Chapter 13

Death, Dying, Bereavement, And Widowhood

Sociology 431
Many Americans are uncomfortable talking about death, especially the prospect of their own.

People use euphemisms to talk about death such as *sleep, pass away, or rest.*

Socioemotional responses to death and dying are affected by factors such as age and gender.
The Dying Process

- Elizabeth Kübler-Ross’ Stages of Dying
  - Shock and denial
  - Anger (“Why me?”), resentment and guilt
  - Bargaining, such as trying to make a deal with God
  - Depression and withdrawal from others
  - Adjustment/acceptance
End-of-Life Care

- Although most people prefer to die at home, most deaths occur in hospital intensive care units or nursing homes.
- The Dying Person’s Bill of Rights affirms a dying person’s right to dignity, privacy, informed participation, and competent care.
Hospice Care

- Philosophy of, and approach care for dying persons offered primarily in home, also in hospitals and nursing homes
- Component of palliative care; integrates physical, medical, emotional, and spiritual care for person/family/support systems
- One type of end-of-life care
- Emphasizes reducing pain, personal dignity and control over dying process
- Ensures person’s quality of life
History of Hospice

- 1967 St. Christopher’s Hospice was started in Great Britain
- First hospice in the U.S. was in New Haven, CT in 1974
- 1986 hospice care was made a permanent Medicare benefit
Characteristics of Most Hospice Programs

- Focus on quality of life
- Service available 24 hours a day, 7 days a week
- Respite care for the family
- Management of physical symptoms
- Psychological, social and spiritual counseling
  Coordination of skilled and homemaker services
- Physician direction of services by a multidisciplinary team
- Use of volunteers as central to the team
- Inpatient care when needed
- Bereavement counseling for family and friends after the death
The Right to Die or Hastened Death

- The Right to Die
  - June 1997 U.S. Supreme Court decision stated that there is no constitutional right to die.

- Euthanasia
  - act of causing death (active euthanasia) or allowing death (passive euthanasia) of hopelessly sick or injured individuals in a relatively painless way
Euthanasia

- **Passive Euthanasia**
  - Voluntary elective death through the withdrawal of life-sustaining treatments or failure to treat life-threatening conditions

- **Active Euthanasia**
  - Positive steps to hasten someone else’s death, such as administering a lethal injection; assisted suicide, perhaps by a physician
Legal Options Regarding End-of-Life Care

- Advance Directives (living wills)
- Advanced Care Planning Process
- Surrogate Decision Maker
  - Durable Power of Attorney
  - Medical Power of Attorney
- Conservator
- Guardian
Legal Options Regarding End-of-Life Care

- Patient Self-Determination Act
  - Federal law requiring that health care facilities inform their patients about their rights to decide how they want to live or die

- Uniform Health Care Decision Act
  - Promotes autonomous decision making by acknowledging individuals’ right to make health care decision in all circumstances
Bereavement, Grief and Mourning Rituals

- Bereavement
  - The objective situation of having lost someone (being deprived) significant and the overall adaptation to the loss
- The Grief Process
  - Complex emotional response to loss/bereavement
- Mourning
  - Culturally patterned expectations about expression of grief
Process of Mourning

- Recognize and accept the reality of the loss
- React to and experience the pain of the loss
- Reminisce and retell memories
- Relinquish old attachments
- Readjust to an environment without the person
- Reinvest in new personal relationships
Widowhood

- By age 65+, 70% of women are widowed.
- For women widowhood has negative consequences, such as
  - Increased legal difficulties
  - Reduced finances
  - Few marriage prospects
- For men widowhood
  - Leads to fewer economic disadvantages
  - Have more difficulty adjusting
  - Are lonelier than women