THE INTERNATIONAL WORK GROUP ON DEATH, DYING AND BEREAVEMENT CELEBRATES TWENTY-FIVE YEARS OF MUTUAL SUPPORT IN CLINICAL PRACTICE, RESEARCH AND EDUCATION
IWG I
COLUMBIA, MARYLAND, UNITED STATES
NOVEMBER 14-19, 1974
ASSUMPTIONS AND PRINCIPLES
UNDERLYING STANDARDS FOR CARE OF
THE TERMINALLY ILL

Introduction

There is agreement that patients with life-threatening illnesses, including progressive malignancies, need appropriate therapy and treatment throughout the course of illness. At one stage, therapy is directed toward assessment and intervention in order to control and/or to cure such illness and alleviate associated symptoms. For some persons, however, the time comes when cure and remission are beyond current medical expertise. It is then that the intervention must shift to what is now often termed "palliative treatment," which is designed to control pain in the broadest sense and provide personal support for patients and family during the terminal phase of illness. In general, palliative care requires limited use of apparatus and technology, extensive personal care, and an ordering of the physical and social environment to be therapeutic in itself.

There are, as it were, two complementary systems of treatment which may often overlap: One system is concerned with eliminating a curable disease and the other with relieving the symptoms resulting from the relentless progress of an incurable illness. There must be openness, interchange, and overlap between the two systems so that the patient receives continuous appropriate care. The patient should not be subjected to aggressive treatment that offers no hope of being effective in curing or controlling the disease and may only cause further distress. Obviously, the clinician must be on the alert for any shifts that may occur in the course of a terminal illness, which make the patient again a candidate for active treatment.

Patients suffer not only from inappropriate active care, but also from inept terminal care. This is well documented by studies that only confirm what dying patients and their families know at first hand.
Assumptions and Principles
Regarding Bereavement

Committee Members:
Monte Brown
Jerry Coash
William Lamers
Jack Lynch
Joy Rogers
Kenneth Spilman
Elizabeth Walker
Jane Nichols, Convener

Contributors:
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Colin M. Parkes
Mary L.S. Vachon
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Editor's Note:
The IWG working group on Bereavement, currently chaired by
Ms. Jane Nichols, met at the fourth IWG meeting at Mount
Ste. Marie, Quebec, June 1979. During subsequent months, in
preparation for the IWG meeting in Asilomar, California,
January 1981, the Work Group has continued to refine their
assumptions and principles regarding bereavement. An edited
version is presented at this time as "work in progress".
Further revisions are anticipated. The editors are grateful
to Ms. Jane Nichols, Chairperson, and Dr. Michael Simpson,
Past President IWG, for their collaborative assistance in
supporting the inclusion of this document in this volume,
and to the committee members for their efforts to date in
examining these issues.

It should be noted that a final version of the IWG Assumptions
and Principles Regarding Bereavement will be presented to the
Board when completed by the committee, then formally published
in the scientific literature. Suggestions and comments from
readers concerning the contents of this paper would be appre-
ciated. They may be forwarded directly to Ms. Jane Nichols.

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IWG VI
RESENON, DALARO, SWEDEN
JUNE 20-24, 1982
Dr. Jeanne Quint Benoliel
Chair, 1982-1985

My tenure began at the end of the 6th meeting in Rosenon, Sweden. Prior to 1981, John Fryer’s office had served as the center for ongoing IWG business. During this transition period we experienced the painful difficulties of doing business with the chair in one place, the treasurer in another, and the program planner in yet a third. Remember, we did not have e-mail in those days. Nonetheless, we implemented new membership procedures recommended at Rosenon and planned the next meeting in Banff, Alberta, Canada in February 1984. Work continued on a special issue of Omega with Myra Bluebond-Langner as guest editor (finally published in 1987-88), and the Board approved publication of the IWG Standards of Terminal Care (copyright IWG 1979) in M. Donovan, Cancer Care Nursing, 2nd ed., Appleton-Century-Crofts, 1984.

The meeting in Banff included discussions on ethics, international issues, and informal exchanges among attendees, as well as a medieval banquet, and plans for a trip to Peoples Republic of China (headed by Paul and Ida Martinson) and the IWG meeting in Japan. John Morgan offered to head a Secretariat for IWG in London, Ontario, Canada – an offer gratefully accepted. The interim that followed centered on transferring logistical operations to the new Secretariat and planning for the trip to PRC and Japan.

