Curing

“The ‘medical model’ of dying says there comes a time when all possible treatments have been tried and there is nothing left to do that will prevent death. In this view, we must ‘give up’ fighting against death when we have no other choice.

“When doctors, nurses and direct caregivers think this way, they might quit giving good care to a dying person because they feel there is nothing more that can be done. They feel they have lost control because they can’t ‘fix’ the problem, and may feel helpless and guilty. These feelings can lead them to avoid the dying person. People at the end of life can sense this in their caregivers, and they may fear being abandoned. This fear increases their loneliness and discomfort.”

Caring

“The ‘caring model’ of dying says the end of life is an important period of an individual’s life. During this final phase, curing the problem is no longer possible, and the focus shifts to caring for the person. When caregivers think this way, they concentrate on the many things they can do to make a dying person comfortable, to improve the quality of the dying person’s life and to provide opportunities for the person to meet his or her final life goals.

“When caregivers focus on caring, they shift their energies from whether the person will die to how they will die. Helping to relieve pain and other symptoms, giving emotional and spiritual support and providing family time are all things that caregivers can do to care for a dying person.”

Excerpted from: