

Questions about death



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NORWEGIAN **CANCER** SOCIETY

What place does death have in our society and culture? Our cultural and religious affiliations both have an impact on our attitudes to life's key events, and all cultures have rites associated with birth, marriage and death. In our modern Western society, little emphasis is placed on death rites, perhaps because most people die in hospitals or nursing homes. High living standards, good health and a desire to stay young and live long have made death distant from us and something that we regard as unnatural and frightening.

Do we need to accept the inevitability of death?

No, we do not, but many believe that once they have accepted the fact that they will die, they can live better and enjoy life more. There is no blueprint for how we should relate to death. The only certainty is that death will come to us all. We cannot take control of it or fight it. Some believe that the only way to cope with death is to relate to it as a part of life. We can be helped to accept death, our own as well as that of others, by speaking openly about it.

All faiths have clerics who are used to speaking about death. You can also discuss death with health personnel. Doctors, psychologists and nurses are trained in dealing with death and grief.

How can I talk to children about death?

You can and should talk to children about death. Irrespective of their age, it is essential that children receive information appropriate for their age and level of maturity. By taking part in matters related to death, they can establish a natural relationship to death which is not frightening. Children can view the body of the deceased, they can participate in funerals and rituals, but they need someone to talk to about the things they see.

Children feel safer when adults tell them the truth. They do not need to know everything, but whatever they are told must be true. It is essential to explain that when someone dies, it is not the child's fault. Children alternate between grief and joy. Speak with them when they are motivated for it or have questions. It is OK for children to see that adults are sad and cry, but important to explain the reason why. You can read more at: krefthforeningen.no/rad-og-rettigheter/barn-og-unge.

Is it common to be afraid of dying?

Many people are afraid of dying. On the other hand, it is also common to regard death as a natural occurrence and as a part of life itself. Death is a fact that all of us will face. Many people say that they do not dread the moment of death, but they think a lot about what they will leave behind. The grief over departing from life is hard for many. Some are afraid of the unknown after death. Speaking about one's concerns can provide comfort, for those



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about to die and those who will be left behind. Many feel that it helps to think about how we humans by nature are capable of handling life's challenges, including death and grief.

Is dying painful?

It is common to be afraid of dying in pain. There are many ways to die. Dying suddenly, such as in accidents, for example, is rarely painful, we assume. Most people who have been in an accident and survived, report that they have no memory of the event because they were unconscious. Some diseases can entail pain, for example cardio-pulmonary diseases, muscular diseases, neurological diseases and cancer. Today, we have good analgesic drugs that can alleviate this. Pain and discomfort can occur when the body's organs gradually cease functioning. Some people experience mental pain; they can be scared, sad, depressed or lonely. Difficult and unresolved matters in our life and the lives of those around us can give rise to anxiety and/or mental pain.

What happens to the body when death approaches?

Knowing what is happening to the body of a dying person can help reduce uncertainties and anxieties. At the final stage of life, the challenge often lies in assessing the right treatment and assessing when the patient is dying. In case of serious illness, we often see a gradual deterioration in the patient's general condition as the disease progresses. When death is approaching, some typical changes occur in the patient:

- The urge to sleep increases
- Physical strength diminishes and the patient has a greater need to stay in bed
- Interest in the surroundings decreases, consciousness is blurred and the patient becomes less aware of other people.
- The ability to stay oriented may diminish, with intermittent or increasing confusion
- The interest in nourishment decreases, and gradually also less fluid is needed. The patient only takes small sips of water and has difficulty in swallowing tablets

This stage can be short, but may sometimes extend over days and weeks. During the last day of life, the patient can develop a blue marbling on the lips, hands and feet. The nose, ears and hands become cold, the pulse more rapid and weaker. Breathing changes, alternating between rapid and slow, deep and shallow, with shorter or longer breaks.

Often there will be a gurgling noise from the chest, because the dying person does not have the strength to cough up phlegm. This gurgling is not a sign that the dying person is fighting death. As a rule, the dying person will not be affected by it; it is disquieting mainly for the next of kin.

