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

SUMMARY POINTS

- In long-term care (LTC) facilities, such as nursing homes, staff have described dying alone to be a negative experience that they wish to avoid.
- Furthermore, LTC staff predominantly believe that family should be present and involved throughout a resident’s time of dying.
- Since nursing homes are increasingly becoming the site of care for individuals approaching end-of-life, it is valuable to integrate the perspectives of residents, family caregivers, and LTC staff to help inform policies and best practices.
- The purpose of this study was to understand these various perspectives on dying alone and why it is construed as a ‘bad death’.

HOW WAS THIS STUDY DONE?

- This descriptive qualitative study was conducted during baseline data collection for a larger, multi-site investigation of a program geared towards enhancing end-of-life 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 teams.

KEY RESULTS

- 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 predominant view amongst those interviewed regarding human presence at a resident’s time of death was that it is important for an individual to have human connection at this time in their lives.
- Our results show that the main reason our respondents viewed dying alone as antithetical when considering a “good death” was because they held the belief that presence offers comfort.
- Our study not only helps us understand the variability in preferences for dying alone, but also illuminates the social intricacies of death in the context of LTC—a setting where social ties bind residents, family caregivers, and staff together.

Reference: