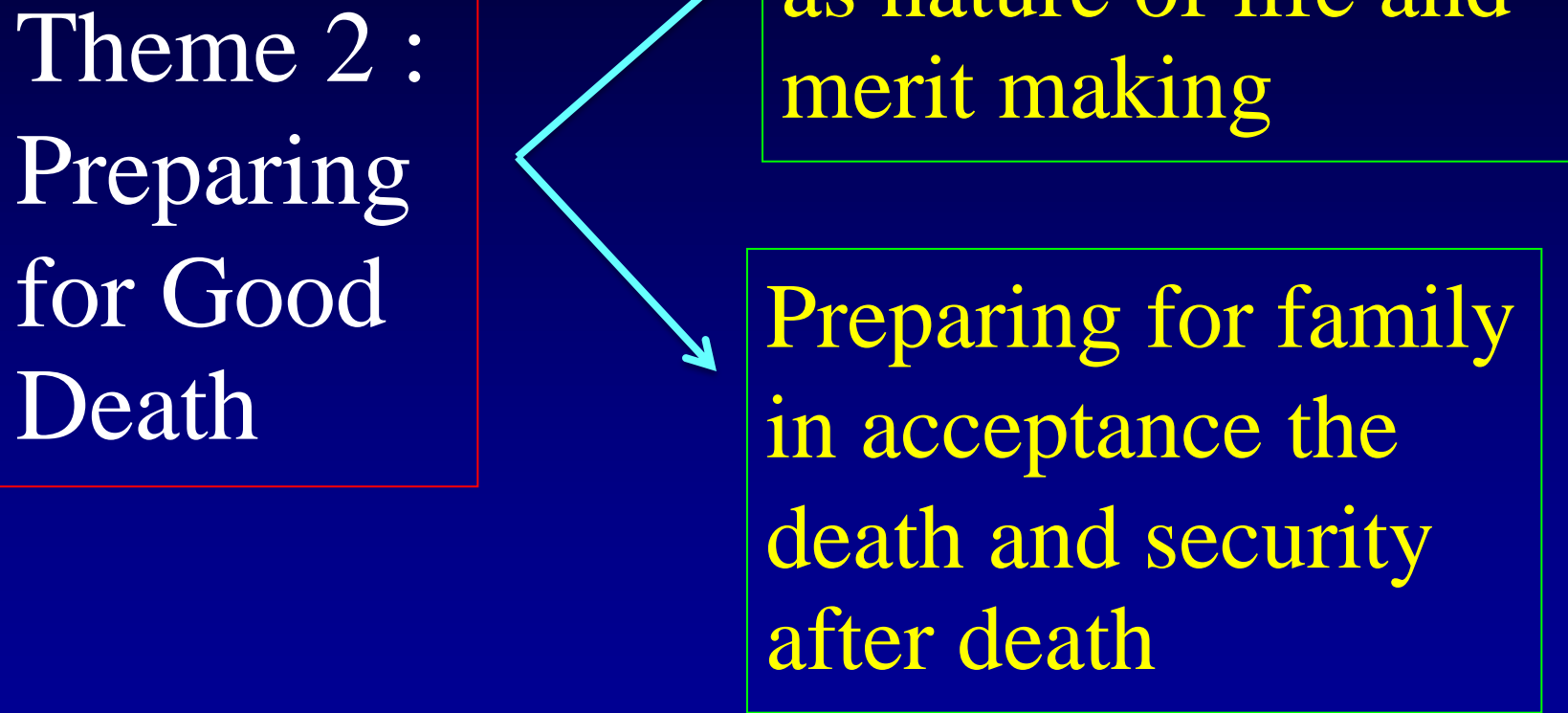
“Good death is sleeping without pain and suffering. I saw my friend who had cancer, he was pain and suffer until died. I think I don't want to be like that.”(ID5)

Peaceful death without any concern

“If I worry, I will bad death. But I do not worry because my children grow up.” (ID1)

“Good death is leaving this world in the peaceful manner, no worry, no concern. If we are worry, we can not die well.” (ID2)

Theme 2 :
Preparing
for Good
Death



Preparing for oneself
by acceptance death
as nature of life and
merit making

Preparing for family
in acceptance the
death and security
after death

Preparing for oneself

Acceptance the death

“It is the best if we can accept reality and death. Do not fight with them. The more we fight, the more we feel pain. Dharma is the best. We are not painful.” (ID1)

“All people have to die when our time arrive. I think that death is a nature of life. I always think of death everyday. Sometimes, I think of it both in the morning and in the evening.” (ID5)

Merit making

I prepare my mind for good death, pray for Buddha and make merit that they are normally. I believe in life after death. Thus, if I do these activities, I will be in a good way when I pass away. (ID2)

Preparing for family in acceptance the death and security after death

Acceptance the informant's death

“I have already told my parent to accept my death and not to be regret or think about it very much. Birth, aging, illness, and death is naturally. I told them many times, but they could not accept.” (ID 4)

I intend that I will talk to my family to accept my death. If they accept, I do not worry. Before I came here, I talk to my eldest son, and he will take care of his brother. (ID3)

Preparing security for family

“Before I pass away, I hope to do something for my family. Now, I try to do it. Our money is enough to eat but is not enough to keep. If I die, my wife does not earn enough and then can not take care of children. Therefore, I should plan for her.” (ID5)

Theme 3:
The Needs
for Having
Good Death

Being with family
in dying time

Dying at home

Doing not attempt
to resuscitation

Being with family in dying time

“At the last minute, I would like to have my daddy, mom, and family members sit here, read a book to me... calm. My daddy and mom come over and stay beside me, and tell me to pray for Buddha so that I would go at peace.” (ID4)

*“I would like to have...at least... I could see them for the last time...feeling warm in my mind ‘cause my father, mother, brother and husband, all come.”
(ID 3)*

Dying at home

“I would like to be dead at home because it is the place of being happy and warm. Whether or not my kids will come near me, the feeling of warmth is this home contains my children and grandchildren, and my wife. If I have to die in the other place, I would feel loneliness.....I have already asked them all, here (staffs), all children.” (ID5)

However, one informant desire to die in hospital due to concern family's feeling

“If I die at home, they, living persons, may be afraid of my spirit. Thus, I should die at the hospital. Additionally, the living persons at home would be sad and think about all things that I used to share with, like the room where I die. I’m worried about the living persons.”(ID 4)

Doing not attempt resuscitation

“Although life-saving is ethics for doctors and nurses, but I don’t request it for their help. If there is disability after helping, I don’t want it....cannot resume to be the same as before so that better not helping. Because I cannot accept with myself that unable to do anything for my family, or being a burden for the family .” (ID5)

“Please let me go, because I got this disease (breast cancer with metastasis to spinal cord and cannot walk.”(ID3)

Implication

Nurses can use the results to be guideline in providing good death nursing care for cancer patients.

Recommendation

Good death as perceived by family members of cancer patients should be explored.

Thank You for Your Attention
Your Comments and Questions
are welcome

