

# Death And Dying

Treating the Surgical Patient



# Lesson Objectives:

1. Define the end-of-life period and brain death
2. Describe Kübler-Ross's stages of dying
3. Discuss ways to provide comfort and support to patients in the dying period
4. Understand the conflicts and stress that families face during the dying period
5. Discuss significant ethical issues surrounding death and dying
6. Define cultural competence as it applies to the dying patient
7. Discuss the concept of determination of death and the physical changes in the body immediately after death
8. Give examples of a coroner's case
9. Discuss principles of organ recovery

# Introduction

- Death in the operating room (OR) is rare; however, you must understand psychosocial and procedural aspects associated with dying in case it does occur
- Perspectives of death
  - Social
  - Personal
  - Ethical
  - Legal
  - Medical



# End of Life

- Definition viewed from many perspectives
  - Assist in giving support
  - That period when death is expected
  - Death is usually within days of pronouncement
  - Marked by ineffectiveness or cessation of life-saving protocols
  - Comforting care is still provided



# Cause of Death

## Medical Perspective

- Determined by the CDC International Classification of Diseases.
- Required for coding all medical cases, including trauma.
- Provides guidelines for registering cause of death on death certificate.
- Includes direct and indirect causes (e.g., underlying vs. immediate cause).

## Non-Medical/Social Perspective

- Influences family and community response.
- Sudden death is often most devastating, regardless of cause.
- Accidental death referred to by insurance carriers (e.g., motor vehicle accidents, workplace accidents, intentional violence).
- Death from terminal illness usually expected by family and community.

