

Phenomenology of Dying: Stories from the Hospice.

Edward Poon

PhD Candidate

[Acknowledgements]

- Professor Margaret O Connor
- Dr Chow Yeow Leng
- Dr Premarani K

[Special Thanks]

- Dover Park Hospice
- Dr Koo Wen Hsin

[Questions]

- How will an older Singaporean view their own dying?
- How do they want to be care for when they have a life threatening illness?



[Purpose of the Study]

- The purpose of this study is to uncover the lived experience of older Singaporean Chinese patients with life threatening illness and receiving palliative care in an inpatient hospice, and to obtain an increased understanding of the meaning and interpretation of their experience.

[Aims]

1. To describe the experience of older Singaporean Chinese patients with life threatening illness receiving palliative care and dying in the hospice.
2. Describe and understand the meaning that these people ascribe to their experience.
3. Propose implications for palliative care nursing practice related to patient quality of life based upon participants' description in the hospice.

[Methodology]

Hermeneutic Phenomenological Approach using Max Van Manen methodology

References:

Pattison, G. (2000). The later Heidegger. London, Routledge.

Van Manen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. Albany, University New York Press.


Robertson-Malt, S. (1999). "Listening to them and reading me: a hermeneutic approach to understanding the experience of illness." *Journal of Advanced Nursing* 29(2): 290-297.


[Participants]

- 15 participants(Interviewed 14)
- 65 and above
- Know their diagnosis and prognosis
- Face to face interview
- Language of their choice and place of their own.
- Consent taken.

Data Analysis

- Data analysis started once the first interview is ended.
- Each tape interview was repeated review following its completion.
- The tapes will be transcribed by the researcher verbatim.
- Each interview was translated to English by the researcher and back translated to Mandarin, Cantonese, Hokkien or Teochew by another bilingual person to check for accuracy of translation.

- 
- A decorative graphic at the top of the slide consists of a horizontal line with a light-to-dark green gradient. On the left side of the line is a large black left square bracket, and on the right side is a large yellow right square bracket.
- Themes will be compare between different interviews.
 - A Master's prepared researcher with experience in an analysing qualitative data of phenomenology assist with peer briefing.
 - Intercoder reliability will be concurrently performed with peer debriefing
 - Analyzing was stop once there are no new ideas to be revealed and that is the point of saturation



Results

[Demographic]

Sex	Age	Diagnosis
M	83	Ca Lung
M	72	Ca Lung
F	74	Ca Lung
M	78	Ca Lung
M	70	Ca Lung
F	85	Ca Colon
M	70	Ca Stomach
F	81	Ca Stomach
M	69	Ca Stomach
F	83	NPC
F	71	Ca Endometrium
F	66	Ca Rectum
M	68	Ca Prostate

Male : 7

Female : 6

[Preliminary Results]

- Life World: Being In the Hospice
- Lived Space: Being Aware of the surrounding
- Lived Body: Understanding of illness and dying
- Lived Time : Living With the illness and dying
- Lived Others: Purpose of Living

Life World: Being in the Hospice



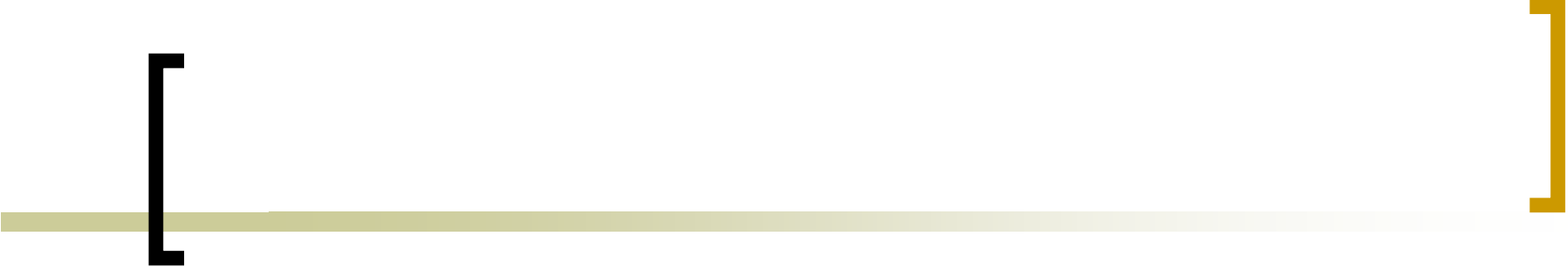
[Stories]

“...I can moved around as I like....”(Mr Tan.Line 81)

“ ...oh..makan...everything okay,good..”
(Mr Pang .Line 190)

Stories

“.....服务周到，他们服侍得不觉得心里不快，也不骂、吼我。 是吧！ 也很会说好话，算是很好的了， 是吧？ 我还要求其他的好吗？ 反正别人服侍你更衣、裤、冲凉， 就好喽， 是吗？ 他们（ABC 医生）说“阿婆，你去DPH好，家里没人照顾您， 您的儿子去工作， 您又一个人留在家，也需要别人看护， 没人顾着万一跌伤又没人知”。 就是我的脚不能走， 前阵子就照过镜， 他们（医生）说脚那的血静/筋粘着， 难怪会没力。 脚踩地上也不可以， 全部没力。 那真没办法， 割又不可以， 其它医疗又不行， 吃药又不可， 说药物会引起身体某一个地方流血。 里面的。。。。”

A decorative graphic consisting of a horizontal line with a gradient from light green to white. On the left side, there is a large black left square bracket. On the right side, there is a large yellow right square bracket.

