Talking with Children about Death and Dying

Helpful Considerations

- What the child has been told about the illness and/or events of the death.
  - Has the child attended appointments with the doctor?
  - Has the child visited their loved one in the hospital?
  - Has the child assisted with any care giving?
- The family’s cultural beliefs and practices regarding illness, death and children’s involvement.
- The child’s history with death, including the deaths of other loved ones, friends or pets.
- The family and child’s past coping responses related to illness and death.
- The last time the child saw their loved one.

Some families find it challenging to share difficult information about illness and death.

- It is normal for an adult to...
  - want to protect children.
  - worry about how a child will be affected by adult emotions.
  - be concerned about the effect of the illness/death on the child.
  - be unsure of the child’s ability to understand what’s happening.
  - receive mixed advice from others.
- However, without good information children may...
  - intuit that something has changed.
  - interpret body language, stress and tone of voice.
  - become concerned or anxious.
  - overhear confusing conversations.
  - imagine a situation to be different than it actually is.

Supporting Children when a Loved One Is Diagnosed with a Terminal Illness

Inform the child that there is important information about the illness that you would like to share with them. This honors the child’s importance in the family. It is helpful to anticipate a best time and setting to initiate this conversation. Example: “I went to the doctor today, and he told me some new information about my cancer. It feels important to me to share this information with you.”

Allow some choice and control about when and where your children would like to hear the information, such as at dinner, bedtime or in the car. Example: “Would you like for us to talk now, or would you prefer a different time?”

Tell the truth using correct medical language. Example: “You know I’ve been taking a medicine called chemotherapy. The doctor told me today that my cancer is still growing and this medicine isn’t working anymore. The cancer will keep growing and my body will stop working, and I will die.”

Answer questions. Provide honest, simple answers. If you don’t know the answer, it’s okay to say, “That’s a really good question, but I don’t know the answer either.” “Can we talk more about that later after I learn more myself?”

Reassure the child that their needs will continue to be met by people in their lives who love them. Your children may need specific details, including names of those who will help care for them, and should definitely be told if there will be significant changes in their routine. Example: “You know grandma has been staying with us and helping while I’ve been sick. When I die, she will move into our house and continue helping to take care of you.”

Causation and contagion. Explain to your children that they did not cause the illness, and if it is true, that they cannot catch the illness. Example: “Nothing anyone did or said caused my cancer, and it’s not a sickness that anyone can catch.”

If the loved one is discharged home from a hospital setting and has increased care needs, provide information to children about the care that will be provided and how it will impact their routines. This would include medical equipment, medical staff visiting the home and additional support from family and friends. If possible, involve your children in simple care giving tasks, such as sharing a comfort item or glass of water.
Language for an Impending Death of a Loved One in the Hospital

Inform the child. It’s helpful to have a sense of what the child already knows, so the information you share simply brings the child “up to date” when something changes. Example: “There’s new information about your father’s illness that feels important for me to talk with you about. You know he has been in and out of the hospital before, but he will not be able to come home this time. The doctors have tried very hard to make him better, but they have been unable to stop the cancer. Your father’s body is just too broken, and he is going to die within a few days.”

Provide appropriate choices and information about visiting and saying good-bye. Adults often fear that their children may experience trauma because of the current visual and/or mental state of the patient. However, when given adequate information, children are usually able to guide adults as to the choices that are important to them. Remember to use concrete medical language when describing the situation, so they know what to expect. It is important for them to know if this is the last opportunity to see their loved one’s body. Assure them that there is not a right or wrong choice. Examples: “Your father can’t speak. He has a tube in his neck that is helping him to breathe.” “It’s okay if he doesn’t talk to you; he can still hear you.” “If you would like some time alone in the room, I will try to arrange that.”

Allow questions and answer them truthfully. It’s always okay to say, “I don’t understand either,” or, “I don’t know the answer to that, but I’ll do my best to give you more information.”

Reassure the child that they are loved and will be taken care of. Example: “Your father has been fighting this cancer for a long time and hoped he could get better. He doesn’t want to leave us. We both love you very much, and I will continue to take care of you.”

Causation and contagion. Remind the child that no one caused the illness and, if true, that they cannot catch the illness.

Language for Incidents of a Traumatic Episode or Sudden Death

Inform the child using simple details of how the death occurred. The conversation can be initiated by saying “Something really hard happened today.” See examples of specific episodes below.

Sudden death: “Dad’s heart stopped beating, and he died.”
Accident: “Mary was in a car accident. Her body was very badly hurt, couldn’t be fixed, and she died.”
Old age: “Grandma had gotten very, very old, and her body stopped working. She died.”
Terminal illness: “Your dad’s cancer got worse very quickly. We didn’t realize he would die so soon, but his body stopped working today and he died.”
Stillbirth: “Sometimes a baby’s body stops working before it is born. When your sister was born today, her heart wasn’t beating, and she died. We don’t know why this happened, but it is nothing anyone did or didn’t do.”
Homicide: “Your mother was killed today.” It is helpful to refer to the person who committed the act as the “killer” instead of “a very bad person,” so children don’t associate others referred to as a “bad person” as someone who will kill.
Suicide: “Your brother killed himself. Sometimes a person’s mind gets very sick and doesn’t work right. They may think the only way to solve their problems is to stop living, so they kill themselves. However, this is never a solution to problems. The only reason they thought of it is because their mind was too sick. It’s not anyone’s fault that this has happened.”

Allow questions and answer them truthfully. Children process information concerning a traumatic death in small increments and may ask the same questions repeatedly. They may also ask for additional or graphic details, which can feel inappropriate for adults to share. It is helpful to know that children often communicate through their questions how much detail they feel comfortable hearing. Listen carefully and answer questions as simply and consistently as possible. This helps build trust and reassurance that you will continue to tell them the truth.

Reassure the child that they are loved and their needs will continue to be met. Often children become afraid for the safety of other loved ones. It is helpful to reassure a child. Examples: “Most people do live for a long time. I plan to continue taking good care of myself, so that I can be here to take care of you. There are many other people in your life who also love you.”

Causation. Reassure the child that they are not at fault, especially if the death involved an accident they may have seen or been a part of. “Sometimes horrible accidents happen. There’s nothing anyone could have done to change what happened.”

© 2007 Providence Hospice of Seattle/Safe Crossing Program
425 Pontius Ave N, Seattle, WA 98109 · (206) 320-4000 · www.providence.org/hospiceofseattle