

Gardiner, Gott, et al, 2012; Beale, Baile, and Aaron, 2005; Young, Dixon-Woods, Windridge, et al, 2003). Providing an atmosphere of open communication early in the course of an illness facilitates answering difficult questions as the child's condition worsens. Providing appropriate literature about the disease, as well as the experience of illness and possible death, is also helpful. Exactly how and when to involve children in decisions regarding care during their dying process and death is an individual matter. The child's age or developmental level is an important consideration in the process (Table 17-4). In general, parents should be asked how they would like their child to be told of his or her prognosis, and they should be included in his or her care. Some parents may request that their child not be told that he or she is dying even if the child asks. This often places health care providers in a difficult situation. Children, even at a young age, are perceptive. Even if they are not told outright that they are dying, they realize that something is seriously wrong and that it involves them. Often, helping parents understand that honesty and shared decision making between them and their child are important to the child's and family's emotional health will encourage parents to allow discussion of dying with their child. Parents may require professional support and guidance in this process from a nurse, social worker, or child life specialist who has a good relationship with the child and family.

TABLE 17-4
Children's Understanding of and Reactions to Death

Concepts of Death	Reactions to Death	Nursing Care Management
Infants and Toddlers		
Death has least significance to children younger than 6 months old. After parent-child attachment and trust are established, the loss, even if temporary, of the significant person is profound. Prolonged separation during the first several years is thought to	With the death of someone else, they may continue to act as though the person is alive. As children grow older, they will be increasingly able and willing to let go of the dead person. Ritualism is important; a change in lifestyle could be anxiety producing. This age group reacts more to the pain and discomfort of a serious illness than to the probable fatal prognosis. This age group also reacts to parental anxiety and sadness.	Help parents deal with their feelings, allowing them greater emotional reserves to meet the needs of their children. Encourage parents to remain as near to child as possible yet be sensitive to parents' needs. Maintain as normal an environment as possible to retain ritualism. If a parent has died, encourage having consistent caregiver for child. Promote primary nursing.