Loss and Grief Within the Context of Aging

- Old age has often been characterized as a time of primarily loss and detachment.

- Several theories attempt to explain why grief from earlier losses may intensify as we age.

- Elders’ experiences with loss are also influenced by their proximity to death, spirituality and/or religiosity, and culture.

- **Life review** is a process of introspection, self-reflection, and reminiscence that commonly includes reflecting on themes of loss.
Loss and Grief within the Context of Aging: The Nature of Grief

- A constellation of feelings generally accompanies a significant loss:
  - Fear
  - Numbness, shock, disbelief, and denial
  - Guilt, anger, rage, and questioning of faith
  - Being overwhelmed, powerless and anxious about one’s ability to carry on with life
  - Intense sadness, loneliness, fatigue, loss of appetite, and sleeplessness

STAGES OF GRIEF

- Shock
- Denial
- Anger & Guilt
- Despair & Depression
- Acceptance

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Loss and Grief within the Context of Aging: Typical Losses Faced by Older Adults

- Losses other than death can be as devastating in their effect on an elder’s well-being:
  - Relocation
  - Retirement
  - Caring for a relative with chronic illness or disability
    - Chronic sorrow
    - Disenfranchised grief
  - Caring for adult children with chronic illness and disabilities
  - Living with chronic illness or disability
Death of Loved Ones

- Death in old age can still be devastating for the survivors.

- Death of a spouse: No matter when or how it occurs, it can adversely affect well-being.
  - Despite the stresses, many widowed persons are highly resilient.
  - Statistically, widowhood can be an anticipated or normative life-course transition.
  - Men have a tougher time emotionally adjusting to widowhood than women do.
  - Bereavement overload: Older people are more likely to experience other losses simultaneously.
Death of Loved Ones

- Death of siblings
  - When a sibling dies, there is not only the physical loss but also losses of shared family memories and stories, and the surviving sibling is painfully reminded of his or her own mortality.

- Death of friends
  - With a friend’s death, older adults lose a past that can never be recaptured with anyone else.

- Death of pet
Approaching One’s Own Death and the Dying Process

- Dying is associated with old age in Western society.

**FIGURE 9.1 Clusters of Grief**
Approaching One’s Own Death and the Dying Process

- **The Dying Process:** Kubler-Ross’s five stages of coping with the dying process:
  - Shock and denial over the prognosis of death
  - Anger
  - Bargaining
  - Depression and withdrawal from others, including close family members
  - Adjustment and acceptance of one’s death
Approaching One’s Own Death and the Dying Process

• **Desire for a good death:** A “good death” is characterized by the dying person’s:
  
  • Ability to maintain dignity and reasonable control over what happens
  • Understanding of what to expect physically and emotionally
  • Adequate control of pain and other symptoms
  • Choice about where death occurs
  • Access to information and expertise of whatever kind is needed
  • Supports to minimize spiritual and emotional suffering
  • Access to hospice or palliative care in any location
  • Sufficient time to say goodbye
Approaching One’s Own Death and the Dying Process

- **End-of-life care:** Palliative care and hospice
  - **Palliative care** is for patients of all ages with life-limiting illnesses; it focuses on relief of pain and other symptoms by addressing the patient’s emotional, social, and spiritual needs, not on lifesaving measures.
  - **Hospice** aims to help individuals who are beyond medicine’s curative power to maintain personal dignity and some control over their dying process, often by remaining in familiar surroundings (a type of palliative care)

- **Culturally appropriate end-of-life care**
  - Some racial disparities persist even into end-of-life care and death.
  - Low-income individuals are often underserved by both palliative care programs and hospice and more likely to die in hospitals.
Approaching One’s Own Death and the Dying Process

- **The right to die** refers to helping someone die as the person wishes.
  - The Dying Person’s Bill of Rights states that individuals have the right to personal dignity and privacy; informed participation; and considerate, respectful service, and competent care during their dying process.

- Hastened death and physician-aid-in-dying
  - **Euthanasia** refers a painless or peaceful death.
  - **Hastened death** advocates of the right to die use this term rather than euthanasia because it is seen as simply speeding up the inevitable. Hastened death can be passive (allowing death) or active (causing death).
  - **Passive euthanasia** means treatment is withdrawn and nothing is done to prolong the patient’s life artificially.
  - **Active euthanasia** refers to deliberate steps taken to bring someone else’s death by administering lethal injection or by some other means.
Approaching One’s Own Death and the Dying Process

- Patients’ legal options regarding their end-of-life care

  - **Advance directives** are legal in all 50 states. It refers to patients’ oral and written instructions about end-of-life care and appoints someone to speak on their behalf if they become incompetent.

  - **Patient self-determination** is a federal law that requires healthcare facilities that receive Medicaid and Medicare to inform patients in writing of their rights to create advance directives regarding how they want to live or die.

  - **Living will** is the most common type of advance directive. An individual's wishes about medical treatment are put into writing in the case of terminal illness or the prognosis of a permanent vegetative state.

  - “**Five wishes**” refers to statements written in everyday language and designed to encourage conversation about broader questions related to healthcare decisions.

  - **Healthcare power of attorney** designates a surrogate decision-maker when there is no living will and the patient is not mentally competent.