Family Experiences During the Dying Process After Withdrawal of Life-Sustaining Therapy  
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**Purpose & Background:** Life-sustaining therapy (LST) is commonly withdrawn in intensive care units (ICUs), yet little is known about the perceptions of families when a critically ill patient dies after LST is withdrawn. The purpose of this study was to understand the lived experience of families when a family member died who had an unexpected life-threatening illness or injury and who died after LST was withdrawn.  

**Methods:** A hermeneutic phenomenological study was conducted. Family members were interviewed 1-2 years after the patient's death. Each interview was audiotaped. All interview transcripts were transcribed with units of meaning, clusters, and then categories inductively determined. Within and across family analyses were conducted. Methodological rigor was established.  

**Results:** Twenty-two family members participated in the study. The categories that evolved from the data included: preparing for the dying process, the dying environment, perceptions of patient comfort, the death vigil, and essential aspects of care. Some families felt better prepared than others for the dying process. Families also had varying views of their family members' level of comfort. Families described the death vigil as extremely difficult. Family members described several aspects of nursing care that were very meaningful to them during the dying process. Families described how important it was for the family to be together as a family during the dying process.  

**Conclusions:** Families need to be prepared, guided, and supported through the dying process. Health care providers need to provide quality end-of-life care to patients and families before and after withdrawal of LST.  

**Implications:** Families need to be encouraged to take family leave and to ask support from their employers so that they can be present during the dying process of a loved one. Clinicians need to prepare families for what to expect before and during the active phase of dying. Additional research needs to be conducted to further understand what helps to prepare families for the dying process.  

At the end of this session, the participant will be able to:

1. Identify what families find problematic after life-sustaining treatment is withdrawn from a loved one and the active phase of dying begins.
2. Describe four strategies that families find helpful when preparing and supporting them during the active phase of dying.