IS IT POSSIBLE TO ACCEPT DEATH?

INTRODUCTION

The seminar paper deals with the most painful topic, which none of us can unfortunately avoid. In the paper, I will focus on the process of dying, especially on palliative and hospice care, because even today devices providing the possibility of a dignified death are often surrounded by taboo, in some cases even considered unnecessary.

Dying is not discussed at all in some families, and in most cases, people are not even aware of their own mortality, usually until the moment when death or an incurable disease appears in their immediate vicinity and affects them. In my work, I will attempt to portray the advantages of providing palliative and hospice care - both for the patient, but also for the immediate family, who, for instance, in the final phase of a serious illness of a loved one, cannot manage the care themselves. This doesn’t entail only alleviating the patient's pain or the symptoms of the disease, but also requires the ability to manage the psychological states associated with dying. Moreover, I will touch upon the controversial topic of euthanasia and assisted dying.

In the next section of the paper, I will focus on coping with the grief that inevitably affects individuals after the death of a loved one. If a person does not experience all stages of grieving, he will not be able to find a "new role" in his life and accept the passing of a loved one. Many of us are ashamed and feel reluctant to reach out for help; we are afraid to confess our feelings of grief even though everyone needs time to come to terms with a painful loss. Therefore, this work aims to clarify the possibilities of caring for a dying individual, explain common ambiguities and misconceptions associated with hospice care, and also to illustrate the feelings of the bereaved.

1. Hospice or palliation – help for the sick and their beloved

1.1 Explanation of concepts

Until recently, the care of the terminally ill was not among medicine's crucial concerns, as medics focused primarily on treatment with the goal of recovery. Recently, medicine has been reassessing its approach to these ill-fated patients.

Advances in medicine achieved during the 20th century greatly increased people's hopes of reaching old age in a healthy state. Unfortunately, though, not all diseases can be cured. In such cases, all that medicine can attempt to accomplish is to provide relief from pain and ultimately try to achieve a dignified death. Caring for the dying and terminally ill requires a particular approach and specific skills. Hospices and aftercare facilities are established for such care. Although it doesn't seem like it, hospices are the oldest form of a medical institution, dating back to the days when monks and nuns took care of the sick and dying in monastery hospices.

Currently, it is necessary to clearly distinguish the differences between hospice and palliative care. In the original concept, these terms rather overlapped, as can be seen in the work of SVATOŠOVÁ (1995). The word hospice is derived from a group of Latin words hospes (guest), hospita (hostess), hospitale (hospitable), hospitalitas (hospitality), hospitium (hospitality). In connection to these words, the word hospitale, gen.hospitalis was formed. In the Czech language it exists as hospic (hospice), nemocnice (hospital), špitál (hospital) (PRAŽÁK et al., 1948, p. 635). The original meaning of this term generally represented a nursing home that provided shelter for the sick. The word most closely related to palliation is the Latin word palleo, which means to become pale or "to turn pale with fear." The medical dictionary also provides the word palliative - "relieving difficulties and pain, nevertheless, not treating the actual essence of the disease" (VOKURKA, HUGO et al., 2005, p.737). The same fundamental ethical principles apply to the provision of palliative care as to any other area of medicine.

1.2 Family and Hospice

Hospice employees are specially trained – during training they learn to take care of patients not only physically, but also to anticipate their emotional states and help them cope with the fear of not having much time left. We must not forget that these facilities are a great relief for the patient's family as well, as they have to worry less about caring for the sick. What's more, the family is aware of the possible loss of a loved one and has to tackle the painful reality themselves. More often than not, the family delays the placing of a family member in hospice, since it perceives this option to be a personal failure. It is similar to cases when children blame themselves for not being able to provide their parents with substantial care in the most difficult times, even after all the good their parents have done for them. Nevertheless, 24-hour care for a sick person is not within the power of any person. All things considered, we cannot grant the same kind of pain relief at home as the sick person would get in these auxiliary facilities. Emotions play a strong role in our decision-making, especially when it comes to a loved one. Thus, even if our reasoning pragmatically calculates all the "pros", we still consider the placement of a loved one into a hospice to be a "slow and inevitable death".

At times, as we grieve we selfishly do not comprehend what our loved one is experiencing when they realise that they are dying. In addition to physical pain, many patients also suffer from the acknowledgment of their passing in the near future. They may start worrying about their financial situation, family relationships, or about how their partners and children will cope with their death. Every dying individual needs to understand that their life had meaning. The unfulfillment of this realisation will result in great suffering and despair for the person. Those who have come to terms with their fate feel more at peace and their open-mindedness makes things easier for them.

Palliative care does not intend to cure the patient; it promises highly professional care that can support us in a very difficult situation. If the patient's wish is to live at home, this care can be provided in the home environment as well. Everything is individually tailored to the needs of the family and especially to the demands of the patient himself. Oftentimes, society believes that hospices provide services solely to religious people, as these facilities are mostly established by churches and religious groups. However, it is only a myth and simply not true.

