TERMINAL ILLNESS, DEATH, DYING, GRIEF, BEREAVEMENT, MOURNING

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Every soul shall have a taste of death: and only on the Day of Judgment shall you be paid your full recompense. Only he who is saved far from the Fire and admitted to the Garden will have attained the object (of Life): for the life of this world is but goods and chattels of deception.

(Surat Al-Imran - Ayah 185)
Then is he whom We have promised a good promise which he will meet [i.e. obtain] like he for whom We provided enjoyment of worldly life [but] then he is, on the Day of Resurrection, among those presented [for punishment in Hell]?  (Quran, 28:61)
Thus, there are very convincing reasons to believe in life after death:

1) All the Prophets of God have called their people to believe in it.
2) Whenever a human society is built on the basis of this belief, it has been the most ideal and peaceful society, free of social and moral evils.
3) History bears witness that whenever this belief is rejected collectively by a group of people in spite of the repeated warning of the Prophet, the group as a whole has been punished by God even in this world.
4) Moral, aesthetic and rational faculties of man endorse the possibility of the life after death.
5) God’s attributes of Justice and Mercy have no meaning if there is no life after death.
Contents

1. What is grief, bereavement?
2. Are there stages of grief?
3. Coping with grief and loss
4. Difference between grief and depression
5. Medical, legal issues related to death
Grief, Mourning, Bereavement

- **Grief**: emotions and sensations that accompany the loss of someone or something dear to you.

- Sorrow and other emotions that can have both psychological and physical consequences.

- **Mourning**: ritual

- **Bereavement**: death
When someone close to you dies,

- you don’t just lose that person on the **physical** level & **emotional**.

- **Pain**; involve missing that person’s presence: sleeping in a bed that’s half empty, **craving** a scent or an embrace.
What factors determine the respond to a particular loss/illness?

1. Type of illness?
2. How the person died
3. Your relationship with the person
4. Your personality and coping style
5. Your life experiences
6. Support from others
In 1969, a psychiatrist Elisabeth Kübler-Ross based on her years of working with terminal cancer patients introduced “five stages of grief.”
The stages Kubler-Ross identified are: Serious illness & death

1. **Shock/Denial:** “This can’t be happening to me.”
2. **Anger:** “Why is this happening? Who is to blame?”
3. **Bargaining:** “Make this not happen, and in return I will ____.”
4. **Depression:** “I’m too sad to do anything.”
5. **Acceptance:** “I’m at peace with what is going to happen/has happened.”
5 tasks of mourning

1. actualize the loss
2. to go through pain/ unpleasant
3. saying farewell
4. adjust life without deceased
5. relocation to someone
How long is considered normal?

- 1 ---- 6 months
Coping with grief and loss

The single most important factor in healing is having the support of other people. Finding support after a loss

- **Family**
- **Friends**
- **Your faith community**
  - Allow people within your religious community to give you emotional support
- **Support groups**
  - (such as, people who have lost children, survivors of suicides).
- **Therapists and other professionals**
Abnormal grief. Symptoms that suggest a bereaved person is having Major depression:

1. Duration > 6 months
2. Effect daily life, dysfunction
3. Guilt feeling, worthlessness, hopeless
4. Suicidal thought
5. Reaction to decease: frequent visit to cemetery
6. Inability to function at work, home, and/or school.
7. Finds no pleasure in previously-enjoyed activities.
8. Hallucinations of the deceased.
Legal and Ethical Issues

- Suicide
- Euthanasia
- *Physician Assisted Suicide* or PAS.

Throughout North America, committing suicide or attempting to commit suicide is a criminal offense. One exception is the state of Oregon which, since 1997, has allowed people who are terminally ill and in intractable pain to obtain a lethal prescription from their physician and end their chronic suffering. This is called "*Physician Assisted Suicide*" or PAS.
Points to Ponder

- Informing the Prognosis of advanced disease
- Active resuscitation vs. no active resuscitation
- Dying time; roles of Family members
- Discharging home
Case 1

- 36 years mother of 3.
- Presented with insomnia, nightmares anxiety symptoms and avoidance to travel by car.
- MVA – lost her beloved daughter.
- Daughter was boisterous girl, intelligent & the only daughter
- She felt sad, blaming herself, not able to take care of her family, losing weight, insomnia
- visited her daughter’s graveyard everyday
- kept belongings
THANK YOU