

10 Phrases That Stop Patients from Dying with Dignity

... and what to say instead



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Judy was slowly dying at the age of 78. Metastatic breast cancer had taken a toll on her body, and she had a huge, painful kidney stone. Judy agreed to have a procedure to break up the stone, allowing the fragments to pass into her bladder. After returning home, Judy became weaker, but her pain intensified. Paramedics had to transport her to the emergency department.

Judy's son, Jim, was at her bedside and witnessed the healthcare system at its finest. Judy was in septic shock. Two IV lines were placed to give her fluids and antibiotics. The doctor said Judy didn't have the strength to survive. Her diabetes and chemotherapy were working against her ability to fight the infection.

Forsaking all odds and Judy's pleas to stop hurting her, Jim believed his mother would pull through. This wasn't the first time that the doctor had told Jim his mother was dying. Jim reassured his mother to hang in there. She died in the ICU under duress with little respect for her wishes.

Time and time again, a patient's number one goal is to not suffer near the end of life. Yet, family members stand by and deny it's happening.

Who couldn't see that Judy was suffering? Who believes that a slow, painful death isn't torture? Are family caregivers helpful or a hindrance to their loved ones dying with dignity?

Jim needed to reconsider these 10 common phrases:

1. "You are not going to die."

We all die, so don't make promises you can't keep. Don't encourage your patient to fight to the end and experience a fate worse than death, like not being able to breathe or requiring a feeding tube. Your patient might not be able to bathe himself or wipe his own butt. Quality of life must include reaching the end.

What to say instead: "Death is a natural part of life." Never imply there is something wrong with dying. You only add to the shame that patients often feel about dying. Keep the conversation lighthearted. Death is a rite of passage that family caregivers need to honor.

2. “She survived a ‘near death experience’ before and will do so again.”

The chances of surviving death are one in a million. It's almost impossible to survive a second time. Is it reasonable to still have your patient try? Is this choice up to you or your patient? You, as a caregiver, need to stop the insanity of your patient attempting to defy death.

What to say instead: “**This is her time.**” Allow nature to take its course. Never pretend your patient is surviving through using feeding tubes and breathing machines. If your patient has little ability to fight, have the courage to let her be.

3. “She’s a fighter.”

Most people will continue to fight until they can no longer win the battle. Caregivers often continue the good fight for their patients. Sometimes it is difficult to know the difference between your patient fighting and suffering. The shadow side of your patient being a fighter is that she needs to prove her valor and self-worth.

What to say instead: “**You don’t need to prove anything to me.**” Family caregivers need to referee the fight between the patient and terminal illness. As a referee, you need to focus on when your patient is down for the count. Comfort your patients with terms of endearment rather than encouragement.

4. “I’m not sure what her final wishes are.”

What would a reasonable patient want near the end of life? 99.9 percent of patients want reassurance and comfort. 34% of patients wish to be kept alive at all cost. While considering what your patient wants, physicians will continue any and all heroics.

What to say instead: “**She would never want this.**” Speak with the voice of certainty. Certainty comes from your values. It convinces your loved one that now is the acceptable time to live and let die – to be care free. When it is certain that life-saving measures are futile, permit your patient to rest in peace.

5. “This will only hurt a little bit.”

A simple needlestick seems reasonable. Repeated needle sticks can trigger posttraumatic stress. Your patient’s facial expressions show how much more she can take. As a family caregiver, you need to oversee the Hippocratic Oath to do no harm. The harm you inflict will come back to haunt you.

What to say instead: “Is this medical test necessary?” You need to decide if you prefer to treat your patient aggressively or kill them with kindness. Is your advance care plan focused on keeping your patient alive allowing him to pass when she takes a turn for the worse? It only hurts a little bit when you are not afraid to comfort your patient.

6. “The doctor knows everything.”

The blame game is a perfect way to distract from personal responsibility. There is a myth that doctors automatically know what is best for your patient. Physicians are resources. They are not the end-all to your patient’s well-being. Being too supportive of the physician’s expertise will leave you and your patient vulnerable.