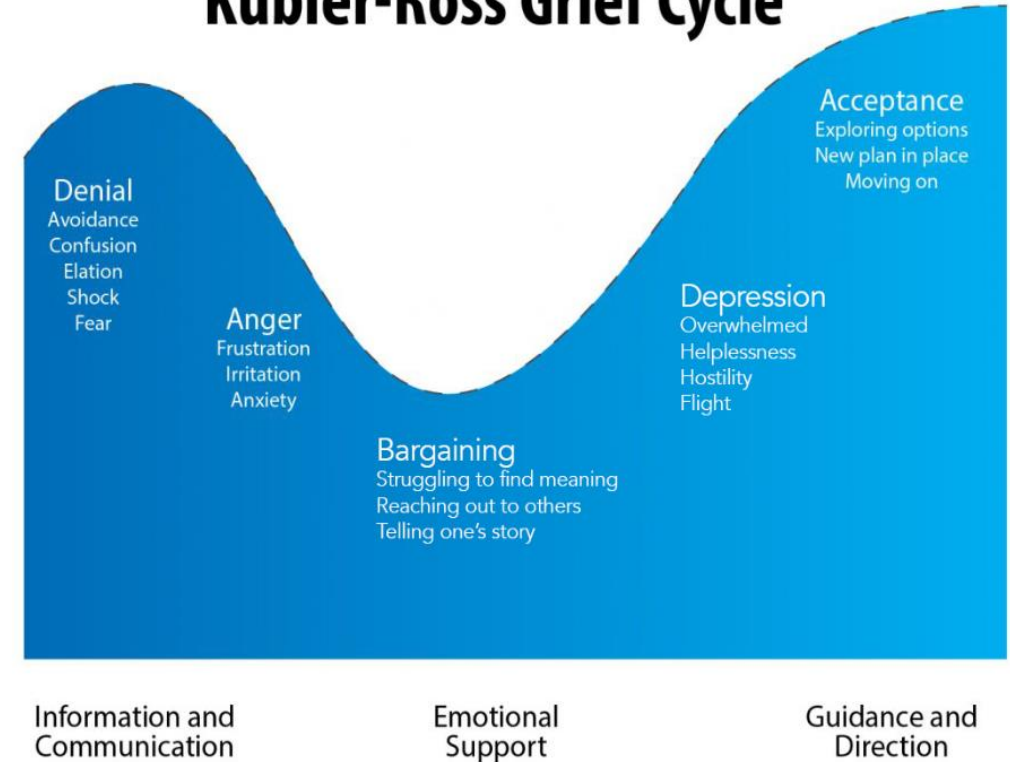
# Models of Death and Dying

- **Kübler-Ross model**

- Denial
- Anger
- Bargaining
- Depression
- Acceptance



## Kübler-Ross Grief Cycle



**Watch the "Five Stages of Dying" Video for an overview  
of this model**



# Five Stages of Dying Video





# Five Stages of Dying Video

## Summary of Video:

- Elizabeth Kubler-Ross was a psychologist with a focus on specifically how individuals handle death/dying and their own mortality. Her model follows 5 stages:
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance

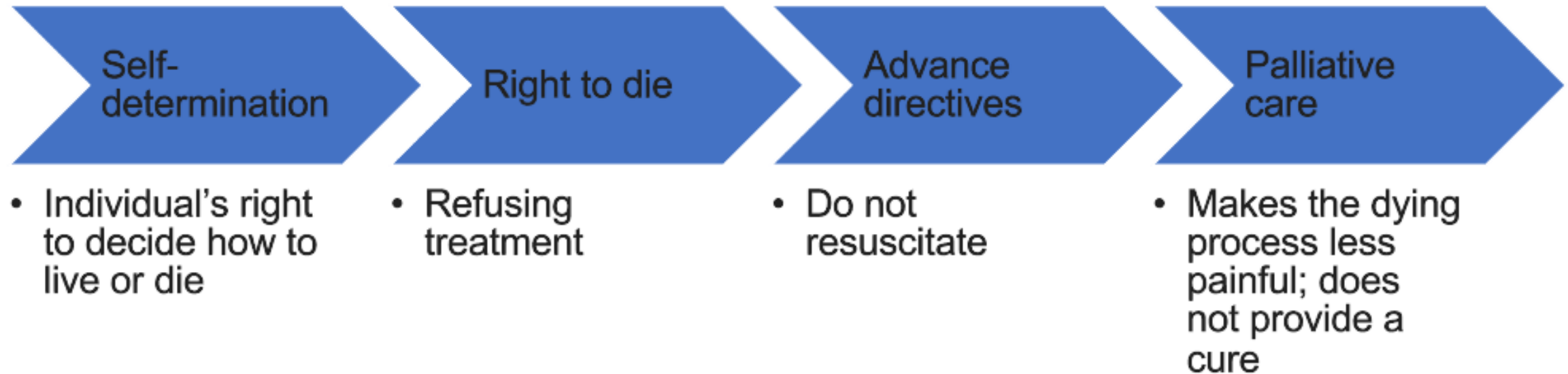
# Support and Comfort

- Perioperative staff interact briefly with dying patients, while palliative care specialists offer ongoing support.
- Short encounters still provide opportunities for care and support.
- Communication requires keen listening and observation.
- Acknowledge and respect the patient's feelings about death.
- Focus on immediate comfort and avoid minimizing death.
- Respect the patient's individuality and cues.
- Offer hope for positive outcomes without implying a cure.

# The Dying Patient's Family

- Has a central role in the patient's emotional environment
  - Grief and sadness may accompany anger and frustration
  - May need guidance to cope
  - Financial burden may be shifted to other family members
- Sudden unexpected death
  - Need for cloistered privacy
  - Surgical technologist should refrain from providing information to the family or friends

# Ethical Considerations



# Cultural Responses

- **Cultural competence**
  - Acquired through experience and active learning
  - Begins with acceptance and respect
- **Culturally determined considerations**
  - Death may be considered a natural phenomenon
  - There may be special considerations for preparation of the body for viewing by the family
  - Preparation should be carried out with dignity and respect

# Death in the Clinical Setting

- Determination of death
  - Specific medical assessments with legal implications
- Postmortem care
  - Preparation of the body for viewing