The IWG meeting in Tokyo in August 1985 was preceded by a 16 day tour of the PRC that included visits to Beijing, Wuhan, Xian, Chongqing, a 4-day cruise on the Yangtze River, and Shanghai. The trip included visits to clinics, discussions with health care workers, observations of death/burial practices, and educational sessions led by IWG members. In Tokyo, T. Bates, J. Benoliel, and B. Lamers participated in a program on end-of-life care with the Life Planning Center (a program set up by Takeshi Saito). IWG members attended an educational session on Japanese death practices at Zojoji Temple, and some learned about meditation at Soji-ji Temple (Zen Buddhist). The banquet was sponsored by Peace House and hosted by Take and Kazumi Saito.

The above is one view of events that took place during my tenure as Chair. The account does not convey much about the ambiance, undercurrents, tensions, and interplay among members that undergird each IWG meeting and provide images and memories that give flavor to its existence. Many thanks go to members of the Board: T. Bates, F. Coleman, I. Corless, R. Fulton, B. Lamers, I. Martinson, B. Mount, M. White, D. Ley, J. Morgan, T. Saito, and M. Vachon. I could not have survived without their help.
IWG VIII
CHINA AND JAPAN
AUGUST 7-23, 1985
Dr. Thelma Bates
Chair, 1985 - 1989

One of the most memorable and valuable IWG events for me was the visit to China in 1985 when Jeanne Benoliel was in the chair. As only a limited number of us could find the time and money to visit China, and as it was some time since the previous meeting in Banff, IWG was at some risk of losing its impetus when I took over from Jeanne after the meeting in Tokyo. It was clear that we needed another affordable meeting soon and some crisp communication with members to let them know that we still existed and were on the move.

Ten months later, in June 1986, we met at London, Ontario. The venue was King's College hosted by Jack Morgan and this met all our needs. The price was right, the sun was shining, and it was a very well attended, productive, and enjoyable meeting. The show was on the road.

We met again in June 1987 in London, England, at the Waldorf Hotel. This was of necessity more expensive and with less sunshine but again it was a well attended, productive meeting, finishing with a party at my home (IWG members do like going to homes).

The pattern of work continued through these meetings with assumptions and principles leading to several publications in the years that followed. I was keen to keep presentations from members to a minimum and concentrate on the workgroups. From memory this was the time that work on HIV started and the working group on Spiritual Care was particularly active.

My last meeting as chairman was in January 1989 in Asilomar, Monterey which is where I joined IWG in 1978. Chuck Corr took over a prospering IWG and suddenly there was no need to worry any more.
STATEMENT ON CARE OF THE DYING AND BEREAVED IN DEVELOPING COUNTRIES

IDA MARTINSON
University of California, San Francisco

DAVID W. ADAMS
McMaster University, Hamilton, Canada

EDITH DECK and JEANETTE FOLTA
University of Vermont, Burlington

THELMA BATES
St. Thomas Hospital, London, England

The International Work Group on Death, Dying and Bereavement was founded in 1974 and consists of an international group of clinicians, scholars, and researchers in this field. At a recent meeting in London, the above members of the group crystallized the following working document, which has evolved over a 3-year period with input from representatives of the following developing countries: Bangladesh, Chile, China, Colombia, Hong Kong, India, Nigeria, Pakistan, Saudi Arabia, Taiwan, Thailand, the West Indies, and Zimbabwe.

This working document may be of value not only to governments and health care system planners, but also to the public, who will be the providers and receivers of health care. It can be used as a basis for developing both educational services and health care delivery systems.

Care of the Dying and Bereaved: Attributes of Existing Cultures

All cultures have developed symbolic systems or religions that incorporate the experience and understanding of death into a larger whole that gives meaning to life. All cultures have developed cere-
IWG XI
ASILOMAR, CALIFORNIA, UNITED STATES
JANUARY 2-7, 1989
Dr. Charles Corr
Chair, 1989-1993

When another member of the IWG Board of Directors (whom I greatly respect despite this instance of most peculiar judgment) approached me before the first Board meeting at Asilomar in January of 1989, and indicated an intention to nominate me for Chair of the Board, I was surprised and astonished despite my historically well-known lack of ambition.

