

The Dying Person's Bill of Rights

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Terminally Ill Patients

verbal reinforcement and all undesirable behaviors were ignored. She soon began eating properly and an increase in her activity was apparent. Later she began to improve her appearance, speak pleasantly and interact well with the other patients and staff. This behavior was maintained throughout her hospital stay.

The patient must have honest, complete and accurate information about diagnosis, prognosis, and estimated life span in order to make important, realistic short- and long-range decisions. Too often, nobody explains the dramatic changes going on within the patient, changes he is well aware of. He needs suggestions and alternatives for coping with this knowledge. It is unrealistic for the staff to expect the patient to behave realistically if he doesn't have the same information they have, or if he is unaware of how his behavior is perceived by them.

The family must be informed of the patient's health status and become involved in planning for his care. By using the nursing process the staff can state the problem, define the goals, and set up a program to modify behavior. Then a family conference should be called to inform the patient and his family of the goals, to find out what problems can be anticipated at home, and to work out a mutually satisfactory plan. Behavior modification programs are effective only with total cooperation and consistency from every member of the staff as well as the family. The program must be designed so that the family will be able to continue treatment at home.

THE DYING PERSON'S BILL OF RIGHTS

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| <i>I have the right to be treated as a living human being until I die.</i> | <i>questions answered honestly.</i> |
| <i>I have the right to maintain a sense of hopefulness however changing its focus may be.</i> | <i>I have the right not to be deceived.</i> |
| <i>I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.</i> | <i>I have the right to have help from and for my family in accepting my death.</i> |
| <i>I have the right to express my feelings and emotions about my approaching death in my own way.</i> | <i>I have the right to die in peace and dignity.</i> |
| <i>I have the right to participate in decisions concerning my care.</i> | <i>I have the right to retain my individuality and not be judged for my decisions which may be contrary to beliefs of others.</i> |
| <i>I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.</i> | <i>I have the right to discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.</i> |
| <i>I have the right not to die alone.</i> | <i>I have the right to expect that the sanctity of the human body will be respected after death.</i> |
| <i>I have the right to be free from pain.</i> | <i>I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.</i> |
| <i>I have the right to have my</i> | |

This Bill of Rights was created at a workshop on "The Terminally Ill Patient and the Helping Person," in Lansing, Mich., sponsored by the Southwestern Michigan Inservice Education Council and conducted by Amelia J. Barbus, associate professor of nursing, Wayne State University, Detroit.