“The nurses’ service are excellent, they are always happy, gentle and compassionate towards me. I am not being treated rudely, I am glad. There is nothing I will ask for. The nurses shower and change me. I am very happy about it. Even the doctors from ABC recommended DPH. They said DPH’s nurses will take very good care of me. Being left alone at home without a care-giver can be dangerous for me as I am prone to fall and hurt myself. The weakness that was experienced in my legs was a result of tendons/arteries fusing together. I cannot be medicated as the drugs may cause internal bleeding which can be dangerous ...” Mdm Tam

[Reflection]

- More and more Chinese people in Singapore are opting for institutional death which may be due to practical and environmental reason such as lack of caregivers issues and not to burden the younger generation.
- Younger caregiver may have greater difficulty with the tasks required to give care to the dying person.
- Acculturation to life in Singapore due to the western influence.

[Theme

- Place of care at the end of life.

[Lived Space]

- Being aware of the surrounding

[Stories]

- I didn't want to apply, I inquired whether there were any place that would cost less, he showed me a brochure, I told him I did not wish to read it, because I(keeping quiet)
 - (Mr L, line 103,104,105)

[Reflection]

- Most of the patients admitted do not know where they are.

Reflecting Pond



Quiet Room



[Lived Body:]

- Understanding of illness and dying

[Stories]

.....I know, the doctor don't want to tell me but later they have to tell me and he said that they discovered a growth in my stomach after operating on me. It can't be removed...


(Mr L, line 70,71)

[

..The vitamin don't waste time, my leg swollen. Go and see again. So the doctor saw my leg "Eh why your leg swollen?" I said I don't know. And so he make me come ah er to this 'ABC' Hospital. So I stayed there ah. I stayed there about one month.

.... the doctor say ah don't stay so long ah because some patients also want to come ah. So he telephoned here, ask me to come here lah.

(Mr P, line 157,158,159,160,162,163,164)

- 
- A large black left bracket and a large yellow right bracket are positioned at the top of the slide. A horizontal line with a yellow-to-white gradient runs across the slide, passing through the middle of the brackets.
- *I went to ABC and then they refer me to CDE Hospital. CDE hospital called and asked me to go down today or tomorrow and then I went to CDE and after that I stayed around 20 over days at CDE Hospital. The last day they told me cancer.*

- (Mr S, line 36, 37, 38, 39, 40)

[


]

- ...Slowly in the end...I came to know of, my sister told me all these ah.

(Mdm C,line 43)

[Reflection]

- Many people who suffered from life threatening illness ,especially cancer,HIV may not be told the truth about their illness .
- Family members often do not disclose the truth to the patient,in order to protect the patient from knowing that the patient might die soon.

- 
- Tan, Teo, Wong & Lim (1993) conducted a study in Singapore, a questionnaire survey of 94 doctors showed that 90.4% will tell the family the diagnosis and prognosis, but only 43.6% will discuss with the patient. 84% will accede to the family members' request not to tell the patients and 23.4% will continue to do so against the patients' wishes.
 - This was supported by another study done by Mystakidou and colleagues (2006); it was found that family requests to withhold information from patients occurred within almost every nationality and Tang and colleagues (2006) support this finding by additional research undertaken in Taiwan.
 - This common phenomenon may be due to language difficulties and the behaviour of aged Asians who do not communicate directly with their doctors.

[Lived Time:]

- Living with the illness and dying

[Stories]

The side effects of the chemotherapy, the..the the (redness?) the tiredness, and also un-end unlimited pain. The pain help with painkillers. I've been taking ... It helps with painkillers. Of course, it's not immediate, takes a while. And then, again, the tiredness, something like that. Well, I used to be at peace, and suddenly took away so softly at times. Unwarmth, to feel about things, and sleeping and all the time. And the appetite, also lose appetite. Then the agony is just that often I am asked to eat in order to keep my immune system on, and on the other hand, I seem to cannot eat, totally cannot eat, so to be changed to the normal health... this is it..”

(Mr A line 147-154.)

[Stories]

Lately, I haven't been walking and I am feeling all frail as I haven't been eating well. Ever since I have this problem in the stomach, I always feel nauseous and lose my appetite. Occasionally I do vomit. Earlier on when I was admitted to ABC Hospital, my vomiting was less frequent. At the earlier stage of the condition, I only experienced very little symptoms, very occasional vomiting and lost of appetite. Actually the doctor was suggesting an excision of that lump, but he was reluctant later. He mentioned that he could help relief the symptoms by performing a simple procedure.

(Mdm T line 26-34)

[Reflection]

- Controlling the pain and symptoms of the disease is very important, poor control will lead to suffering of the patients.

[Lived Others]

- Purpose of Living

[Stories]

“(long pause) Ah, the main, the main, the very main reason is just that, I hope that my sister can go before me...so that I can see her in my whole life.. so that I can have a peace of mind. At least when I leave, I can do something, for my sister...and another thing...and another thing, this is the latest that developed, that I have a very good brother and sister. Everyday call me a few times, morning and evening, and, my relative particularly, that they want me to as far as possible, able to get happiness to live on, so these are the two.”

(Mr L.Line 118-122)

[Stories]

“I thought about that flat of ours. That loan has to be cleared after we get money from the sales of our flat, hence there is very little left for my son.”

(Mdm T.Line 130-132)

[Stories]

“ I just worried about my wife..she is getting weaker everyday too...”

(Mr P/Line 165-166.)

[Reflection]

- Unfinished business will leave the patient not having a peace of mind and heart.

[Discussion]

- Value
- Change of worldview
- Communication & Listening
 - Diagnosis & prognosis
 - Pain and symptoms
 - Grief
- Care delivering system



Dover Park
HOSPICE

CARING TO THE VERY END

