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Dying Peacefully: Case Study of Eldoret Hospice, Kenya

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Abstract:
The last stages of life can be very stressful for the dying person and those caring for him/her. Dying is a process and it's associated with emotions of anxiety, anger, fear and many other negative emotions. Sometimes we live as if we will never die but when some catastrophes hits our doors, an alarm is raised that death is knocking on our doors. This study sought to establish the views of people infected or affected by cancer on dying process, life in the last stages of life as well as coping with trauma associated with cancer. The study was carried out at Eldoret Hospice in Eldoret town in March-November 2014. The study was qualitative in nature and was guided by existential theory focusing on logo therapy. An interview schedule was the major instrument for data collection. Purposive sampling was used to identify 6 respondents for the study. The inclusion criterion was that the respondents must be affected or infected by cancer and was under care of caregivers in Eldoret hospice. The findings of the study revealed that 80% of the infected and affected people were able to experience peace in dying process and lived hopeful with the condition during the last stages of life. Only 20% experienced anger, bitterness, anxieties, hopelessness and helplessness during this time and claimed that cancer was quiet traumatic experience to deal with. Peace and hope was attained by six respondents through Palliative care (100%), grief and bereavement counselling (100%). A conclusion is therefore arrived at that dying process and the last stages of life can be experienced with peace and hope if proper palliative care and bereavement counselling is offered to the infected and affected personnel by cancer. From the findings of the study it is recommended that palliative care and bereavement counselling should be made available to people going through traumatic experience like cancer.

Keywords: *Dying process Peace Palliative care Bereavement counselling*

1. Introduction

The last stages of life can be very stressful for the dying person and those caring for him/her. You will observe changes that may be upsetting and unfamiliar. Many physical changes occur during the process of dying that affect the emotional, social, and spiritual aspects of a person's life. Knowing that you, or a loved one, is close to dying can be very difficult for everyone involved. Death is the cessation of all biological functions that sustain a living organism. Phenomena which commonly bring about death include biological aging (senescence), predation, malnutrition, disease, suicide, murder and accidents or trauma resulting in terminal injury (Zimmerman,2010).

Dying is a process and is associated with emotions of anxiety, anger, fear and many other negative emotions. Sometimes we live as if we will never die but when some catastrophes hits our doors, an alarm is raised that death is knocking on our doors. This entails disasters which are unexpected occurrence which can be natural or artificial. The main concern in this paper is cancer as a chronic illness. Chronic illnesses is one phenomenon whenever it is discovered the victims, relatives and friend sooner or later find themselves in anticipatory grief which is an intrusive and frequent worry about a loved one whose death is neither imminent nor likely. Anticipatory mourning also occurs when a loved one has a terminal illness. (Rando, 2000).

Cancer**,** also known medically as a malignant neoplasm, is a broad group of diseases involving unregulated cell growth. In cancer, cells divide and grow uncontrollably, forming malignant tumors, and invading nearby parts of the body. The cancer may also spread to more distant parts of the body through the lymphatic system or bloodstream. Not all tumors are cancerous; benign tumors do not invade neighboring tissues and do not spread throughout the body. There are over 200 different known cancers that affect humans (Caldwell, et.al 2012).

The causes of cancer are diverse, complex, and only partially understood. Many things are known to increase the risk of cancer, including tobacco use, dietary factors, certain infections, exposure to radiation, lack of physical activity, obesity, and environmental pollutants. These factors can directly damage genes or combine with existing genetic faults within cells to cause cancerous mutations. Approximately 5–10% of cancers can be traced directly to inherited genetic defects. Many cancers could be prevented by not smoking, eating more vegetables, fruits and whole grains, eating less meat and refined carbohydrates, maintaining a healthy weight, exercising, minimizing sunlight exposure, and being vaccinated against some infectious diseases (Anand P ,et.al 2008).

Eldoret Hospice is an institution that deals with clients with chronic illnesses. They offer outpatient services. The main types of cancer handled were breast cancer, prostate cancer and cervical cancer. Linguistically, the word "hospice" derives from the Latin hospes, a word which served double duty in referring both to guests and hosts (Robbins & Joy

1983).Historians believe the first hospices originated in the 11th century, around 1065. The rise of the Crusading movement in the 1090s saw the incurably ill permitted into places dedicated to treatment by Crusaders Connor (Varricchio, 2004).

The questions come as to whether people who find themselves in this condition can view dying as a peaceful journey. Is it possible to be at peace even when there seem to be no hope of living? When life is seen to have been abruptly shortened? Can one enjoy the days, hours, minutes, seconds towards his or her last breath? This paper explains how clients were able to die peacefully as the title of the paper, 'dying peacefully.' (ibid, 2015).

