DEATH AND DYING: medical specialty or our common lot?

Michael Ashby.

Royal Hobart Hospital, THO South, and Faculty of Health Science, University of Tasmania

michael.ashby@dhhs.tas.gov.au

There is an ongoing global conversation about death and the process of dying. Despite half a century of clinical, academic and public policy activity by specialist palliative care workers, and by many others including health administrators, academics, lawyers, artists, writers, and community activists, it is still common to hear the same issues recycled with the oft-repeated comment that we “do not do this well”. Clinicians still struggle with treatment abatement decisions and issues related to causation and responsibility for death. The pathways to death are changing with increasing numbers of people dying in old age, slowly over one to two years, with multiple co-morbidities, increasing dependency, rising incidence of dementia, and, as a result, more significant medical decision points. The public often have expectations of curative capacity that exceed reality (fed by a technically optimistic health industry) on the one hand, and exhibit widespread concern about bad dying, and a desire for assistance to die, on the other. This paper will review current epidemiological and clinical trends, and briefly outline some of the major issues in care and decision-making at the end of life. It draws on the author’s experiences of leading and delivering specialist palliative care services, at the same time as attempting to bring about enduring changes in preparation for death both inside the health sector and in the wider community. Whilst specialist clinical expertise is necessary, it is only if we all engage, as articulated in the ‘healthy’ dying initiative (based on Kellehear’s health promoting palliative care approach), in dealing with the reality of death and recognise a dying process as our ‘common lot’, that we will make enduring changes for the better to our final earthly journeys.

References


