ABSTRACT

Disparity is not bound to race or socioeconomic alone but to aging and health status. Often those in poor health at the end of life are not provided the social justice deserved and their rights to determine the manner of care at end of life are overlooked by health professionals and family members. Although various cultures approach death different through traditions, processes of grief, or celebrations of lives lived; death can be a unifying event. Using fabric and thread, a community came together to study how to memorialize, celebrate, and journey through grief.

Various community partners joined together with students, faculty, art galleries, quilters, and citizens in need of connection to those loved to create a visible forum which focused on the faculty, art galleries, quilters, and citizens in need of connection to those loved to create a visible forum which focused on the

OBJECTIVES

Significance and Relevance of the Topic:

Improvement of end of life care is an ethical imperative needed to reduce disparity of the aging. This poster shares how the collaboration for this issue has been sustained through creation of an honors course to teach future health professionals how to communicate effectively with the aging and dying through a lens of art.

Cultural significance:

Art and the humanities crossed intergenerational, ethnic, gender, religious and political boundaries. Individuals that normally do not have an interest in art were brought into visualizing how art is significant in their lives.

Relevance to Symposium Theme and Goals:

This work demonstrates the power of sustained collaboration over a two-year period that continues through shared mission and goals with community-campus partnerships.

Learning Artistic Expression to Honor the Dying
Annette G. Greer and Susan Martin Meggs,

The honors course includes an examination of the cultural perspectives that each student brings to the learning journey from their own heritage regarding dying and death. Students examine the beliefs and traditions of their families, religious traditions, ethnic origin, and community regarding death.

- People of different ages, backgrounds, and experiences are going to relate to the art in different ways because they will have varied ideas of what the pieces might mean to them. I will need to approach these diverse groups in a manner that is most appropriate for their level of understanding.

- It is my strong belief that the search to truly understanding and feeling art is meant to be a very personal journey. As a docent, one may only hope to lead the viewer to a better understanding of who the artist is and how the art was born.

- As a person who has goals of being a doctor, I have brieﬂy thought about how to approach death in the manner of telling the unfortunate family, and this was mainly evoked from medical based TV shows such as Scrubs and House. I was an infant if you will. The video’s, although somewhat out of our time frame, still had the power to relate to our generation. What stuck out to me the most was how intricate the process was, how highly in ﬂux everything involved is, and how observant the job demanded you to be in order to be successful. There are so many variables, religion, socioeconomic status, life experiences etc that all tie into death. In fact I would venture to say that everything signiﬁcant or seemingly insigniﬁcant plays a role, the only constant is death itself, everything else is a variable.

- Each patient is an individual who has his or her own emotions, relationships, thoughts, beliefs, hopes, and fears, as well as a unique personal history, culture, and heritage. All of these things come together, inﬂuencing one another, creating a ﬂavorful mixture of personality that cannot be reproduced. As a hospice volunteer, it will be crucial for me to understand that the hospice patient I am working with has had different experiences than I have and that they have experienced life outside of their current physical state.

Cultural Perspectives

As a doctor I will be faced with this situation almost every time I am at work. How does one go about “breaking the news”? How do you go on with your practice knowing that you may have had a hand in the death of a person? How do you properly and respectfully prepare an individual for the process of dying? These were all thought provoking questions that were left previously unchallenged in my life before these series of videos.

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Things and ideas that may be uplifting or helpful to me may not be beneficial to the patient I am helping. Knowing that such differences are very likely, I need to take time to listen to the patient in order to better understand the way he or she views life and their current circumstances. Listening with an open and accepting mindset is something I can practice in all my communications, not only during my time as a hospice volunteer.

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In a way, it seems more terrible because people focus on the fact that a child has not fully lived their life and has missed out on so many opportunities, while an adult has had a fair shot at life.

BARRIERS TO AFRICAN-AMERICAN END OF LIFE CARE:


Many African Americans often fear that they will receive experimental or inferior care (Burns, 1994). They do not want to be treated like “guinea pigs” (Gordon, 1995). In addition, most African Americans prefer not to die in the hospital. Although various cultures approach death different through traditions, processes of grief, or celebrations of lives lived; death can be a unifying event. Using fabric and thread, a community came together to study how to memorialize, celebrate, and journey through grief.

Various community partners joined together with students, faculty, art galleries, quilters, and citizens in need of connection to those loved to create a visible forum which focused on his or her own emotions, relationships, thoughts, beliefs, hopes, and fears, as well as a unique personal history, culture, and heritage.