Can I speak to someone who is unconscious?

Hearing is the last sense to disappear. You should therefore be cautious of what you are saying and discussing in the presence of the dying person. If you are the next of kin, you may have many things that you wish to say to the dying person. If you wish to spend some



time alone with the dying person, it is important that you are given this opportunity, but you need not berate yourself later if you were unable to speak, act or participate in the way you wanted. Try to accept the situation such as it was.

Is it OK to wish that a loved one should not have to live any longer?

Yes, this is OK. This could be because you do not wish for someone to live a life of pain and suffering. Many feel pangs of conscience at having such thoughts. Such thoughts are natural, and may stem from wishing the best for the person concerned.

Is it permitted to look forward to one's own death?

Yes, looking forward to one's own death is permitted. In some situations it is natural to look forward to dying. This is not necessarily a matter of desiring death in itself, but of wishing to depart from a life that one no longer finds worth living.

What does dying with dignity mean?

The Norwegian Cancer Society believes that dignity is a matter of respect, mutual trust and good relationships. It is crucial that health personnel possess the knowledge and competence needed to attend properly to dying patients and their needs.

Dignity is a word that can be interpreted in a variety of ways. The dying person is the one to decide what he or she regards as death with dignity, and must be accepted and supported in this decision.

Most of us would perceive losing control over our bodies as a loss of dignity. Severe pain, high levels of medication and the disease itself may entail a loss of control. Good nursing and care help to provide a dignified end to life.

Will I be permitted to die at home?

During the last few decades, most people have died in hospitals or nursing homes. In recent years, however, dying at home has become a more common wish, and health and community services have become better equipped to meet this need. Preparation for a person to die at home should be planned in collaboration with health personnel. Good planning provides security for the patient as well as the next of kin. If you want further information you can go to kreftforeningen.no/rad-og-rettigheter.

Is it important to see the deceased?

Taking the time needed with the deceased may be important for those who have been bereaved. Adequate provisions can be made for those who wish to see the deceased and bid farewell. Some do not wish to see the deceased, because they wish to remember the person the way he or she was in life. Different needs and wishes must be acknowledged. Taking photographs of the deceased is permitted. Photos may be good to have, for example for the benefit of someone who could not be present or those who were uncertain of whether they wanted to see the deceased or not. As next of kin, you can participate in tending to the deceased if you so wish. You can decide what the deceased will wear, or you can place a memento in the coffin.

How can I plan the funeral?

The bereaved plan and take charge of the funeral. Before their death, many may have expressed thoughts and wishes for their funeral, and it is natural to consider these. A funeral director can provide support and advice with the planning of the funeral.

How can financial and practical matters be prepared for?

When someone is incurably ill and knows that their life will soon end, many will be concerned with practical and financial matters. Both the patient and the next of kin will seek answers to questions regarding finances and what the future holds for the bereaved. Families with high outgoings based on two incomes (for example mortgage and dependent children) are particularly at risk of being vulnerable to financial loss. In our experience, it can be very helpful to seek the advice of qualified financial professionals.

Examples of such questions are:

- What are the rights of family members in the National Insurance System?
- Does the family have insurance or pension schemes that will be paid out?
- Will we be able to keep the house?
- Can the children continue with their leisure activities?
- Is there something for which we can prepare?

You can find answers and help for such questions here:

- The hospital's social worker is a good support and helper in such a situation. Most large hospitals have social workers.
- The Norwegian Labour and Welfare Administration (NAV) provide information and financial advice, and process applications for relevant entitlements in the National Insurance System
- The employer will have an overview of the deceased person's pension and collective insurance schemes.
- Insurance companies.
- Patient organizations and helplines.
- The Norwegian Cancer Society has its Cancer Line, which is staffed by nurses, social workers and lawyers. They answer questions on illness and treatment, as well as on rights, finances, inheritance, wills and other matters. Call 800 57 338 (800 KREFT), send an email to kreftlinjen@kreftforeningen.no or chat on kreftforeningen.no. The Norwegian Cancer Society also provides information on relevant social benefits, see kreftforeningen.no.



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