DEATH MIDWIFERY :

Current Practices and Future Implications
Learning Objectives

• Identify the “Five W’s” (Who, What, Where, When & Why) of Death Midwifery within hospice palliative care (HPC).

• Introduce the history, philosophic approach, similarities and variances between Death Midwives and HPC Social Workers.

• Review the current role Death Midwifery and implications for care with those in the end of life (EOL) stages, their family and other care providers.

• Discuss 11 core competencies of social work within HPC (Bosma et. al., 2008) in conjunction with CASW and NASW ethics, standards of practice and values.
Who? Death Midwife (DM)

• AKA: Death Doula, Psycho Pomp, Spiritual &/or Soul Midwife, Home Funeral Guide, Thanadoula, Funeral Care Providers

• Holistic, grassroots, client-centered care and informed death planning (ACP) – Oregon is the first and only state to regulate Death Midwives identifying them as Death Care Consultants (2009?)

• Death Midwife pioneers?? Florence Nightingale, Cicely Saunders, Elizabeth Kubler-Ross, Balfour Mount, Jack Kevorkian

• Professionals and lay persons alike provide Deathcare

• DWENA acronym: Deathcare = Wholistic, Ecological and/or Natural Alternatives (CINDEA executive director Pashta MaryMoon)

• Parallels Birth Midwifery.
What? Death Midwifery 101

• Note 1: There is no standard for any of these kinds of training at the present time - except, to some degree, for Funeral Celebrant training.

• Note 2: Practicing alternative death-care practitioners in Canada recommend certain courses over others as ‘useful training’.

• Note 3: Certification of completion of any of these programs does not equate the training as being formally recognized.

• Note 4: There are organizations/individuals offering training in North America. Many current programs are utilizing online courses to make it easier to access programs.
“We recognize that a Death Midwife's role (as recognized by CINDEA) cannot exactly parallel that of a Birth Midwife, unless the DM has also had at least the medical training of a palliative-care nurse. We also acknowledge that there are long-term ramifications to how a person enters our world (birth) that are very different from the considerations of those leaving it (death). However, CINDEA feels that the rest of the major aspects of a Birth Midwife's role are generally paralleled in that of a Death Midwife. We hope that, by only using the second term in relation to those who are committed to offering services throughout the pan-death process, we will continue to honour the culturally-held meaning of the term 'midwife' and the vital and specific role of the Birth Midwife.”

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Where and When? Death Midwifery in North America

Here and now!!

CINDEA (Canadian Integrative Network for Death Education and Alternatives)

• Shorter Death Vigiling, EOL and related programs

• Formal Thanatology, EOL &/or Psychosocial Palliative Care Programs

• Singular Courses (Canadian)

• Home Funeral Guide Training

• Funeral Celebrant training programs

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<table>
<thead>
<tr>
<th>Birth Midwives (RM)</th>
<th>HPC Social Workers (RSW)</th>
<th>Death Midwives</th>
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<tbody>
<tr>
<td>Holistic Birth Care</td>
<td>Holistic, Life Spectrum Client-Centered Care</td>
<td>Holistic Death Care</td>
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<tr>
<td>Family Planning – Individualized Birth Plan</td>
<td>Individual &amp;/or Family Counselling, ACP, Individualized Death Plan and Systemic Support</td>
<td>Deathcare – Individualized Death Plan</td>
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<td>Primarily a specialist in low-risk pregnancy. Hospital birth may not be needed but can assist with hospital or emergency births as well.</td>
<td>Registered professionals capable of dealing with individuals, families, communities, agencies and systems for the purpose of meeting the client’s needs.</td>
<td>Primarily deals with situations wherein the dying person does not need to be hospitalized, not comatose or in severe dementia. Can assist families.</td>
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<td>Primarily deals with natural and/or at-home births. Family and friends may participate directly throughout the birth plan process.</td>
<td>Capable of dealing with the client in almost any environment with family/friends of choice. Primary role is client-centered care but able to do family/group work as well.</td>
<td>Primarily deals with at-home deaths where family and friends want to participate directly throughout the birth plan process.</td>
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<tr>
<td>Birth Midwives</td>
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<td>Advocate for the mother to ensure her birth plan is honored by others. Helps her retain choice and control over her childbirth experience.</td>
<td>Advocates for the client experiencing EOL and ensure their care plan is honored by others. Supports the individual retain choice and control over their EOL experience.</td>
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<td>Supports family’s direct participation but prepared to step in when needed.</td>
<td>Intervene – ameliorate issues and obstacles in various systems/situations.</td>
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<td>Works in partnership with the mother, partner, birth coach.</td>
<td>Works in tandem with the client, identified family, palliative care team and other stakeholders involved in the person’s.</td>
<td>Works in partnership with the client, identified family and palliative care team.</td>
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<td>Refers to other specialists if beyond the Birth Midwife’s scope of practice.</td>
<td>Refers to other specialists, services, systems and resources in a professional capacity.</td>
<td>Refers to others if directed by client or deemed necessary. (Possibly)</td>
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Social Work in Hospice Palliative Care (HPC)

• Historical context of social work evolved from grassroots services which involved ameliorating social problems such as poverty and homelessness.

• Holistic and client-centered care.

• The Social Work Code of Ethics 1994 (Canadian Association of Social Workers – CASW)


• Canadian Social Work Competencies for Hospice Palliative care: A Framework to Guide Education and Practice at the Generalist and Specialist Levels (Bosma, Johnston, Cadell, Wainwright, Abernathy, Feron, Kelley, Nelson, 2008)
11 Core Competencies for HPC Social Work

Advocacy
Assessment
Care Delivery
Care Planning
Community Capacity Building
Decision Making
Education & Research
Evaluation
Information Sharing
Self Reflective Practice

(Bosma et. Al., 2008)
Social workers uphold the following core social work values:

- Value 1: Respect for Inherent Dignity and Worth of Persons
- Value 2: Pursuit of Social Justice
- Value 3: Service to Humanity
- Value 4: Integrity of Professional Practice
- Value 5: Confidentiality in Professional Practice
- Value 6: Competence in Professional Practice
National Association of Social Work (NASW)

• Summarizes broad ethical principles that reflect the profession’s core values and establishes a set of specific ethical standards that should be used to guide social work practice.

• Designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.

• Provides ethical standards to which the general public can hold the social work profession accountable.

• Socializes practitioners new to the field to social work’s mission, values, ethical principles, and ethical standards.

• Articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.
Conclusion?

Referring back to the “Five W’s”....

Who are Death Midwives and why should we care?

What does this service have to do with HPC Social Work?

Where do we go from here?

When would our profession become involved, if at all, with the ongoing development and support of Death Midwifery?

Why would we as Social Workers bother to engage in this issue?
References


Canadian Association of Social Work (CASW)


CINDEA (Canadian Integrative Network for Death Education and Alternatives)

National Association of Social Work (NASW)