In this paper, the term caregiver will be used to mean a counselor, nurse and social worker working in Eldoret hospice. Client refers to any person who receives care from counselor, nurse and social worker working at Eldoret hospice.

2. Methods

The study was done in Eldoret hospice between March and November 2014 using a case study as a research design and was qualitative in approach. A case study helped in description of a situation, gaining insights to a particular practice and thereby carrying out a detailed study. The study adopted existential theory focusing on logo therapy. Existentialism is a term applied to the work of certain late 19th- and 20th-century philosophers who, despite profound doctrinal differences, shared the belief that philosophical thinking begins with the human subject—not merely the thinking subject, but the acting, feeling, living human individual (John M.,1972). In existentialism, the individual's starting point is characterized by what has been called "the existential attitude" or a sense of disorientation and confusion in the face of an apparently meaningless or absurd world (Robert C. S., 1974).

Qualitative data collection methods entailed methods that were brief enough to capture explanation observations needed by the researcher. The researcher got close enough to study subjects to observe (with/without participation) usually to understand whether people do what they say they do, and to access tacit knowledge of subjects Interview.

The research instruments were majorly interviews where counselling sessions; individual and group counselling were used. The sample size was 6 respondents who formed unit of analysis. Purposive sampling and saturation methods were used to get the sample. Purposive sampling helped to ensure that the respondent(s) was directly or indirectly affected by cancer as a chronic illness. The data collection stopped when the saturation or redundancy happened whereby it is a stage where additional interview or observation is not believed to add new information- enough is enough.

3. Procedures

The unit of analysis was 6 respondents; 2 cancer clients, 2 families and 2 caregivers. The data collection procedure entailed 14 sessions; 6 individual counselling sessions with cancer clients, 4 group counselling sessions with their families and 4 sessions with the caregivers.

4. Results

The findings of the study revealed that 80% of the infected and affected people were able to experience peace in dying process and lived hopeful with the condition during the last stages of life. Only 20% experienced anger, bitterness, anxieties, hopelessness and helplessness during this time and claimed that cancer was quiet traumatic experience to deal with. Peace and hope was attained by six respondents through Palliative care (100%), grief and bereavement counselling (100%).

Majority of family members expressed anticipatory grief which is an intrusive and frequent worry about a loved one whose death is neither imminent nor likely. Anticipatory mourning also occurs when a loved one has a terminal illness like cancer (Rando, Therese A. 2000). One lamented, "...I don't know...it pains me that my mum will eventually die and there is nothing I can do to help it..."

Caregivers experienced mixed emotions. Love for the sick client and the satisfaction derive from helping which coexisted with feelings of resentment about the loss of their privacy and frustration at believing that they had no control over what was happening. At first, they found it hard to accept the decline of the special person for whom they were giving care but palliative care gave hope and peace in their care giving journey.

One of the caregivers said, "....i really feel pity for Janet (not real name) that I have to take her to toilet and be with her all the time since she doesn't want anyone else. She keeps calling my name all through....i have to be here because I love her... I have forgotten my family, like my husband, I don't know the last time we were together..."

The two cancer clients died within the period of data collection and researcher observed bit of easiness even at their last moments before they faced death like one of them said, ".....so far this journey has been peaceful.. I have learned that I can choose to be happy, joyful despite having cancer.....if I die, I owe to you all my regards for making this journey easier for me....."

5. Discussion

Grief is normal, natural, time limited; can continue anywhere from two weeks to almost two years, and is usually different for each relationship or event. It is however, normal to be able to experience joy, contentment, and humor even amidst the worst loss. People manifests and recover from grief differently. Everyone grieves in their own way and in their own time. Some people are more emotional and dive into their feelings while others are stoic and may seek distraction from dwelling on an unchangeable fact of living. Neither is better than the other, but if at any point one is concerned about whether one's grief-related feelings, thoughts, and behaviors are "normal" and "healthy," a consultation with a qualified mental health professional may be advised.

In grief and bereavement counselling, the researcher adopted the Psychologist J. W. Worden model whereby he noted four Tasks of Grief: To accept the reality of the loss , To work through the pain of grief , To adjust to life without the deceased and To maintain a connection with the deceased while moving on with life (Ivan Chan, 2013).

