# Approaching Death: A Phenomenologic Study of Five Older Adults With Advanced Cancer

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**Purpose/Objectives:** To explore the lived experience and the associated meaning of approaching death among older adults with advanced cancer.

**Research Approach:** A phenomenologic inquiry.

**Setting:** Urban cancer center.

**Participants:** 5 individuals diagnosed with advanced cancer who were 65 years or older.

**Methodologic Approach:** A series of semistructured interviews were tape-recorded, transcribed verbatim, analyzed, and developed into narrative summations.

**Findings:** The study elucidated the experience of approaching death from advanced cancer. The insightful and compelling narratives of five individuals' experiences suggest that genuine caring, compassionate honesty from trusted healthcare professionals, cautious hopefulness maintained by patients and their loved ones, unquestioned faith, an involvement in desired life activities, and positive interactions within the healthcare system and in personal relationships were meaningful to participants.

**Conclusions:** Knowledge developed from dying patients allows for an awareness that moves beyond assumption toward an in-depth understanding that can enable healthcare professionals to design meaningful care for these individuals.

**Interpretation:** Knowledge gained directly from patients' experiences of what is meaningful and helpful as death approaches can guide effective interventions to improve palliative care practices and enhance overall quality of life while living with an incurable illness. Nurses have the ability to contribute meaningfully to patients facing death by relating to them with genuine care that acknowledges their humanity, conveying information with a compassionate honesty that recognizes the impact it will hold for patients and their loved ones, supporting patients' faith and cautious hopes, assisting patients in enjoying an active involvement in life within their limitations, and providing a safe and trusting environment in which to receive care.

## Key Points . . .

- Nurses have the capacity to establish a rapport that fosters an authentic professional relationship and respects the human lives they are treating.
- Educating patients and family members about treatment options, anticipated side effects, symptom management, and what to expect as death approaches is invaluable.
- Professional boundaries do not have to be dehumanizing.
- Caring communication delivered sincerely and with a confirmation of the humanity of a patient renders a sense of security and is an essential component to the meaningful care of patients facing death.

Information, from patients' perspective, about the lived experience of approaching death as a result of advanced cancer is limited. Healthcare professionals often make assumptions regarding the care they believe people want as they approach death. However, much more is assumed than is known regarding the desires of dying individuals (Field & Cassel, 1997). A great deal of the knowledge in this area is based on primary caregiver reports and healthcare professionals' perceptions. Unfortunately, caregiver reports sometimes are unreliable and healthcare professionals' perceptions often differ from patients' and families' perceptions (Payne, Langley-Evans, & Hillier, 1996; Ryan, 1992; Teno & Coppola, 1999). These assumptions lack real understanding and lead to less-than-optimal end-of-life care. Knowledge acquired directly from patient experiences is needed to design care that will improve the dying trajectory in ways that are meaningful to patients.

The purpose of this study was to explore the lived experience and associated meaning of approaching death among older adults with advanced cancer using a phenomenologic design.

## Literature Review

Deficiencies in the care of the dying have been well documented (Field & Cassel, 1997; Last Acts, 2002; SUPPORT Principal Investigators, 1995). The prevailing approach to inquiry concerning end-of-life issues has been problem based. Most of the previous research efforts have focused on symptom management that, although useful, tend to isolate symptoms from the overall cancer experience. Palliative care principles encourage healthcare professionals to depart from

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