How do you want to die? Not if you die, but when… how do you want to do it? Better yet, how do you want to be cared for during your final moments? Do you envision a serene transition of integrity and dignity? Is death a mystery you fear or a celebrated rite of passage? Are you at peace with the path you've walked or will shame, denial and doubt be the company you keep in quiet moments? What if "it" was tomorrow? Tonight? Most importantly, are you ready? What have you left to do? Let's not be idle with our time but spend these moments together confronting some deep truths present before everyone, again, giving pause to the sacred nature of a continually emerging quandary:
How do I want to die?

Lighthaunter / Thinkstock

Conscious Dying and Cultural Emergence: *Reflective Systems Inventory for the Collective Processes of Global Healing*

by WILLIAM ROSA MS, RN, LMT, AGPCNP-BC, CCRN-CMC, Caritas Coach

Death is the instinctual exhale to our inhale, wane to our wax, and stillness to our frenzy. It is the truth beyond all perceived and subjective relevance and the bottom line to our overly articulated, seemingly justified rationales with which we defend our positions. It is the deal-breaker, the game-changer and the silver lining all in one. Ironically, death is an elusive, inexplicable phenomenon and yet, we confront it more closely and encounter it more deeply with each passing moment. Death halts the physical life, whether abruptly or protractedly, and, in the midst of the dying process (and in the stewardship of said process), space is created for dignified caring, compassionate practices of body-mind-spirit-heart, and humanizing the ethical values inherent within the holistic paradigm.

Previously, I discussed applications of human caring science relevant to the individual nurse suffering from symptomatic compassion fatigue and suggested that the caring-healing-loving relationship with one's self is the crux of a viable, thriving

nursing community (Rosa, 2014). Sustainable and widespread wellness will be realized through delicate and transparent evaluations of our systems, i.e., self *in relation to* other. The hospitals, rehabilitation centers and caregiving organizations to which we contribute our intentions and energies are only as healthy as the individuals who comprise them. In current healthcare infrastructures, which may prioritize technologies and statistics over the inalienable right to human dignity, end-of-life care is frequently objectified and dehumanized. These environmental working conditions may be just one precursor to a host of nursing-specific malignancies such as compassion fatigue, moral distress, and burnout.

The sobering realities and byproducts maintained by certain practice settings have set into motion a concerted effort to "restore death and dying to its natural place in the sacred circle of life by creating a new wisdom-based culture of healing professionals" and to train Sacred Passage Guides whose "depth of being is grounded in love, spiritual openness, compassion, and a unitary field of consciousness" (Conscious Dying Institute [CDI], 2013). The holistic concepts of honoring all that is holy throughout the dying process have been discussed by scholars who remind us that the physical location of death is not nearly as relevant as the care, trust, compassion, acceptance and love that is demonstrated, shared and celebrated during this time; it is a calling to return to the role of co-meditative, peaceful and merciful healer (Olson & Keegan, 2013). The fatigued nurse working in a sick system is unable to experience the embodiment of a Sacred Passage Guide and may incorporate a self-protective, impersonal detachment indicative of inhumane care (CDI, 2013). Are we willing to incubate systems that serve as a petri dish for this level of dissonant human engagement?

Table 1 (see page 22) shows CDI's Conscious Dying Principles©, listed and explored through a Reflective Systems Inventory for the Collective Processes of Global Healing. The questions provided offer insight into the intentionality of the systems we sustain and a chance to deliberately recreate, redefine and embed an inspired culture emerging from a moral lens of nurses and nursing. It is opportunity to not only evaluate but improve upon these environments, striving for system-wide alignment with core ethical foundations. As nursing's consciousness evolves through the applications of introspective needs assessments regarding how we exist in relationship with death and dying, we may have an uplifting and encouraging impact on the lives of the people we serve, the communities we care for, and, yes, the world at large.

It has been said that people spend their entire lives in order to die well…to find peace with (and hopefully some celebration in) their naturally occurring tallies of contributions made, successes won, failures lost, love shared, and a legacy soon to be orphaned. And I restate a question previously asked by Keegan and Drick (2011), "What could a grace-filled dying look like today?" (p. 288). Through the re-coronation of death as sovereign over life, we rediscover that in order to die well, we must live well. Dying gracefully is the result of a mindful, day-to-day journey—a culmination of informed choices, honest discussions, and deference to the hallowed fragility of nature's life-death cycles. Nursing is in the intimately human position to reflect upon the systems we are creating and elevate death and dying consciousness towards a respectable rapport of "acceptance and reverence" (Keegan & Drick, 2012, p. 4).

