

PODIUM 1.6 -- 2:15-2:30 [10 min presentation followed by 5 min Q&A]

How does technology impact our definitions of a “good death?” A Scoping Review and Discourse Analysis

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The “good death” has been diversely explored, but there is no research, to our knowledge, on the role technology plays in its definition. It is important to explore this topic so that healthcare providers can appropriately integrate technology into their care of dying patients.

This project is a scoping review and discourse analysis of peer-reviewed papers and non-peer-reviewed sources (e.g. news articles, blog posts). We looked for statements related to “good death” and noted associated practices, particularly with regard to the use of technology in the delivery of care.

Our preliminary analysis shows that a dominant discourse in defining a “good death” is the patient being in control. This can be subdivided into control over four elements: end-of-life matters (e.g. financial arrangements), dying process (e.g. controlling the physical environment in palliative care), dying event (e.g. controlling where the death will be), and time after death (e.g. planning one’s own funeral). Discourses on technology have more variation, ranging from “technology increases the distance between the patient and doctor” to “technology is under-utilized in palliative care.” Notably, technology is seen to be both contributing to patient control (e.g. the patient has access to information to make decisions) and hindering it (e.g. technology has medicalized death and reduced patient autonomy).

Elucidating the discourses on “good death” and technology helps healthcare providers be more aware of the presence and impact of technology in the dying process. This will hopefully lead to more compassionate and patient-centered care during the complexity of the end of life.