

The Illness Experience of Older Adults Near the End of Life: A Systematic Review. Gruenewald DA - *Anesthesiol Clin* - 01-MAR-2006; 24(1): 163-80, ix

Summary

This article's stated intent was to understand the concerns that are most important to people who are facing death. The authors accomplished this by a structured review of the qualitative literature of elderly patients with serious or life-threatening illnesses. The authors found six "elements . . . that comprise a core domain of lived experience: burden (distress arising from having to depend on others for personal care); suffering (anguish and distress associated with the dying experience); hope (the experience of sustained meaning or purpose in life); dignity (an individually defined construct involving self-esteem, respect, well being, and pride); decision making (the process of planning for future illness states and end of life); and control and autonomy (the subjective experience of individual mastery over one's life circumstances)."

How Shall We Then Live?

Many physicians are caring for patients with serious or life-threatening illnesses, especially the elderly. Those of us in the "land of the living" may not readily recognize or acknowledge that these patients are near the ends of their lives, and what their life closure issues might be. This article helps physicians understand what our patients might be experiencing (and likely not articulating.) If we can help understand, we can minister in more life-honoring ways. Cecily Saunders, founder of the hospice movement, eloquently expressed the compassion we should exude in the opening quote of the article: "*You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.*" (Reviewed by Dr. Deon Cox-Hayley, University of Chicago)

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