Threads of Life: Stories and Lessons Learned Caring for the Dying and the Dead

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The Tapestry and Background

I am a certified nursing assistant (CNA) at St. Joseph Medical Center in the Intermediate Care Unit. This unit is an ICU stepdown and while we get a wide variety of diagnoses, we mostly deal with heart attacks and strokes. This is my first CNA job and I’ve been doing it for almost two years. During this time I’ve had a lot of patients die, as is the nature of this kind of hospital unit. As a young adult, prior to this job, I’d had very limited experience with death and I found myself struggling with what to do with the feelings I had surrounding my patients’ deaths. Whenever a patient I was close with passed I found myself going through the rooms on my unit remembering my patients that had previously passed room by room. At times it’s hard not to feel haunted. Maintaining an ever-growing list of people I’ve taken care of, people I’ve bonded with who are now dead can be difficult if you only think about what’s lost and not what I gained from my relationships with these patients. I eventually began to figure out how to process some of these feelings, but I felt like I needed to do something more with these feelings, that’s where the tapestry comes in.

In my free time, I love crocheting. I crochet blankets, bandanas, hats, tops, small stuffed animals, etc. Sometimes if I have a little free time at work I even crochet at work. With these feelings that I wanted to do more with and my love for crocheting, I decided to crochet a tapestry of the Tree of Life, with leaves falling to commemorate the patients I’ve lost. This tapestry is chocked full of symbolism, a gold border to symbolize the immense value of life. A contrasting black and white border to symbolize the stark line between life and death. Most of the leaves that are falling are reds and oranges, representing that most of my patients who have passed have been older, but the occasional green leaf symbolizes the 36 and 41-year-olds I took care of that both passed in January 2023.

The Stories and Lessons Learned

In the almost 2 years I have worked as a nursing assistant, the list of patients I’ve cared for that have passed is much longer than what I’ve detailed here, but here are some patients that have had a significant impact on me. In order to differentiate the patients while maintaining HIPAA, I’ve identified them using their room and bed number in the case of rooms that are double occupancy.

My first patient died just two weeks after I started working as a nursing assistant. He was a kind gentleman, probably in his 70’s or 80’s with esophageal cancer who was planning to go home to his son’s house to live out the last of his numbered days. He was grateful for the care we provided and expressed this every time I went to check on him. I had worked with him for 5 days. Due to his cancer, he had a hard time swallowing so his diet was limited to soups and other liquids. We had developed a routine: eating with a spoon from the bowl was too difficult for him due to the coordination needed and the risk of spilling hot soup all over himself. So every day when lunch or dinner was
delivered I’d take his tomato soup that was delivered by the dietary aide and put it in a paper coffee cup so he could sip his soup with ease. When I returned from my long weekend, a luxury granted to those who work 3 12-hour shifts a week, I saw that both he and his roommate were erased from the board that detailed our patient population and replaced by two other patients. I was excited that both of them had gotten to go home until I mentioned this to the CNA who had been working while I was off. She informed me his roommate had been moved to a different floor and that he had died. I was shocked. I knew that his days were limited but I didn’t think he had so limited time left. I was sad that he had died at the hospital and not in the comfort of a familiar place. I worried that he had died alone as I had never seen anyone visit him during his stay. I went searching for his obituary in hopes of gaining some insight into his death if he was alone, but I never found it.

My second patient who died was a very sweet gentleman in his 80s whose wife was always there to visit him. He was short and wore glasses and cracked jokes with me as I helped get him out of bed in the mornings. He had a case of pneumonia that he was having a hard time kicking but besides that, he seemed pretty healthy for being in an ICU stepdown unit in the hospital. His wife and I would often talk while I was helping him get ready for the day and we bonded over little things. We talked about the nice summer weather, where she was going for lunch with her family later that day, or simply about what was going on with her husband and when I thought he would get out of the hospital. This nice gentleman also had difficulty swallowing and had orders for nectar thick liquids. The thickened liquids reduced the risk of the liquid going into his lungs and causing aspiration pneumonia. Several times a day I would add the 3 thickening packets to a 12-ounce cup of cran-grape juice, his favorite, and stir it up, making it safe for my patient to drink. It’s been almost 2 years, and I can’t thicken someone’s drink without thinking of him. One day at the start of the shift the night charge nurse announced to all the day-shift staff that despite their best efforts had died that morning and security had yet to come by to pick his body up to transport it to the morgue. I had to blink back tears. He was a sweet man that I thought would be discharged any day now, he wasn’t supposed to die, he was supposed to go home to his wife of 60+ years and live his life. In my mind he was in the hospital because he was sick and needed to get better, not because he was dying, his time wasn’t up yet, or so I thought. I mourned that his wife wasn’t there to hold his hand as he passed, that his life was cut short, and that his children didn’t get to see him one last time.