A friend of mine recently explained that she always had a problem caring for dying patients, finding tremendous difficulty in "letting them go." I replied that I like to think of it as "moving them forward" and putting them in the best light to complete their soul's work. Someday, we may realize a societal maturation beyond acceptance and reverence, and find there has been a profound recalibration to how death and dying is understood, perceived and lived. Maybe sometime soon, we can learn to soften our collective egoic grasp on the physical passing of patients and loved ones, and move towards the embodiment of a more transcendent-transpersonal cosmology—one in which fear is released, love is embraced, and nurses can get about the business of aiding patients in their spiritual journeys. In guiding the sacred passage of others, we become increasingly engaged with the truth of our spirit selves, bringing to light possible answers to the queries of Rinpoche:

> *Perhaps the deepest reason why we are afraid of death is because we do not know who we are. We believe in a personal, unique, and separate identity; but if we dare to examine it, we find that this identity depends on an endless collection of things to prop it up: our name, our "biography," our partners, family, home, job, friends, credit cards… It is on their fragile and transient support that we rely for our security. So when they are all taken away, will we have any idea of who we really are?... Isn't that why we have tried to fill every moment of time with noise and activity, however boring or trivial, to ensure that we are never left in silence with this stranger on our own?* (Rinpoche, 2002, p. 15-16)

It is in familiarizing ourselves with our internal strangers and evaluating the integrity of the human caring provided by our systems that we will foster more conscious dying experiences, and consequently, encourage more deeply conscious living. In doing so, we will create space and opportunity through a cultural emergence of personal, systemic and widespread global healing.

continued on page 22

Conscious Dying and Cultural Emergence continued from page 21

References

Conscious Dying Institute. (2013). *What is a sacred passage guide?* Retrieved from http://tarronestesandassociates.com/what-is-a-sacred-passage-guide/

Drick, C. A., & Keegan, L. (2012). Death with dignity: A holistic approach. *Beginnings, 32*(3), 4-6.

Keegan, L., & Drick, C. A. (2011). A new place for death with dignity: The golden room. *Journal of Holistic Nursing, 29*(4), 287-291.

Olson, M., & Keegan, L. (2013). Dying in peace. In B.M. Dossey & L. Keegan (Eds.), *Holistic nursing: A handbook for practice* (6th ed.) (pp. 464-484). Burlington, MA: Jones & Bartlett.

Rinpoche, S. (2002). *The Tibetan book of living and dying.* (Rev. ed.). New York, NY: HarperCollins.

Rosa, W. (2014). Caring science and compassion fatigue: Reflective inventory for the individual processes of self-healing. *Beginnings, 34*(4), 18-20.

William (Billy) Rosa *MS, RN, LMT, AGPCNP-BC, CCRN-CMC, Caritas Coach is the Critical Care Nurse Educator at New York University Langone Medical Center and founder of Holding Heartspace. Billy has presented at several conferences nationally and internationally on the topics of self-care as prevention for Compassion Fatigue and re-establishing Human Caring Science as the foundation for advanced practice nursing. He holds two national certifications in critical care nursing and is a graduate of Watson Caring Science Institute's Caritas Coach Education Program. Billy was recently selected as the winner of the 2014 Nurse.com NY/NJ Region Rising Star Gem Award.*

Table 1. Translating the Personal to the Global: In Process with System

Conscious Dying Principles©	Reflective Systems Inventory for the Collective Processes of Global Healing
1. Increase beauty, pleasure, contentment.	*Do systems provide space for beauty? Do I see patients having time to value and partake in pleasure?*
2. Provide emotional and spiritual support.	*Have we as a system attended to the spiritual needs of the patient today? Has the patient been emotionally seen, heard and acknowledged today?*
3. Initiate conversations about the dying process.	*Are my colleagues and I comfortable talking about death and dying? Is the patient aware that death is a process?*
4. Practice self-care to prevent burnout and emotional fatigue.	*Are the connections clear between my own self-care and the care I provide for my patient? Can I co-identify with the vulnerability of my patient and gently attend to my own self-care needs?*
5. Demystify the stages of the dying process.	*Am I clear about the mental-emotional-spiritual stages of the dying process? Is the patient attended to throughout the spectrum? Is there a dissonance between my knowledge, system-wide protocols, and patient needs?*
6. Acknowledge mysteries, miracles and unexplained events.	*Are systems willing to bear witness to the mystical? If yes, am I able to validate and share the patient's subjective experiences within this realm despite my personal discomfort?*
7. Learn how to be with intense emotions.	*Do systems "lean into" the difficult emotions? Can we guide providers to invest in and engage with the actual, moment-to-moment story of our patients and families?*
8. Honor others' beliefs without them threatening your own.	*Are systems able to release agendas selflessly to support the patient's beliefs with flexibility? How can we facilitate and empower individualism through compassionate advocacy and empathy?*
9. Be a steward of conscious deaths.	*Do we see systems pave the path for peaceful transitions of integrity? How can we humanize dying by creating an environment of dignity and adequate, anticipatory preparation?*
10. Attend at bedside – no one dies alone.	*Does the infrastructure of the systems allow for sustained human caring? How can we systematically prepare in meeting the undeniable need to bear witness?*

Tarron Estes' Conscious Dying Principles© (T. Estes, personal communication, March 31, 2014) are paired with questions for the collective processes of global healing. The Reflective Systems Inventory, developed by William Rosa, can be used to reflect on the quality of end-of-life care within health systems.