DEALING WITH DEATH NEVER COMES EASY, HEALTH-CARE WORKERS SAY

WHEN ALL IS SAID AND DONE

BY LISA QUEEN
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There are no happy endings in Maureen Stewart's line of work.

As a palliative care nurse at Southlake Regional Health Centre, she knows her patients are going to die.

But there is fulfillment in helping people die with dignity and there is comfort in easing the pain of their families.

Medical professionals dedicate their lives to healing. But sometimes death comes with the territory.

Perhaps the easiest thing for doctors and nurses to do would be to distance themselves from their patients, ensuring they aren't affected by the people they treat who have fatal diseases and mortal injuries.

But Stewart, Sue Janes, who is a nurse with Southlake's baby bereavement program and York Central Hospital's emergency department administrative co-ordinator Dale Smith can't help but get emotionally involved with patients.

While they go home to family and friends at the end of their shifts, just like any other employee, at work they grieve alongside patients and their relatives.

When people think of palliative care, they often think of senior citizens in the final days or weeks of their lives.

But Stewart cares for patients, most afflicted with cancer, ranging in age from 20 to the elderly.

Perhaps hardest for Stewart, a mother of two youngsters, is to care for parents of young children.

"These people are the same age as you and have kids the same age as yours and you say to yourself, 'Wow, that could be me'," she said.

"We do have elderly patients but some are younger. I don't think any of the two are easier (to treat). When they're close to your age group, you say, 'It could be me', but the older ones, it could be your mom.

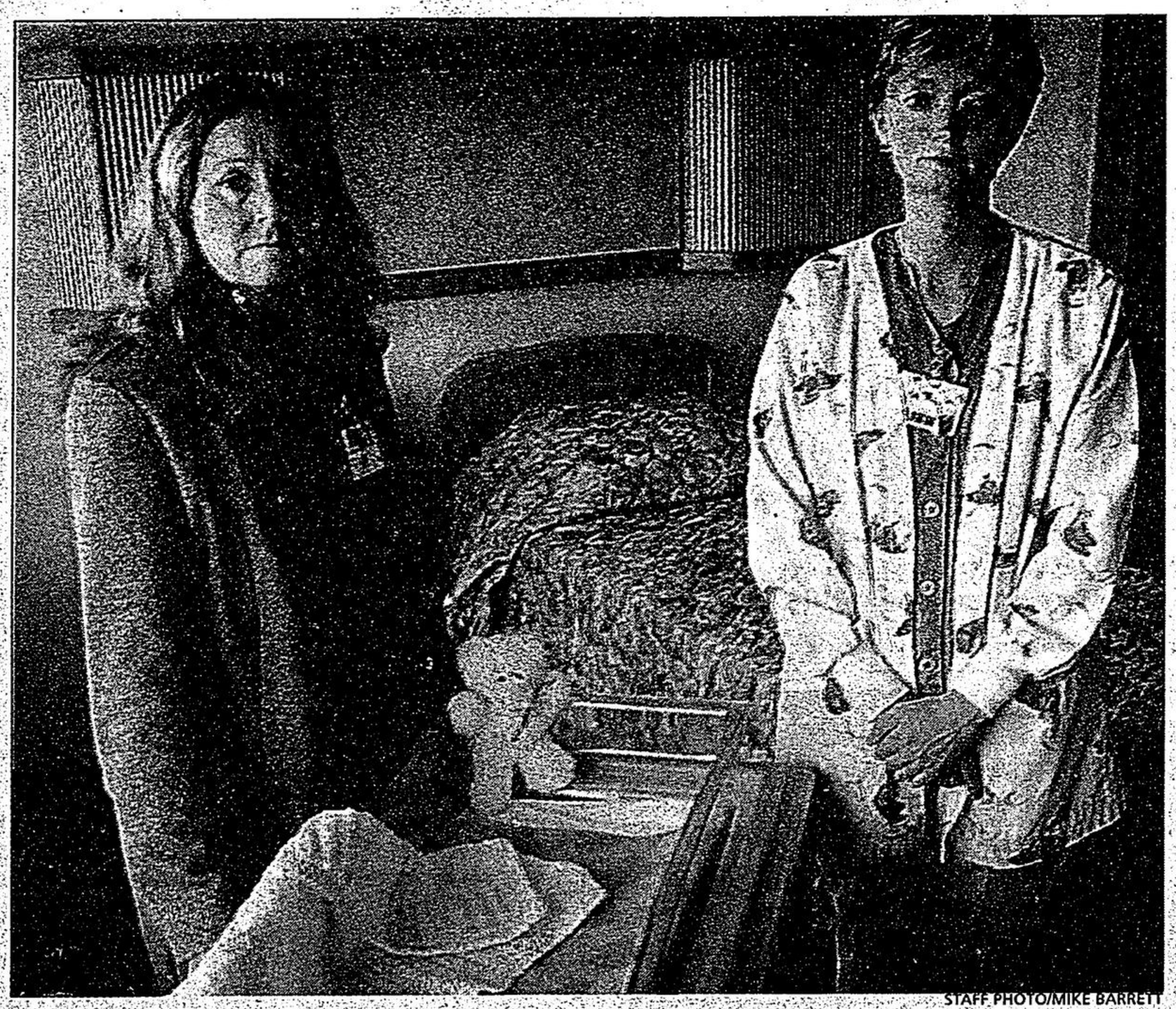
"The younger ones are more heartbreaking and the older ones can be so inspirational because of the stories of their lives they share with you."

