Death Literacy during the life phase of dying

Anja Herzog

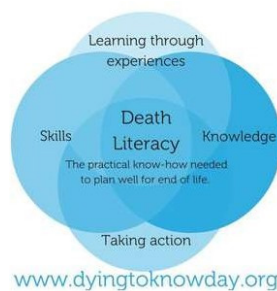**Nurse in Palliative Care & Health Sciences, Germany**

Abstract

Background: 58% of individuals in germany would really like to be cared for reception during the life phase of dying. Their families and therefore the ties to them or openness and honesty are important to them. Many of the relatives within the families, neighborhoods or communities are insecure or anxious in caring of their loved ones, as are the clinicians, like the physicians.

Keywords: Multidisciplinary team, Palliative care, Palliative patients, Clinical trail designs

INTRODUCTION

Death literacy (DL) isn't yet established in germany. this is often a mixture of data and skills that permits people to worry their loved ones within the dying pro- cess reception . they're taught, for exa- mple, about available expedients or health policy issues that are necessary for domestic care, like death certifi- cates or how long a dead soul may occupy home. Individual or joint discus- sions with those involved within the dying process about the illness, dying and death promote on the one hand the sa- lutary process, on the opposite hand dying and death are planned together. (Fig. 1).

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METHADOLOGY

In the district of Berlin Köpenick live quite 20% aged 65 - < 80 years. With this age struc- ture, the residents* distinguish themselves from other Berlin districts. the amount of older people is above in other. this is often exactly where the project started, with the main target on ex- periences learning and social policy . Among other things, we ask the characteristics of experience learning and social pol- icy , which include features like recourse to practical und empirial knowledge and experiences or trust in network structures, that the nursing students are reflec-ting. At the start the project aimed to enable those, who they're involved within the dying process to require care beyond the clinical institutional barriers, in their familiar home environment (neighbourhood / community). Thus strengthens and promotes the self-con- fidence and self-esteem of the caregivers.

It started with heterogeneous target groups:

1. Target group of relatives during a hospital stay

During a hospital stay we get to understand one another . within the first dialog, we talked about the requirements , wishes and chal-

lenges. This first of all relieves the strain on the participants (therapeutic-listening).

After the initial talk, either a five-phase nursing instruction on the individual nursing needs (nutrition) is given directly at the "patient's bed" within the hospital or other network partners are involved.

2. Target group: participants from the neighborhood (Köpenick)

a. Micro-training

The training is split into three modules, with topics like intimacy & shame / dying & death / self-care

Methodological approach: Change of perspective, reflection of private experiences

b. Dialogue round

The dialogue rounds happen in small groups and last not than 90 minutes Topics include nutrition / dementia / the dying process

Methodical approach: impulse lecture & joint exchange of experience

3. Target group: trainees / nursing students

The three-year-training sensitizes the nurses to active-ethical decisions, in modules like communication or during the death seminar.
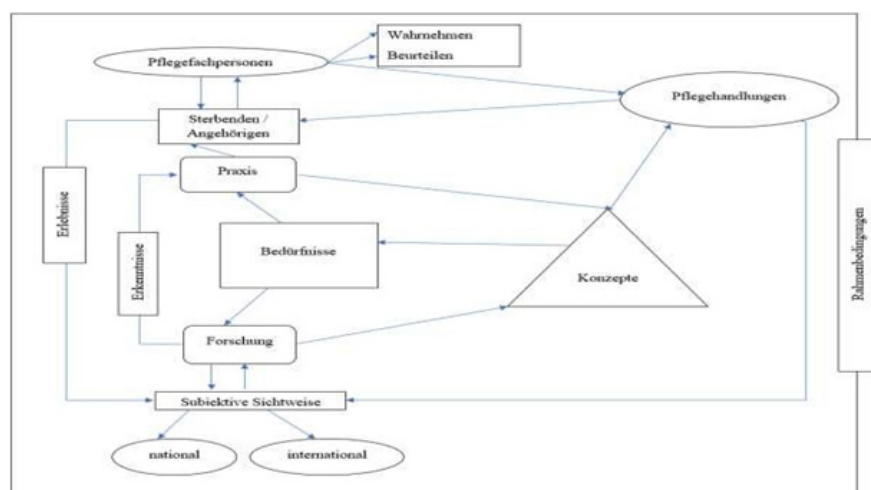
Methodological approach: change of perspective / role playing / exchange of experience / re- flection / ontological confrontation

4. Target group of the management level within the clinical setting

An exchange takes place there conditionally. They focuses more on the content of the pro- ject, the precise topics, financing und quick results.

Methodological approach: keynote address / discussion groups

RESULT

The methodological focus concentraded at the training through experiences of nursing trai- nees and students in their profession. The methodological approach (target group 3) is retained.

The nursing trainees and students exchange their practical, empirical knowledge und other experiences both their the sensible and the- oretical phases (Fig. 2). For the nurses are the core of this framework conditions the wants of the dying and their loved ones. They com- pare current theories, concepts and research results to the wants of the dying and their loved ones. This affects the nursing acitivities.

DISCUSSION

Sharing knowledge and skills together in these heterogeneous groups enables people to indi- vidally caring of the dying. The dying aren´t obliges to talk our language. Instead the first care providers are liable for keeping an open conversation, avoiding technical terms, asking the proper questions and alluring for reflection and honesty. during this way, the dying aren't broken into dimensions (physical, psychological, social, spiritual), like within the holistic approach. With the unified approch, the dying are respected, valued and honered.

COVID-19 changing the character of the project. The patients, the caregivers and therefore the nursing trainees couldn´t be cared for just like the plan. The pandemic regulations and proposals made the method difficult.

CONCLUSION

A person-centered and safe care, which matches on the one hand within the hospitals and on the opposite hand extends beyond the hospital barriers, in order that people can die in their familiar domestic environment consistent with their needs and needs . Because the hospice idea isn't limited at the institution, but happens within the middle of our life within the communities.

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