Palliative care refers to treatment which attempts to make the patient feel better and may or may not be combined with an attempt to attack the cancer. Palliative care includes action to reduce the physical, emotional, spiritual, and psycho-social distress experienced by people with cancer. Unlike treatment that is aimed at directly killing cancer cells, the primary goal of palliative care is to improve the patient's quality of life. Patients at all stages of cancer treatment need some kind of palliative care to comfort them. In some cases, medical specialty professional organizations recommend that patients and physicians respond to cancer only with palliative care and not with cancer-directed therapy (Smith, et. al, 2011). Among the many cases that the researcher handled this is one of group explaining how the researcher went about it.

5.1. Step 1: Client Presenting Concerns

5.1.1. Day Care Group

This comprises of cancer patients, their families and the caregivers. They usually meet the last Wednesdays of the month at Eldoret hospice. They share their life experiences, challenges as well as good moments. Among the issues shared were hope of living, "how can I have hope of living yet I suffer from a chronic illness that has no cure? Why would God allow poor people like me to suffer from cancer which is very expensive to manage? What did this young child do to deserve leukemia? Where and who should we listen for advices; doctors, peers, friends, traditional doctors? How should I care for the cancer patient?" The members are normally those admitted to MTRH (Moi Teaching& Referral Hospital) Eldoret. Follow up follows after daycare.

5.2. Step 2: Case Conceptualization

Here humanistic approach- Logo therapy was used. The basic principles of logo therapy are: Life has meaning under all circumstances, even the most miserable ones; our main motivation for living is our will to find meaning in life and we have freedom to find meaning in what we do, and what we experience, or at least in the stand we take when faced with a situation of unchangeable suffering (Maria Marshall, 2012). So even for the group, life has a meaning even in presence of chronic illness like cancer the clients were suffering from.

According to Frankl, 2006, "We can discover this meaning in life in three different ways: by creating a work or doing a deed; by experiencing something or encountering someone; and by the attitude we take toward unavoidable suffering" and that "everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances".

5.3. Step 3: Goals

In the humanistic approach- Logo therapy, the goals were: To help clients and their caregivers discover meaning of suffering from cancer and to help clients and their caregivers choose the positive attitude of facing this suffering

5.4. Step 4: Intervention Plan

At this stage, Humanistic approach- Logo therapy, the techniques used were Paradoxical intentions and Hypothetical questioning. In Paradoxical intentions, Frankl, 2006, cites two neurotic pathogens: hyper-intention, a forced intention toward some end which makes that end unattainable; and hyper-reflection, an excessive attention to oneself which stifles attempts to avoid the neurosis to which one thinks oneself predisposed. Frankl identified anticipatory anxiety, a fear of a given outcome which makes that outcome more likely. To relieve the anticipatory anxiety and treat the resulting neuroses, logo therapy offers paradoxical intention, wherein the patient intends to do the opposite of his hyper-intended goal.

For example with these clients and their caregivers the researcher identified that they had fears like the fear of death, fear of suffering at adverse stage of cancer, which caused them to experience anticipatory anxiety making majority not getting a good night's sleep may try too hard (that is, hyper-intend) to fall asleep, and this would hinder their ability to do so. So the researcher recommended, then, that they go to bed and intentionally try not to fall asleep. This would relieve the anticipatory anxiety which kept them awake in the first place, thus allowing them to fall asleep in an acceptable amount of time.

Secondly, in hypothetical questioning, the researcher asked questioned that triggered their thinking in discovering their meaning of suffering. The questions were: who would you recommend to through the suffering? Whose child would you wish to have leukemia? Whose advises have you been following and how have they worked for you? If the person you love suffers what you suffer, how would you feel?

Some answered, 'surely no one I would recommend because it is a terrible experience' so that is why you are going through it and not any other person, I answered. Others even said, "If my father suffers this, I can even die!" "That is why you suffered and not your father to keep you both alive as it is right now..." the researcher answered.

5.5. Step 5: Measure Progress/Review Progress & Interventions

The success of the therapy was attained with clients and their caregivers discovering their meaning of suffering and adapting a positive attitude of hope to go through the suffering process of cancer as a chronic illness.

6. Conclusion

A conclusion is therefore arrived at that dying process and the last stages of life can be experienced with peace and hope if proper palliative care and bereavement counselling is offered to the infected and affected personnel by cancer. From the findings of the study it is recommended that palliative care and bereavement counselling should be made available to people going through traumatic experience like cancer.

It is evident that from this paper the clients were able to view dying as a peaceful journey with the help of Palliative care, logo therapy, grief and bereavement counselling. The clients died with hope and peace which is a core thing in human existence. Many people view cancer as a 'dying disease' and make them to have anticipatory grief. However, this paper will empower the readers to understand that one can die with hope and peace despite a very terrifying experience like that of cancer as a chronic illness (ibid, 2015).

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