

# Innovative project brings peace to those near death

July 14 2015

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Asking for and honouring last wishes helps to create meaning, memories and closure at death, and personalizes the dying process for patients and their families, says a new study led by a McMaster University professor.

The research published this week in *Annals of Internal Medicine* is about the Three Wishes Project initiated by lead author Dr. Deborah Cook, a professor of medicine and [clinical epidemiology](#) and biostatistics with the Michael G. DeGroote School of Medicine and a staff physician in the [intensive care unit](#) (ICU) at St. Joseph's Healthcare Hamilton.

The ongoing project involved a researcher or patient's clinician sensitively eliciting three wishes to best honour the dying person from the patient, the family or other clinicians caring for the patient, and then finding a way to honour them.

"We developed this project to try to bring peace to the final days of [critically ill patients](#) and to ease the grieving process," said Cook. "For the patients we wanted to dignify their deaths and celebrate their lives; for [family members](#), to humanize the dying experience and create positive memories; and for clinicians, to foster patient and family-centred care."

The study took place at the ICU of St. Joseph's Healthcare Hamilton. Participants in the study included 40 dying [patients](#), at least one family member per patient, and three clinicians per patient.

The wishes were in five areas:

- humanizing the environment (such as bringing favourite flowers or cherished mementoes into the room);
- personal tributes (such as having a tea party or planting a tree in the patient's name);
- family reconnections (such as locating a lost relative);
- rituals and observances (having blessings or renewal of wedding vows);
- paying it forward (such as organ donation or charitable giving).

Cook's research team interviewed families and clinicians to assess the program and found that 97.5 per cent of the requested [wishes](#) were implemented, at a cost ranging from \$0 to \$200 per patient.

End-of-life care was rated high by family members and post-mortem interviews with 160 family members and [clinicians](#) provided overwhelmingly positive feedback.

One patient's son said: "It gave me peace that final day - the way she went...I think that's actually helped me in the long run...I believe it's because the death process - the dignity that was given to her and the compassion that was shown to her family - made it much easier to deal with."

A medical resident said: "It did make the experience seem dignified and peaceful. It didn't necessarily feel like we were letting someone go; it felt more like we were wishing someone well."

**More information:** The paper may be found here:  
[www.annals.org/article.aspx?doi=10.7326/M15-0502](http://www.annals.org/article.aspx?doi=10.7326/M15-0502)

Provided by McMaster University

Citation: Innovative project brings peace to those near death (2015, July 14) retrieved 6 May 2024 from <https://medicalxpress.com/news/2015-07-peace-death.html>

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