Journal Watch

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Abstract:

**Background:** Death rattle is the noisy, rattling breathing that occurs in many dying patients. Health professionals intervene because the sound is said to distress attendant relatives. We found no formal study to confirm or refute relatives’ distress, so we decided to ask the relatives.

**Method:** Face-to-face semi-structured interviews with 27 bereaved relatives to investigate their experience of terminal care and what their response had been to the sound of death rattle if this had occurred. Interview transcripts were subjected thematic content analysis.

**Results:** We found that almost half of the 12 relatives who had heard the sound of death rattle had been distressed by it. The others were either neutral about the sound or found it a helpful signal of impending death.

**Conclusion:** We confirmed that some relatives do find it distressing to hear the sound of death rattle. However, our expectation that relatives are universally disturbed by this sound was unfounded. There is no justification for a ‘blanket’ approach to therapeutic intervention when death rattle occurs. A better understanding is required of how relatives make sense of the sound of death rattle.

Comments: Strengths/uniqueness
- A qualitative study designed to explore relative’s experience of hearing the sound of death rattle/under-researched area
- No other studies looked at personal experience/distress of family members. Literature search done
- Previous studies looked at nurses perception of family/caregiver’s distress, or at different pharmacological managements of the symptom
- Interesting finding that significant number of participants were not distressed by the symptom

Weaknesses:
- Small study, small number of participants entered into the study
- Limited to patient’s next of kin as on a registry
- Limited to one center/cancer patients
- Not much information available on non-responders
- Would have been interesting to see if there had been any educational interventions which might have affected the outcome?
- Timing of data collection - up to several months (4-8) after the experience
- Interviews/coding of collected data was done mainly by one investigator/possible bias

Relevance to Palliative Care:
- Death rattle is a common and distressing symptom to patients/families, caregivers
- It is important to assess whether symptom is a source of significant distress to caregivers and family members prior to interventions or pharmacological management
- It would be interesting to see if education family members about changing respiratory patterns/death rattle would make a difference in their perception of the symptom.