## **BOX 14.1 Medical Assessment Criteria for Determining Death**

Complete and irreversible cessation of the cardiovascular system

Irreversible respiratory failure that is not a result of drugs or hypothermia

Absence of any response to external stimuli

Cessation of cranial nerve reflexes

Cessation of all brain activity

Extended Tests For Brain Death

1. Electroencephalography, which registers electrical (functional) brain activity
2. Cerebral radionuclide injection, which demonstrates uptake of radioactive substance in the presence of brainstem function
3. Computed tomography scan to determine massive hemorrhage, edema, or other evidence of critical pathology



# Natural Changes in the Body

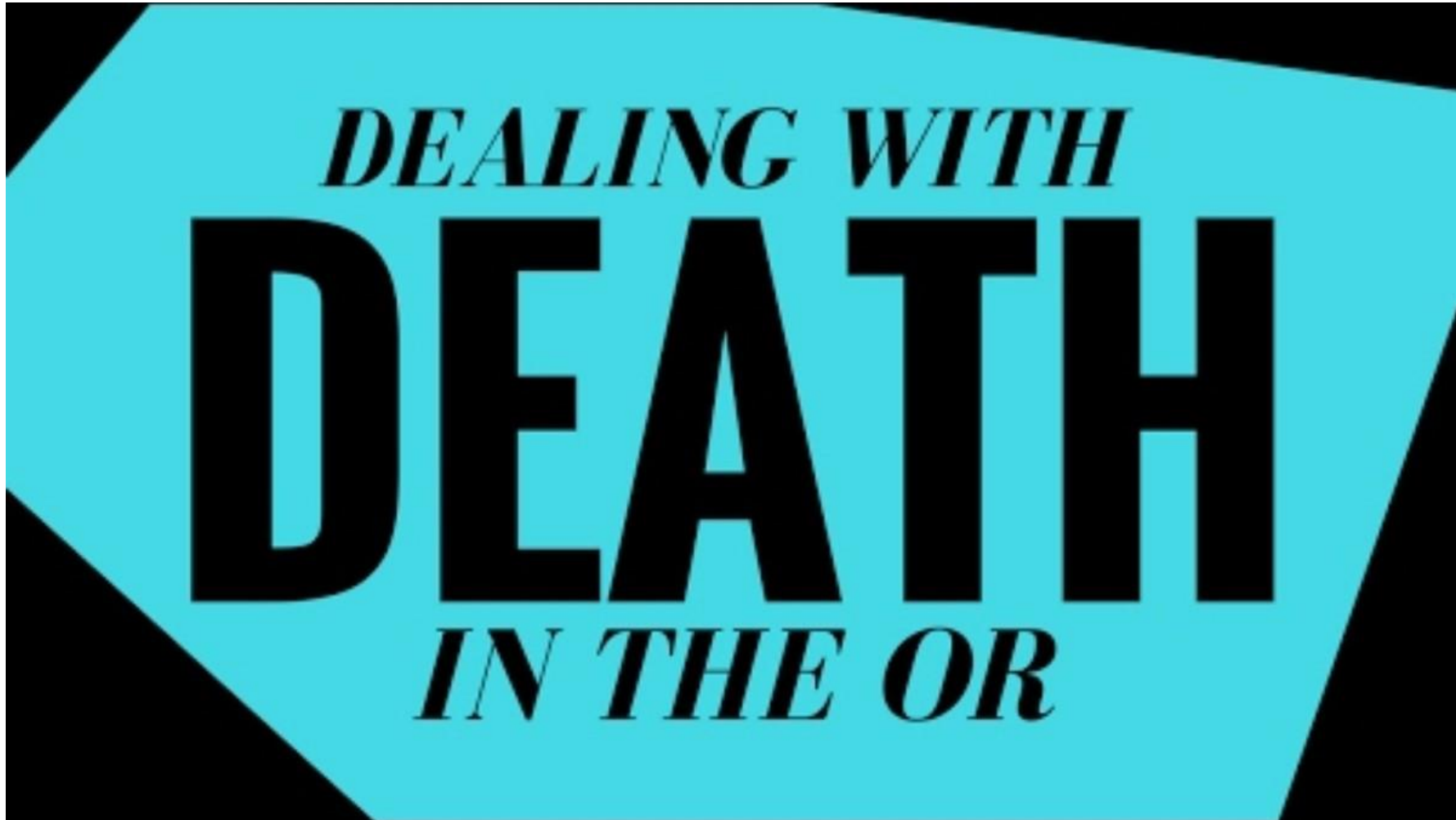
- Cooling down
  - Loss of muscle tone
  - Eyes open
  - Jaws drop
  - Livor mortis
  - Rigor mortis
- 
- OR Staff can help to position the body for family that may wish to see their loved one.
    - Warm blankets – Keeping Hands available to hold
    - Clearing Secretions – Cleaning any blood or body fluid from procedures
    - Helping to keep eyes closed

