“Regrets of the dying should influence end of life care”

You may be familiar with the online article “Top five regrets of the dying”. Written by Australian palliative care worker Bronnie Ware, it documents the most commonly expressed regrets of the dying (tinyurl.com/dying-regrets). It has a simple but powerful message, like all great writing. It has captivated some and irritated others but, either way, spread worldwide ripples of reflection and debate.

The article summarises many conversations Ms Ware has had with dying patients into five common areas of regret, namely:

» “I wish I’d had the courage to live a life true to myself, not the life others expected of me;”
» “I wish I hadn’t worked so hard;”
» “I wish I’d had the courage to express my feelings;”
» “I wish I had stayed in touch with my friends;”
» “I wish that I had let myself be happier.”

Ostensibly, the article could be viewed as a rather sad piece about death and regret. But there is a subtext that is inspiring and potentially life-changing. As Ms Ware summarises: “Life is a choice. It is your life. Choose consciously, choose wisely, and choose honestly. Choose to be happy.”

Certainly, it made me think twice. It reminded me that, contrary to popular wisdom, time is not money but a precious and potentially life-changing resource. As Ms Ware summarises: “Life is a choice. It is your life. Choose consciously, choose wisely, and choose honestly. Choose to be happy.”

But compassion has an ugly sister – pity. The circumstances and dire needs of palliative patients can turn compassion into pity – not a helpful approach.

At its heart, compassion involves respect for another human being. It views every person as an equal. But pity – however well meant – is an emotion lacking respect and it demeans its recipient. The loss of dignity associated with receiving it only adds to a patient’s emotional load.

Learning from the wisdom imparted by the dying alters that dynamic: the nurse-patient relationship becomes more equal. There is give and take on both sides and pity can be banished.

Growth doesn’t stop at puberty. Life can begin at 40, 50 or whenever you decide. A final emotional growth spurt happens when people are faced with their own mortality. By attending to the words that often accompany this concluding chapter in a patient’s life, nurses can learn lessons for our own lives, as well as honouring the wisdom of those we care for.

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Mind maps may enable more nurse research

As the profession with probably the greatest impact on people’s experience of healthcare, nurses need ways of finding out how their work truly affects patients. This is one reason why qualitative methods are frequently used by nurse researchers.

However, while these can yield rich data on participants’ perceptions, feelings and perspectives, data analysis can be time-consuming.

Our article on page 20 looks at mind mapping as a method of analysis in qualitative research. The authors compared mind mapping with transcription of recorded interviews; it raised comparable themes and took far less time.

Given the focus on patient experience as a measure of quality, mind mapping could enable more nurses to gain an insight into their patients’ needs.

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