The Art of Dying Well: Empowering Patients To Shape Their Destinies
I am of the nature to die
“People who are willing to contemplate their vulnerability...”
Five Challenges:

• Delegate dying to medicine.
• Lose our voices.
• Fragmentation and silos.
• Reduced to a diagnosis.
• No map.
Kaiser Family Foundation Survey, “Views & Experiences with End-of-Life....” April 2017
We need:

A common language.

A map of the territory.

Our location on the map.
ACTIVE LIVING

- Slowing Down
- Adapting to Disability
-House of Cards

ACTIVE DYING

- Awareness of Mortality
- Preparing for a good death

Resilience
NIAGARA FALLS

High

Function

Low

Time →

Death
Kidney Failure with Dialysis
Looping Decline

High

Function

Low

Time

Death
Language of Confusion

• Multiple Organ Systems Failure

• Prognosis, Progressive, Advanced.
“Approaching the end of your life.”

“Your disease gets worse over time.”
Your mother’s systems are shutting down

Comfort Care

My recommendation is…
Language of Abandonment

• Are you willing to withdraw care?

• There’s nothing more we can do.

• Marvin J. Stone, MD. Goals of Care at the End of Life. Baylor, 2001
Language of Commitment: I will:

Do my best to keep you pain free all the way to the end.

Help you live meaningfully in the time you have left.

Marvin J. Stone, MD. Goals of Care at the End of Life. Baylor, 2001
Active Dying: Louise Manfreddi:

“Talking Medical”
Rites of Passage
A Bathing and Honoring Practice

Debra Rogers, Debbie Roth, and Beth Calmes, RNs. Oncology Nursing Forum, May 2016.
WAYS TO CONNECT

Join “Slow Medicine” on Facebook.

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