The patient whose death had the most impact on me was 40. He was a pleasant gentleman in his 70s who had been admitted from another hospital for a GI bleed. I was on my evening break getting a cheeseburger and fries from the hospital cafeteria when I
heard “Code blue, room 440, south tower, 4th floor. Code blue, room 440, South Tower, 4th floor. Code blue room 440, south tower, 4th floor” over the intercom. (Code blue is a respiratory or cardiac arrest) I was immediately scared. Room 40 is a double occupancy room, bed 1 was my patient bed 2 was a different CNA’s patient. I had never been working when a code blue was called and I was scared my patient was dying. I got back to my unit as quickly as I could because even though there wasn’t much I could do during a code I needed to know who was dying. It was my patient. His room was flooded with doctors and nurses and while I wanted to stay, see the outcome, and offer help. The call I answered was in the next room over, after a few minutes of helping him, I realized I needed a second set of hands so I went into the hallway to get some help. That’s when they told me they called it and my patient was dead. I immediately burst into tears, I had never had a patient die while I was working and I was deeply saddened at this patient’s death. One of my coworkers hugged me and told me to go sit in the break room and take a few minutes. After I had collected myself and the bureaucratic parts of a patient’s death such as determining if the body has to go to the medical examiners or the morgue and notifying the family were taken care of, a fellow CNA, a nursing student, and I went about performing post-mortem care and preparing the body to be taken to the morgue. Post-mortem care includes cleaning up the body, putting them in a clean gown and underwear, and if the family isn’t coming to say goodbye putting them in a body bag, ensuring the hands are crossed and, on their stomach, and their jaw is closed as it can be difficult to close the jaw after rigor mortis has set in. Post-mortem care was one of the most traumatizing yet honorable acts I have ever done. Learning the noises that may come from a body when rolled to their side due to air escaping their lips, how some parts of the body get cold before others, and how difficult it can be to get the jaw to stay closed, were all things that I never wanted to learn. But being able to care for someone after they’ve passed on and ensuring their body is treated with respect and care is truly an honor. So much of an honor that now if a patient passes while I’m working, I will check with the CNA to see if they need help doing post-mortem care because while it’s not something I enjoy, honoring a body after a person has passed one is very important to me.

The biggest thing I’ve learned through watching families grieve the loss of their loved ones is that death is okay. It is natural, it shouldn’t be feared. We don’t talk about death enough in our culture. It’s talked about behind closed doors in whispered tones, what can we do to avoid it. We avoid death at all costs, even if it means extending the pain of our loved ones because we can’t stand the thought of them no longer being with us.

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In spring of 2023, I had a patient who was on comfort care. Comfort care is when the only medical interventions that are provided are aimed at increasing the comfort of a patient. This means that they may get pain medications, and IV fluids if it’s indicated but they’re not going to be bothered by lab draws and things like blood pressure medications that won’t affect their comfort level. Comfort care is indicated when a
patient is dying, and they or their family no longer want to pursue aggressive treatment and just let nature take its course. Often patients on comfort care either die in the hospital or go home with hospice where they’re taken care of until they pass. This patient was a sweet little old lady probably in her 70’s though I don’t recall for certain who was going home with hospice the next day. At the beginning of my shift, she was awake, interactive, and very kind. By dinnertime, she’d become unresponsive and unrousable, which while is completely normal for someone in their last days the family was quite frightened by this. The daughter came to me and was worried that her mother hadn’t eaten and wanted to wake her so she could eat but she wouldn’t wake up. As explaining the dying process to family members is outside of my scope of practice as a CNA I sent the nurse in to explain to the family that this was quite normal. This lovely family had decided that it was in their mom’s best interest to let her go, but they were scared and hesitant when it came to the actual process; they didn’t want her to die. She didn’t regain consciousness during my shift and went home with hospice the next day. Knowing that I was one of the last interactions this woman had while being conscious and I did everything I could to ooze kindness and warmth towards this woman left me feeling gratified. In the end, we can’t stop death, but we can do what we can to make it as peaceful as possible when it comes.

I’ve learned so much during my almost 2 years working as a nursing assistant. I’ve learned technical skills such as how to properly move patients and how to perform an EKG but I’ve learned so many life lessons as well. I’ve learned the importance of not holding a grudge from a dying woman who repeatedly told me she was so blessed because she got to see two family members whom she hadn’t seen in 2 years and thought she would never see again. I’ve learned how important it is to live life to the fullest from a 41-year-old patient who died shortly after being diagnosed with cancer. I’ve learned the power of family and love through the heartbreaking cries from the family of a patient who just passed. I’ve learned how quickly you can go from being okay to actively dying from more patients than I wish to count. I’ve learned the value of taking care of others from every patient who has ever spoken a kind word to me, and who was grateful for the care I was providing to them.
Alt text: A rectangular crocheted piece features a tree with long roots with leaves in green, yellow, gold, orange, red, and purple. Framed by gold, white, and black borders. The tree is set against a blue sky and green grass.