

The Canadian Death Experience



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Summary of *Death, Dying and Canadian Families* by Dr. Katherine Arnup

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Death and dying are topics most people don't like to think about and consequently are rarely discussed in Canadian society. Yet they are important issues that affect not only how we face death, but also how we live our lives. *Death, Dying and Canadian Families*, a Contemporary Family Trends report published by the Vanier Institute of the Family, examines the historical experiences of death and dying, the changing role of families in end-of-life care and the "medicalization" of death and dying in Canada. Written by Dr. Katherine Arnup, this excellent paper provides a solid foundation for future discussions about how Canadians live their lives and face death.

Given Canadians' general reluctance to talk about death and dying, many people harbour multiple unexpressed desires and assumptions about death and dying, some of which clash with reality.

People want to live forever. Even though Canadians are living longer and more of us are reaching our 100th birthday, the natural aging of body and mind is inevitable, and the denial of this fact makes death "foreign and frightening" to many of us.

We also want to be fully able and then die suddenly in our sleep. Only 10% of us, however, experience this sort of "sudden death," while the rest of us will likely experience a slow decline. For many seniors, "old age" is accompanied by an increasing number of ailments and chronic conditions. When death finally does come, people wish to die at home; but, in reality, most Canadians die in hospital.

People want to die pain-free. Fortunately, in the past two decades, significant strides have been made in the management of pain and end-of-life care.

Moreover, people want to die with dignity. As Arnup points out, dignity resides in the quality and nature of the care provided and in the attitudes of both the caregiver and the recipient of care.

Many Canadians assume that their family can take care of them, but adult children often face many constraints that prevent them from doing so. People

want to die with some degree of control. In fact, Arnup shares that "the fear of being a burden to their family is one of the principal reasons that people consider death by suicide."

People also assume that home care will be available when they need it. This, too, is unlikely, as Arnup notes, "Home care is not an essential service guaranteed by the *Canada Health Act*; rather, it is provided on a regional and local level, with funding from provincial and territorial levels of government."

Finally, many people assume that "one big, happy family" will surround the dying person, conflict-free and sharing work equally. Often, this is not the case. Families have their own challenges, shaped by distance, unique family dynamics and differing perspectives and past experiences.

The report concludes by asking us to think about death and dying and to start the conversation with our family and with our health care providers. A 2004 Ipsos-Reid poll performed for the Canadian Hospice and Palliative Care Association and GlaxoSmithKline revealed the gap that exists between our understanding of the importance of end-of-life discussions and our willingness to engage in them: while eight in 10 surveyed Canadians agreed that people should start planning for end of life while they are healthy, only 44% said they had discussed it with a family member and only 9% had discussed it with a physician.

Most Canadians don't want to engage in discussions about death and dying. But death comes for everybody, and so it is important that we think about it, talk about it and write about it.

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Download *Death, Dying and Canadian Families* from the Vanier Institute's website at <http://bit.ly/1ksSPYF>.