



STRENGTHENING A PALLIATIVE APPROACH IN LONG-TERM CARE (SPA-LTC) PROJECT

“Who would want to die like that?”: Perspectives on Dying Alone

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BACKGROUND

- In long-term care (LTC) facilities, staff have described residents dying alone to be a negative experience that they wish to avoid
- LTC staff predominantly believe that family should be present and involved throughout a resident’s time of dying
- It is valuable to integrate the perspectives of residents, family caregivers, and LTC staff to help inform policies and best practices since LTCs are usually the setting for end-of-life (EOL) care

RESEARCH TOPIC

- To understand various perspectives on dying alone and why it is construed as a ‘bad death’
- To explore the EOL care and bereavement needs of family members of residents who recently died in a LTC home

METHODOLOGY

- This qualitative study was conducted during the baseline timepoint of data collection for a larger, multi-site investigation of a program geared towards enhancing EOL care in LTC homes
- A total of 25 focus groups were conducted at the four participating Canada-wide LTC homes with residents, family members, staff, and members of the respective sites’ palliative care champion team

KEY FINDINGS

- Three broad categories were identified through data analysis: (1) perspectives on dying alone, (2) the value of human connection, and finally, (3) the acceptability and consequences of not being present at the time of death
- The main reason respondents viewed dying alone as antithetical when considering a “good death” was because they held the belief that presence at the time of death offers comfort

CONCLUSION

- This study illuminates the social intricacies of death in the context of LTC—a setting where social ties bind residents, family caregivers, and staff together