Case Study: Native American End of Life Rituals

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A patient in his late 60’s with end-stage metastatic prostate cancer was admitted to the hospital with uncontrolled pain. Over the course of his admission, his medical team shared with him that there were no more cancer-directed therapies available and that they believed he was coming to the end of his life. The patient and his family elected to pursue comfort-focused care in the hospital as he was very medically fragile and did not want his family to be responsible for his care at home.

The patient shared this decision with his nurse with whom he had developed a rapport. The patient shared his Native American background with her as he had been working on stories about his ancestors prior to being hospitalized. The patient shared that he was not afraid to die and expressed peace with his prognosis. However, he was sad that he would not be able to have the opportunity to have a traditional smudging ceremony before he died. The patient asked his nurse if it would be possible for the smudging ceremony to be performed in the hospital.

Reflection:

- How might the nurse accommodate and advocate for the patient’s end of life request? How can (s)he assist without knowing the specifics of the patient’s tradition?
- What members of the hospital staff or interdisciplinary team may be helpful in attending to this patient’s end-of-life ritual needs? Describe the role and function of these team members.
- What resources would the interdisciplinary team require to fulfill this request? What are the safety concerns to consider? What actions could be taken to attend to those concerns?
- Why is interdisciplinary collaboration important in attending to patients’ spiritual and religious needs?

Additional Resources:
