Respectful Death: A Model for End-of-Life Care

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The Respectful Death Model (RDM) is a research-based, holistic, and practical model developed to improve end-of-life care. A respectful death is one which supports dying patients, their families, and professionals in the completion of life cycles and can be used by all members of the healthcare team. The model is a process method commencing with the establishment of a therapeutic relationship with the dying patient and his or her family and, as a result, their stories are heard and incorporated into the care plan. This article demonstrates that hospice and palliative care nurses have been practicing this model since the origination of care of the dying. Other topics addressed are the current culture toward death in the United States, the roles of nurses in the RDM, and the barriers and benefits of the RDM. Recommendations for future research in end-of-life care also are addressed.

At a Glance

- The Respectful Death Model (RDM) is a practical, research-based holistic tool meant to foster the education of varied disciplines in end-of-life care.
- The RDM details the establishment of therapeutic relationships with patients and their families and, as a result, their stories are heard and incorporated into the care plan.
- Nurses establish therapeutic relationships with their patients and families, ensuring frank dialogues about death and resultant respectful deaths.

Current Culture Surrounding Death in the United States

The current culture surrounding death in the United States is highlighted from various perspectives: attitudes and perceptions, the realities of death, and the dying process and discourses.

Attitudes and Perceptions

Byock (2002) and Kastenbaum (2004) described the historic and current U.S. culture as one that denies and fears death. About 2 million Americans died in 2007 (U.S. Department of Health and Human Services, 2008), but the demographics of those who have died has changed dramatically since the early 1900s. Death in childhood was more common at that time (Teno, McNiff, & Lynn, 2000) but, with the introduction of antibiotics, immunizations, and sanitation practices, morbidity and mortality rates began to drop and a longer life expectancy was realized (Teno et al.). Today, older adults typically die from chronic illnesses with a gradual period of deterioration and disability (Teno et al.).

Unfortunately, many Americans still die in physical, emotional, social, psychological, and spiritual pain (Steinhauser et al., 2000; Vig, Davenport, & Pearlman, 2002) despite research such as the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (Covinsky et al., 1994); the formation of groups such as Compassion and Choices (formerly known as the Hemlock Society), Americans for Better Care of the Dying, and Dying Well; enactment of laws to protect older Americans; and professional educational changes (Bookbinder & Kiss, 2001).

Examples include expressions such as “he or she passed on” or “he or she is at rest,” rather than saying “he or she died.” Death is still a taboo topic. Becker (1973) stated that the fear of death is universal, and Kastenbaum (1978) noted that the study of death may improve the quality of all civilization by eliminating painful deaths.

In any discussion about death, suffering often is used simultaneously. The Respectful Death Model (RDM) requires healthcare professionals to listen to the dying to help relieve their suffering (Farber & Farber, 2006). Cassell (2004) defined suffering as the stress that occurs as a result of losses, including loss of family, friends, possessions, roles, relationships, a future, and physical losses related to bodily functions. Suffering...