

ON DEATH AND DYING

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WHAT IS DEATH?

- SCIENTIFICALLY
- SPIRITUALLY
- SOCIALLY
- IT IS A MYSTERY, that historically, since the beginning of the humanity all inhabitants have tried to understand and disclose.

WHAT IS DEATH?

- All definitions are appropriate since they are based on the pre-determinant factors

AND FOR YOU, WHAT IS
IT?

WHAT IS NOT?

- It is not a failure
- Should not be feared
- Our own mortality comes guarantee the minute we are alive
- **DYING IS A NATURAL ACT**

Terminally Ill

- Medical Science has determined terminally ill patient as those patients that are suffering for an illness that gives them not more than 6 months of life.

WHAT'S IMPORTANT AT THE DYING MOMENT?

- It varies from culture to culture
- From family to family
- For religious creed to creed
 - IT IS BY ALL MEANS A MOMENT OF THE MOST INTIMATE RECONCILIATION WITH THE GOD WE BELIEVE AND THE PEOPLE WE LOVE

WHAT A DYING PERSON NEEDS?

- The respect to His/Her Terminally Ill, Universal Rights
 - Preservation of their human rights until the last minute
 - Respect of His/Her decisions
 - Dynamic participation in the last minute decisions if possible.
 - Maximum Physical Comfort

WHAT A DYING PERSON NEEDS?

- Maximum Pain Control
- Constant company (fear to loneliness)
- Fulfillment of the spiritual needs
- Fulfillment of his/her social needs
- Fulfillment of his/her personal realization needs
- Satisfaction of the emotional needs

WHAT A DYING PERSON NEEDS?

- They need constant validation
- Not worries or concerns for unfinished business
- Tranquility
- Peaceful environment
- Need of feeling unconditional love
- Personal interactions in spite of physical limitations

Good Death

- The patient has full acknowledgement of His/Her circumstance and accepts destiny
- No Physical pain
- Time for making peace with the loved ones
- Time for spiritual intimate reconciliation
- Medical Assistance
- Spiritual Assistance

Not a Good Death

- The one that lacks all the human needs fulfilled
- Characterized by physical suffering, loneliness null time for preparation and goodbye
- Sudden Death
- Suicide
- Accidental Death
- Crime Death

ALZHEIMER'S PATIENTS

- RETROGENESIS AND COMMUNICATION WITH THE A.D. PATIENTS IN SEVERE STAGE OF A.D. HAS PROVEN THEIR CAPACITY OF THINKING IS PRESERVED (Dr. Auer 1994)
- Therefore the common statements made in front of any AD patient about “does not recognize me, does not understand what we said” are false and hurtful

ALZHEIMER'S PATIENTS

- Retrogenesis (Reinberg 2002) it's the process by which the degenerative process of the organism follows the reverse order by which they were acquired
- Comparing the developmental scales in children with the deterioration rates in the AD patients this theory has established a clear co-relation between development stage and deterioration of functions

ALZHEIMER'S PATIENTS

- Caregivers assume the AD patients DO NOT HAVE any of the above mentioned needs limiting with this assumption their LIFE'S QUALITY.
- Our AD patients feel, have intact emotions and thinking process.
- They cannot express their needs and caregivers are limited to fill it.

ALZHEIMER'S PATIENTS

- Using the retrogenesis theory, we certainly can make a world of difference in providing the AD patients in all stages of the disease the satisfaction of all his needs.
- Our dying AD patient needs more of us than anyone else.

FINAL MOMENTS

- It will vary greatly according to the cause of death, the person's general health, medications and any other significant factors
- It can last from 12 hours up to 72 hours
- In general we see:
- Less physical activity, communication and interest in the surroundings.

FINAL MOMENTS

- Changes body in temperature and Blood pressure
- Less interest in food or water
- Verbalizations decrease(not spontaneous speaking) but still communicates with body language or metaphorically
- Coma

APPROACHING MOMENTS

Difficult In Swallowing Saliva

RESPIRATORY CHANGES
RAPID AIR EXCHANGE WITH
EPISODES OF SLOW AND/OR
NO BREATHING

Secretions Accumulates in
Lungs; whishing, roughed,
etc
PERIODS OF NOT
BREATHING(Cheyne-Stokes)

Changes in Body Temperature

Skin Color changes; starting
in the feet and ascending

Episodes of cold and hot
sweating

FINAL MOMENTS

INVOLUNTARY MOVEMENTS

MAINLY LETHARGIC WITH SHORT PERIODS OF AWAKENESS

NO EXPONTANEOUS VERBAL COMMUNICATION

EYES SEMI-OPEN

SELF AKNOWLEDGMENT OF DEATH

FINAL MOMENTS

SELF ACCEPTANCE

ABSOLUTE
KNOWLEDGE OF NEAR
TO DEATH

FEELINGS OF
LONELINESS, SADNESS,
INFINITE FEAR TO THE
UNKNOWN

VISUAL EXPERIENCES
COMA



SOLITUD, SILENCE,
UNSUBSTANCIAL
DIMENSION

GRIEF

- Elizabeth Kubler- Ross developed a model of grief. On her life long experience caring for chronic terminally ill patients she corroborated these patients go through all the stages and how to guide the families and caregivers to understand them and to live them in a more benevolent manner

GRIEF STAGES

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

GRIEF AND THE CAREGIVERS

- Grief is unlike any other life experience
- It is an engulfing, overpowering self-consuming experience
- Usually we become overprotective of our beloved ones
- Over worry about either simple or tragic imaginary events

GRIEF AND THE CAREGIVERS

- Caregiver becomes disorganized, unfocussed and the attention wanders.
- Disbelief, AD caregivers experience disbelief in a very low percent, we all suffer disbelief several times during the illness process. During this period of time, the person experiences numbness and disassociation of the real world (it seems like a bad dream)

GRIEF AND THE CAREGIVERS

- Denial, the AD caregivers denial is somehow different, since we had gone through this several times, the denial after the death is more a re-remembering of previous denials.
- Rage and Anger are **NORMAL EXPERIENCES**
- Guilt or Regrets they are different, yet very dangerous and the end result of them is the total de-socialization and isolation of the grieving person

GRIEF AND THE CAREGIVERS

- Guilt, is what you believe when you have done something wrong knowingly
- Regret, is what you wish you had done or said
- Depression, can last for minutes to years, it presents very different and caregivers need to know how to identify it.

GRIEF AND THE CAREGIVERS

- Fears
- Panic
- Physical Illness
- Continuous Reminders (holidays etc.)
- Dreams, nightmares or “visions”

RESOLUTION, PEACE AND COMFORT

THANKS FOR YOUR ATTENTION

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