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Emily Folse

Thomas Jefferson University, emily.folse@jefferson.edu

Thomas Smith, PhD

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Hoping to Die Well: An Exploration of the Good Death

Emily Folse and Thomas Smith, PhD*

Introduction: Many healthcare providers are uncomfortable and ill-equipped to talk about death with terminally ill patients and their families. This often results in unnecessary, aggressive medical interventions at the end of life and deaths discordant with patients' wishes. In order to help patients die better deaths, it is first necessary to determine the character of a good death.

Methods: The good death was considered from secular and Catholic perspectives because religion is personally important to the author and many patients in the US. Features of a good death were elucidated by careful reading of scientific and humanistic literature and conversing with terminally ill patients and palliative care providers, including physicians and chaplains. The most significant aspects in both secular and Catholic views were considered separately, and their commonalities were then explored.

Results: From a secular perspective, the most important themes are comfort, control, closure, and hope. In a Catholic view, the most prevalent features are intrinsic dignity and hope. The good death is individual and dynamic, but hope seems collectively essential for dying well. There are many things besides a cure for which the dying can hope, such as healing of relationships or eternal life, and the act of hoping can

contribute as much to the good death as the hope itself. Research findings informed an essay that will be distributed to premedical humanities students at Villanova University to prime a didactic session about the good death.

Discussion: If the meaning of hope in death is expanded beyond wishing for a cure, physicians can help facilitate a good death for patients by fostering and inviting them to hope in the end of life. A thoughtful consideration by current and future healthcare providers of what it means to die well may increase comfort with death and result in better outcomes for dying patients.