Stewart welcomes the chance to become involved with her patients. And she can't help mourning their loss when they die.

"I've always said the day the passing of a human being doesn't affect me emotionally is the day I leave nursing," said Stewart, who has been in the profession for 13 years.

She said palliative nurses take pleasure in arranging simple things for their patients, such as having a beloved pet visit.

On one occasion, a patient's horse was brought to the hospital and the owner was taken outside by wheelchair to visit the pet.



STAFF PHOTO/MIKE BARRETT

Sue Janes, left, and Maureen Stewart are nurses at Southlake Regional Health Centre. They must cope regularly with the emotional fallout of losing a patient.

"People say, 'You work in palliative care, how can you stand it?', But it's very rewarding to find the little things that make a difference. At this time in your life, it's the little things that mean the most," Stewart said.

"And when someone dies, you've helped somebody close a chapter of their life."

After a patient dies, Stewart said there are many ways the staff copes. Nurses and other staff on the ward are there for each other, she said.

"It's a very huggy, touchy kind of place. There can be a lot of tears."

Medical staff often attend patient funerals and, once a year, Southlake has a memorial service, where patients' survivors, doctors, nurses and other hospital personnel are welcome.

Staff can also talk to a chaplain at the hospital if they want to share their grief in a spiritual way.

"You don't have to be religious, but you have to be spiritual (in this job). It makes you reflect on your own life and say, 'What is important?'. We're all so busy but we don't take the time to do the things that are really meaningful," Stewart said.

She also finds solace in coming home at the end of a shift to her husband and children.

"I have walked in and my husband looks at me and says, 'You had one of those days' and I break down. That's what he's there for," she said.

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"Sometimes, you go home and you feel the life has been sucked out of you. But I go home to two little kids. Thirty seconds with them revitalizes you. I'm home 15 minutes and, not that I've forgotten my day, but I'm lifted."

While Smith loses patients who have come into emergency over time with chronic illnesses, she is often confronted with sudden death. Smith, who has been a nurse for the past 30 years, sees everything from adults who have suffered fatal heart attacks to teenagers and children killed in car accidents.

"You relate to different people at different ages. When your kids are young and suddenly a young child comes in and dies, you relate," she said.

"It's the same when your kids are teenagers or someone in your family is going through something and somebody their age dies."

Sudden deaths are often dramatic for medical staff.

"Death is sort of like, 'I can't fix this. I'm a health care professional. I should be able to fix this'. It's like a giant roller-coaster of emotions," Smith said.

After a death, medical staff turn to each other for support and sometimes seek counselling from an outside agency.

"During the crisis, you learn to store (your emotions) until you can deal with it later. But you have to deal with it somehow or you won't stay here long," Smith said.

Often the most difficult aspect of a sudden death is dealing with the patient's family, who have had no time to prepare themselves for the shock.

"They always want to know why it happened. I don't know why it happened," said Smith, adding health-care professionals attempt to console the survivors.

"I have no answers about whose time it is and whose time it isn't. I quit trying to figure that out 10 years ago."

For many people, Janes has an almost unspeakable job — treating and counselling parents who have lost a baby, either through miscarriage, complications during labour or illness that robs the infant of life shortly after birth.

Years ago, mothers and fathers who lost their babies were instructed to go home without seeing the infant, get over the death as quickly as possible and try to conceive another child.

But today, those parents are helped to mourn the loss of their baby. "They grieve it the rest of their life. It's a realistic grief," Janes said.

Parents are encouraged to hold their baby, name the infant and have a religious service, such as a baptism, if they want.

"Part of the grieving process is seeing the person dead," Janes said, adding some parents want to keep the baby in their room for as long as 36 hours as they learn to say goodbye.

"The baby is handled gently, placed in a cot. It's treated like a human being."

Janes recalled one father who kept complaining his daughter didn't smell like a baby.

Nurses finally determined the man equated babies with the smell of baby powder. Although the hospital doesn't use baby powder on infants, a member of the baby bereavement team purchased some and sprinkled it on the child.

Once the father sniffed the aroma of powder on his daughter, he was able to say goodbye.

"We get some unusual requests, but if it helps them move on, then it's not unusual. It helps them grieve and move on in an appropriate manner," Janes said.

Janes acknowledges the death of a baby is extremely difficult on the hospital staff but she said it is impossible not to become emotionally involved.

"You share their grief. You can't not cry with them. It's the most feared ordeal to go through, the loss of a child," she said.

Janes copes by reminding herself only a small percentage of pregnancies end tragically.

"Most of the time, birthing plans go according to plan and the family goes home with a baby in the carseat."