



SOME THOUGHTS ON DYING

As we begin another year, we optimistically look to a future filled with health, happiness, and many tomorrows. Some of us, unfortunately, have a limited number of those tomorrows. We might not know the hour, day, or year, but most assuredly the time will arrive when we are no longer here.

Gee, such doom and gloom for the first editorial of 2005! What caused us to select "End of Life" (EOL) as our special focus for this issue? We hope to create an environment and some strategies to assist our patients and their families and our colleagues with this seemingly loathsome topic.

Compared with health care professionals in other settings, those of us in case management see a disproportionate number of individuals who have been diagnosed with a chronic or catastrophic condition that will result in death. Therefore, we need to be better prepared (and comfortable) to cope with the barriers and emotionally charged issues that make it so difficult for some individuals to experience the kind of death that you and I would choose—peaceful, comfortable, and dignified. How many times have you been involved with a patient and said to yourself: "I would never allow them to do that to me," "I wonder why they're doing all of this...they're in so much pain," or most regrettably, "They were only in hospice a few days before they died"?

In *most* of these instances, the patient didn't "just" develop this terminal condition but rather was in the active process of dying over weeks and months, if not years. It is often our reluctance to have conversations with patients that places them and ourselves in situations where we become increasingly uncomfortable and then powerless to help. Each of us waits for someone else to have that conversation. Continuing this avoidance reaction means many more of our patients will suffer needlessly and end their days in virtual isolation from the care, support, and involvement that *should* be there for them.

As you read through the articles in this special focus issue, it is my hope that the thoughts, ideas, and strategic approaches shared by our authors will empower you to take a more active role in this important aspect of the case management process.

Many of our readers realize that I have a passion for case management, especially for the advocacy role at the very heart of what we do. This role needs to be fully exercised on behalf of individuals for whom death is close. In "A Special Calling for Case Managers," *Deborah Jensen and I* offer some recommendations that may make this process a little more comfortable and successful. *John Banja* also understands the moral and ethical issues that case managers face when dealing with death and shares his perspective on this matter in his unique voice.

Patricia Bomba offers a compelling, comparative discussion of two models of EOL care: the current one, hospice, and another that features an enhanced model of palliative care to ease the transition to hospice. Of importance as well is a contribution from *Michael Demoratz*, who reminds us of the value of advance directives and examines the reasons many people fail to execute them. Because the values and beliefs some individuals have surrounding death and dying may be so enmeshed in their behavior and practices, *Barbara Jones Warren* examines not just the basic cultural issues but provides us with some insights into several specific cultural groups. As our world continues to evolve, cultural competency is necessary to meet and respect the needs of the diverse groups we serve.

While the death or dying process of a patient is one of the more challenging aspects of case management, this sad reality reaches even further into our emotions when a child is involved. *Kathi Norouzieh* explores some of the challenges we face when children are our patients, and *Stephanie Goldberg* brings this practice to life in a poignant presentation of three very different pediatric cases, each of which wonderfully illustrates the power of case management, even in the face of nearly impossible obstacles.

This issue is not meant to provide all the answers to the many questions and challenges that the subject of death presents, but I believe these offerings will enable us to continue or initiate discussions among our colleagues so that we and our patients do not feel alone in this process. We as case managers may not be able to change the attitudes surrounding death, but we can make a difference, one case at a time.

Wishing each of you a New Year filled with happiness, success, and fulfillment in the important work you do. □

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