What to say instead: “I know in my heart what is best.” Physicians have professional and personal opinions. Family caregivers that access the doctor’s personal opinions become fully informed. Getting to the heart of the matter requires empathy and feeling into the situation.

7. “You will only have to stay in the hospital for a couple of days.”

Two days in the hospital does not mean we’ll wait and see what happens in two days. Physicians usually need two days to evaluate and observe your patient’s medical condition. Patients need to know from the outset that they are in control of their own decisions through the process.

What to say instead: “I respect your wishes.” Establish credibility as a caregiver by making the two-day agreement binding. If your patient is hell-bent on leaving the hospital in two days, arrange for palliative care resources at the outset. Make sure the door is open to staying in the hospital or returning home.

8. “You can’t go home until you get better.”

Caregivers go to great lengths to support their patient’s recovery under the false pretense of them getting better. Patient’s hearts may be willing, but their bodies are often weak. Being a stickler about your patient’s recovery is like saying, “the beatings will continue until morale improves.”

What to say instead: “The door is always open to your returning home.” The goal near the end of life is to get your loved one home before they lose heart. Patients feel safe at home. A sense of triumph occurs through achieving a final goal.

9. “You need to keep your hopes up.”

Living while dying requires only one mindset – stop holding out hope. Stop creating expectations. Hope means others are counting on your patient and praying for both of you. Hope tends to make people worry more and comfort patients less.

What to say instead: “Be free of hope.” If hope is gone, what’s left? The bible reminds us that “these three remain: faith hope and love. And the greatest of these is love.” When all hope is gone, your ability to love grows stronger. This message provides you the necessary courage to love like there is no tomorrow.

10. “I love you.”

The false pretense of love often amounts to taking over another person’s life. This smothering and doting often contributes to the delinquency and indignation of your patient. She might no longer assume personal responsibility for her fate. Love never calls upon you to control your patient’s destiny.

What to say instead: “I set you free.” If you really love someone, support what she can do for herself. “I love you” comes with the choice to not judge your patient as being good or bad, sick or well, living or dying. As a loving caregiver, you only have eyes on the beauty of your patient’s humanity. Herein lies the dignity of your loved one.

**Pocket Guide Summary for
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(Print this page and keep it in your pocket)

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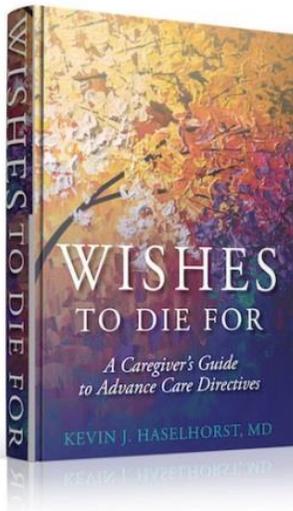
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About Kevin Haselhorst, MD

Dr. Kevin Haselhorst has enjoyed a lively career as an emergency medicine physician. While often caring for patients near the end of life, he has become painfully aware that they rarely seem to end life peacefully. These patients are typically burdened by multiple medical conditions, yet are repeatedly admitted to the hospital in hopes of holding off the inevitable. This results in patients and caregivers feeling more self-defeated and less personally fulfilled. He is the author of the book, *Wishes to Die For*, which shows patients how to die with dignity.



Wishes To Die For draws real intentions for life from the hearts of readers and bridges personal desires for self-fulfillment with advance care planning. It examines dying with dignity from both medical and spiritual perspectives, creating a new paradigm for advance care directives. This book discusses how to balance the hope of staying alive with the right to die humanely and peacefully.



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#TributeTuesday

Share a tribute to a loved one who has died, or to mark the anniversary of their death.

#WishfulWednesday

Have a wish for the weekend? Post your plan on Wednesday. Practice expressing end-of-life wishes during the prime of life.