Why choose palliative treatment? Despite the fact that it mainly ensures dying with dignity, its benefit is much greater. Decent treatment makes the remaining part of the

individual’s life better, as patients are less likely to suffer from depression, and in return, the family copes with the disease a lot better. "Team-based community hospice care has measurable benefits for the patients as well as their family caregivers – who are then better prepared to move on with life after the patient's death compared to people who did not have access to these services." (Currow, Agar, Phillips, 2020)

2. The right to "give up on one's own life"

Does a person have the right to voluntarily end his life? Occasionally, we hear the opinion that human beings did not give themselves their own life, therefore they have no right to end it either. But does this statement hold up when a person close to us is suffering, is “on one’s deathbed” and we cannot help them anymore? According to the Dictionary of Social Care, euthanasia is defined as "ending a person’s life for good reasons, e.g. because of an incurable disease or unbearable pain." (MATOUŠEK, 2003, p.65)

Euthanasia - the intentional termination of a patient's life, is illegal in most countries. Although some people advocate legalising such a procedure if the patient himself requests it, the general opinion is that it is indeed unacceptable. Still, many people believe that it is acceptable to allow a patient to die peacefully if it is just the doctors keeping them alive at all costs. It is therefore necessary to distinguish between the concepts of euthanasia, assisted suicide, and withdrawal from treatment. Assisted suicide is the intentional killing of oneself after repeated requests with the deed carried out by another person. Withdrawal from ineffective treatment is the act of not starting treatment or abandoning such treatment procedures that do not benefit the patient while solely being burdensome not only physically but also psychologically.

Euthanasia is therefore the intentional killing of an individual executed by someone other than the patient himself at the patient's repeated request, on the condition that the patient is capable of making decisions for himself.“Assisted dying is an emotionally and ethically challenging topic that understandably receives varying degrees of acceptance in different global jurisdictions. Currently, legal provision for assisted dying exists only in four European countries: the Netherlands, Belgium, Switzerland and Luxembourg. Switzerland is

the sole country that allows assisted dying to be performed by a non-physician." (Fontalis, Prousali, Kulkami, 2018)

3. Grieving takes time

3.1 Stages of grief

Grief caused by the loss of a loved one is an extremely painful experience. However, if the people close to the suffering person know about their grief, they should respect it and allow the pained individual to express their feelings freely, then through grief, they may also heal. The most common response to loss is grief. Mourning may express itself through states of anxiety and depression. Most of us should be able to deal with this situation in a few months. Nevertheless, some bereaved go through complicated grieving, characterised by an unusually long period of mourning. During that time, they will be heavily burdened by depression, psychosomatic problems, or insomnia.

The initial shock from the death of a loved one lasts for days, after which comes a phase of intense feelings of guilt and anger. Throughout this painful period, the bereaved constantly looks back at the moments spent with the now deceased - this period usually lasts for several months. During a natural grieving process, the mourning have to find balance mentally and physically, thus, accepting a new role in life. There is no telling how much time each person will need to come to terms with the passing. For some, it will take months, for others even years. Sensitive individuals, however, may suffer an acute reaction to the loss of a loved one for up to a year. The stages of grief do not initiate, and the bereaved person develops phobias or addiction to addictive substances. Sadly, it may take years to fully tackle this condition. Anything that reminds a person of the deceased, such as their birthday, wedding anniversary, or a place they visited once together, can trigger a flood of painful memories that bring back grief.

3.2 Deep grief

In general, women react to the loss of a loved one worse than men, although the reason why is not clear. Grief can be such an overwhelming experience that it makes the bereaved individual's daily life essentially impossible for many months. Said person may refuse food or begin to exhibit strange behaviour. Deep grief is dangerous in itself. There is a greatly increased risk of committing suicide, especially if the person who died was very close, or if the passing ended a romantic relationship. When a life partner dies, there is a greatly increased risk that the survivor will fall ill with a physical illness in the following year. The death rate for people suffering from grief is six times higher than usual. This refers to a period of about a year after the loss of a loved one.

Grief is defined as intense mourning, the main cause of which is the loss of a loved one or the loss of something extremely important to the person's life. It can almost certainly be said that every single person will, unfortunately, experience grief at some point in their life. People affected by grief usually show a similar pattern of behaviour. The length and severity of the already mentioned individual stages depend on the cause and whether or not the event was expected beforehand. The sudden death of a loved one can affect the bereaved to such an extent that they will not be able to lead a normal life. A different situation is when an elderly relative dies after a long-term illness during which the bereaved will undergo all stages of grief. Since they were prepared for their relative's death ahead of time, the grieving process will be less intense. But is it possible to prepare for the death of a loved one? Even when a death is anticipated, the mourning may deny all logical reasoning and fall into deep grief.

Most people manage to cope with grief thanks to the help of their closest family and friends. It helps if friends encourage the suffering individual to freely express their feelings instead of trying to keep a straight face. It is important to tolerate their expressions of emotion, but as important is to listen to their concerns patiently and without judgement. We must also not forget the importance of performing the usual rituals associated with death. In some communities, elaborate funeral rites are practised, which to a large extent allow the bereaved to openly voice their feelings. "Most care comes from people who have been

involved in the daily life of the recently bereaved for a long time. They can be most helpful in coping with the passing." (Aoun, Breen, White, 2018)

People who do not feel that they have enough family support, or who lead a lonely life, will need the help of professionals, especially if the loss is sudden. Such support has always been provided by priests along with other spiritual persons, but psychologists and social workers can help too. Children suffering from grief require special attention. They should be given a truthful explanation that is appropriate for their age, so they can understand the situation. Otherwise, they will likely seek other explanations for what happened, which could result in them being hurt in the future.

CONCLUSION

This work aimed to outline the options for taking care of a dying person. If most of us would find ourselves in such a heartbreaking situation, especially if it came to an "unexpected death", we would be paralyzed by shock; thus, we would not be able to react adequately. We would blame ourselves for failing to devote enough of our time and substantial care to a loved one. Still, providing enough is not always a possibility, either due to the patient's condition or due to our economic situation. All in all, I hope that with my work I have at least partially dispelled some generally inaccurate facts associated with a patient's stay in a hospice facility, and at the same time outlined the natural process of coping with the death of a loved one.

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