# Postmortem Procedures

- The body is handled gently and with respect at all times
- Care that conflicts with the patient's religious affiliation is not performed

**Watch the "Dealing with Death in the OR" Video for an overview  
from a Surgical Technologist**

## Dealing with Death in the OR Video



# Dealing with Death in the OR Video

## Summary of Video:

- Death and Dying is a part of life and all OR staff will be confronted with a death at some point
- Treat the patient with dignity and respect
  - Be empathetic to the patient's family
  - Offer support
- OR Staff will also have their own feelings and emotions related to a death
  - Take the time to reflect, and discuss your feelings
  - More experienced team members may offer guidance for those having first time experiences
- Procedurally: Surgeon will call time of death, close surgical incision with a large stitch (unlikely to close all layers), OR staff prepares the body and hands off to next phase of care (ICU, Morgue, etc)

# Coroner's Cases

- Circumstances that determine coroner's involvement
- **Criteria for Coroner's case**
  - Death in the operating room or emergency department (ED)
  - Unwitnessed death
  - Death after admission from another facility
  - When criminal activity is suspected
  - Suicide
  - Death of an incarcerated individual
  - Death secondary to an infectious disease
  - Workplace death
- All lines/drains/tubes should be left in place for Coroner's cases
  - Until it is determined if a case is or is not a coroner's case, all lines should stay in place

