# **Death and Dying**

Name

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Death and dying is a very sensitive matter in any culture. When any patient lives his or her final hours, one's loved ones will always remember the care provided to him or her. It is very important as a nursing professional to take time to prepare for providing high-quality, culturally competent end-of-life care. This paper will analyze the story of Shanti, an Indian woman, age 64 on end-of-life care due to advanced breast cancer to see how culturally competent care during death and dying times can be provided for a patient from this culture. The major elements discussed are communication to patient and family, treatment options, education for the family and patient, spiritual beliefs, barriers, and cultural responses.

## **Communication – Family and Patient**

The patient in this case is not aware of how ill she is and how long she can live with it. Patient also does not want to have this information. Communication with her must be polite and gentle, without insistence on telling her any information she does not want to listen to (Ibrahim & Harhara, 2022).

## **Treatment Options**

Patient is in pain, but she refuses to take medications. Her right must be respected (Marilyn, 2016). Patient feels that her suffering helps her to advance spiritually and develop as a soul.

## **Education – Family and Patient**

In this case, both patient and her family are prepared to the matters of death and dying by their Hindu culture. They follow the ancient traditions of karma building peculiar to their culture. This family is united, they have strong bonding, and patient spends her final hours surrounded by the loved ones. In this case, it can be seen that this patient is fully taken care of, and their privacy should be respected (Ibrahim & Harhara, 2022).

## **Spiritual Beliefs**

Patient as well as her loved ones belong to Hinduism. They feel everything they are going through is the result of what they did in their previous lives, and everything they are doing will affect their future lives and life quality. Patient is determined to go to whatever she has to suffer from on her own, without any medical assistance.

#### Rarriers

The main barrier in this situation is fear of the care providers that they are not doing their best to assist patient in peaceful end of life. It is important to inform the care providers that they are doing the best to the patient when they respect their beliefs and determination to do with their life what they want (Povedano-Jiménez et al., 2021).

## **Cultural Responses**

In this situation, it can be seen that patient lives the life she wants. She is determined to go through her experience, and she goes with dignity. Her loved ones are around to support her in pain and suffering. She is dying in the safety of her own house. This situation can be evaluated as highly advantageous for this patient.

## **Extra Thoughts**

This case is educative. It is important to respect patient right to decide what to do with the life. Patient has support here; she is getting the love every human being wants to have. Love is obviously the best pain management medication. Love is everything every human being wants to have. This patient is going through the ultimate end of life care experience for her.

#### Conclusion

The paper analyzed the story of Shanti, an Indian woman, age 64 on end-of-life care due to advanced breast cancer to see how culturally competent care during death and dying times can be provided for a patient from this culture. The major elements discussed were

communication to patient and family, treatment options, education for family and patient, spiritual beliefs, barriers, and cultural responses. In this situation, it can be seen that patient lives the life she wants. She is determined to go through her experience, and she goes with dignity. Her loved ones are around to support her in pain and suffering. She is dying in the safety of her own house. This situation can be evaluated as highly advantageous for this patient. It is important to inform the care providers that they are doing the best to the patient when they respect their beliefs and determination to do with their life what they want.

### References

- Ibrahim, H., & Harhara, T. (2022). How internal medicine residents deal with death and dying: A qualitative study of transformational learning and growth. *Journal of General Internal Medicine*, 1-7. https://doi.org/10.1007/s11606-022-07441-4
- Marilyn, A. R. (2016). *Transcultural caring dynamics in nursing and health care* (2nd ed.). F.A. Davis Company.
- Povedano-Jiménez, M., Ropero-Padilla, C., Rodriguez-Arrastia, M., & García-Caro, M. P. (2021). Personal and emotional factors of nursing professionals related to coping with end-of-life care: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 18(18), 9515-24. https://doi.org/10.3390/ijerph18189515