Search: Articles Mobile UPI | About UPI | UPI en Español | UPI Arabic | UPIU | My Account dream force Attend the Cloud Computing Free keynote & expo August 30 to September 2, 2011 Moscone Center - San Francisco • Home Top News Entertainment Odd News Business Sports Science Health Health Care Reform Pet Parade · Real Estate Photos Analysis Deals You are here: Home / Health News / Most avoid discussing a 'good death' Health News View archive | RSS Feed Receive Free UPI Newsletter Most avoid discussing a 'good death' Published: July 31, 2011 at 9:35 PM Comments (0) Print f Share Email Listen 31 BUFFALO, N.Y., July 31 (UPI) -- There is an avoidance of death in U.S. society that often sidesteps important issues until it is too late for ModCloth.com critically ill patients, a professor suggests. Professor Deborah P. Waldrop of the University at ONFECTIONS Buffalo School of Social Work says, when asked, the majority of people say they want to die at home surrounded by their family. However, 60 percent of chronically ill people die in hospitals and 20 percent die in nursing homes, so these wishes are often unfulfilled, Waldrop says. Advertisement "Too often, their lives have ended in pain and

institutional environment, just another patient in an impersonal progression that leads to 'reciprocal suffering" for families who also watch their loved ones die," Waldrop says in a statement.

despair, spending their final days in an alienating

Waldrop says there is a growing emphasis on factors that contribute to a "good death" -- a transition to a home that has sustained them for many years, surrounded by the people who have given their lives meaning with "comfort" can be the defining goal of a death without pain and suffering.

"We're not addressing what people want. When you don't really talk about it, things like unwanted aggressive treatment or another emergency room visit happen by default," Waldrop says.

The loss of functional abilities that requires more care-giving from families can be one of the trigger points for patients and families to ask for palliative care -- treatment that concentrates on reducing the severity of disease symptoms, rather than striving to halt, delay, or reverse progression of the disease itself or provide a cure.

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