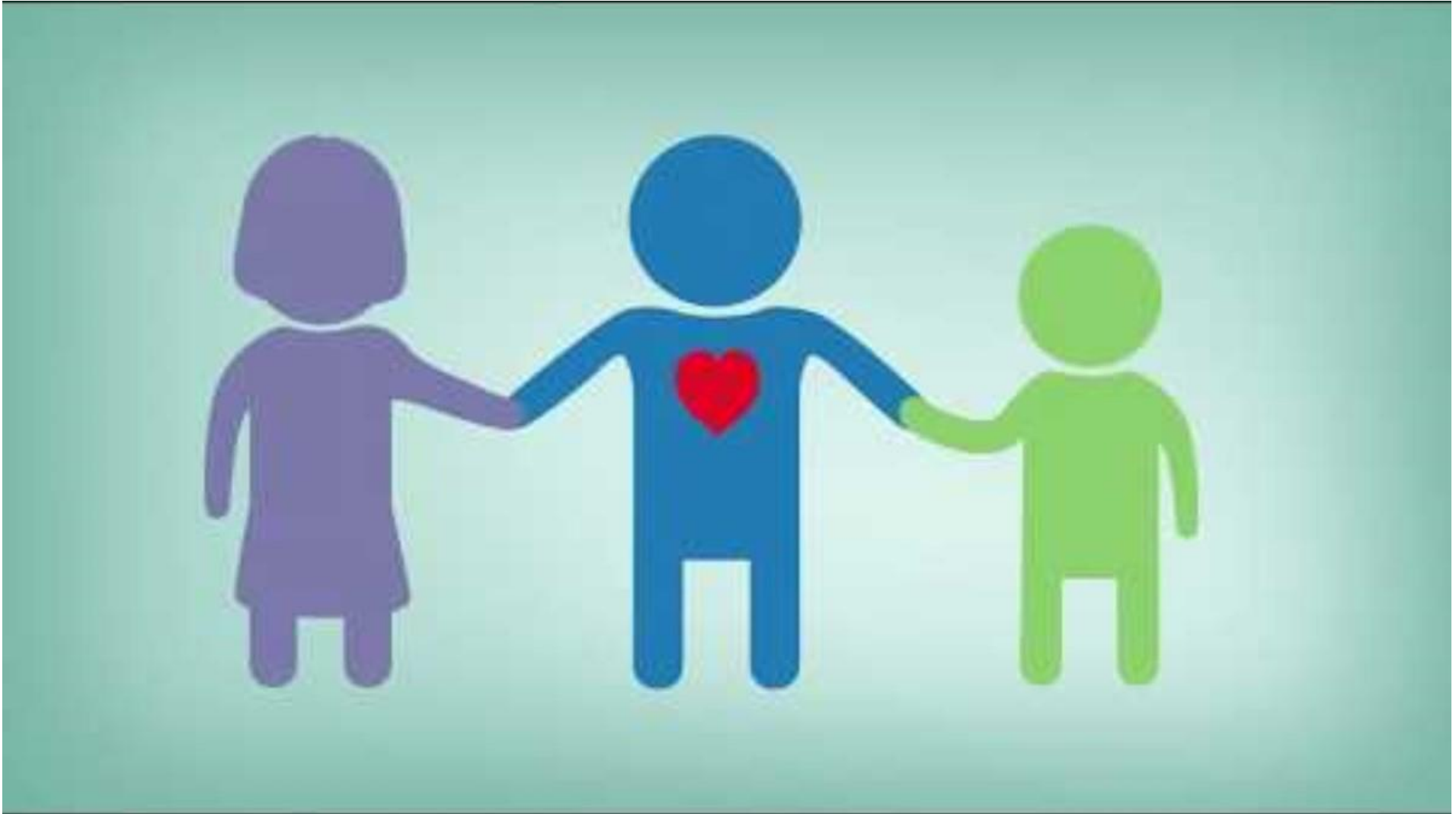


# Organ Recovery

- Permission for recovery
  - Either primary from patient (Organ Donor Registry) or next of Kin
- Protocols
- Medical criteria
  - The patient may not be eligible to donate all organs or tissues types based on current condition
- Heart-beating cadaver – Perfusion can be maintained
- Non–heart-beating cadaver – Restricted to those that do not need perfusion
- Controlled organ donation after death
- Ethical dilemmas arise when the patient has not left a clear directive before death

**Watch the "Organ Donation" Video for an Overview of  
this process**

# Organ Donation Video



# Organ Donation Video

## **Summary of Video:**

- There are more people on the donor waiting list than organs available
- Recipients are matched with donors
- Organ Donation can turn a time of loss into a time of hope for others
- One Donor can give organs to up to 8 recipients and up to 50 or more from eye and tissue donation

# Health Professionals Confronting Death

- Reactions and Coping Skills of health professionals in dealing with death are determined by the following:
  - Prior experience of death
  - Support available in the environment
  - Health care professional's beliefs and values
  - Knowledge of the death process
  - Health care professional's emotional well-being
- Coping skills for healthcare workers:
  - Discussing details of death to understand medical limitations
  - Acknowledgment and expression of feelings
  - Distraction to break from severe stress
  - Prioritizing self-care and healthy coping mechanisms

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# Thank you!

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# Congratulations!

Lesson 14 is complete.