On reflection, I did not experience the famed thanatological stages of denial, anger, bargaining, depression, and acceptance. But the very idea was a stressful challenge calling for coping on many levels. Could one hope to meet the requirements of leading this unusual and highly-respected organization and its Board? Could one work in an effective and respectful way with so many strong personalities and leaders in the field from such diverse professional and cultural backgrounds? Could one hope to live up to the fine standards set by our retiring Chair at the time, Dr. Thelma Bates?

In the event, it was a good deal easier than one might have imagined or anticipated. Most of that was due to the organizational skills, efficiency, and personal courtesy of IWG’s longstanding Secretary, Jack Morgan. Much credit also goes to the members of the Board of Directors and to the IWG membership at large.

During this period, IWG had four fine meetings: at Asilomar in California (IWG XI) in January of 1989; at Oslo in Norway (IWG XII) in June of 1990; at Montechoro in Portugal (IWG XIII) in March of 1992; and at London, Ontario (IWG XIV) in May 1993, where Dave Adams assumed the Chair. Much came to fruition during these years, including three statements of assumptions and principles on various aspects of education (which had a very long gestation), similar documents on spiritual care, care for persons affected by HIV disease, psychosocial care of dying persons and their families, and a statement on palliative care for children. Shortly after this period, Jack Morgan, Hannelore Wass, and I were privileged to edit the collection of IWG Statements on Death, Dying, and Bereavement, published in 1994.

But perhaps the most important dimension of IWG’s history during this period concerned not products but process, the interaction, stimulation, and support which IWG members offer to each other in many and varied ways. A group which stresses shared collegiality and in which meetings do not involve an “audience” is rare indeed.

One continuing issue before the Board during (and perhaps since) these years was the matter of procedures and standards for inviting guests to meetings and nominating individuals for membership in IWG. The Board worked hard to establish procedures that would make clear that an invitation to a meeting did not constitute or imply a nomination for membership. As well, we tried to make clear that membership nomination and approval requires serious consideration by all members of IWG. Not every good worker in our field is appropriate for IWG membership. Not every fine leader functions well within or wishes to be involved with a group of this sort. This is a matter complicated by concerns for personal collegiality, a desire to include individuals from areas of the world which may wish to associate themselves with IWG goals, an interest in individuals whose specialized work is somehow relevant to IWG, and some regard for professional diversity, balance, and overall membership size. This remains a matter for ongoing attention.
ASSUMPTIONS AND PRINCIPLES
OF SPIRITUAL CARE

Developed by the Spiritual Care Work Group
of the International Work Group on
Death, Dying and Bereavement

Inge Corless, Chair
Florence Wald, Former Chair
Rev. Canon Norman Autton
Rev. Sally Bailey
Rev. Roderick Cosh
Ms. Marjory Cockburn
Rev. David Head

Dr. Barrie DeVeber
Mrs. Iola DeVeber
Dr. Dorothy C. H. Ley
Rev. John Mauritzen
Ms. Jane Nichols
Ms. Patrice O'Connor
Rev. Takeshi Saito

Introduction

In those areas of the world where medical care has been shaped by sophisticated technologies and complicated health care delivery systems, efforts to humanize patient care are essential if the integrity of the human being is not to be obscured by the system. This is especially needed for individuals with chronic maladies or those who are in the process of dying.

Dying is more than a biological occurrence. It is a human, social and spiritual event. Too often the spiritual dimension of patients is neglected. The challenge to the health care provider is to recognize the spiritual component of patient care and to make resources available for those individuals who wish them and in the form desired.

Our thanks to the members of the IWG on Death, Dying and Bereavement and the participants at the Sixth World Congress on the Terminally Ill for their helpful comments on earlier versions of this document.

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A STATEMENT OF ASSUMPTIONS AND PRINCIPLES CONCERNING EDUCATION ABOUT DEATH, DYING, AND BEREAVEMENT FOR PROFESSIONALS IN HEALTH CARE AND HUMAN SERVICES

These assumptions and principles are intended as an aid for those concerned with education about death, dying, and bereavement for professionals in health care and human services.

This education is designed for a wide range of occupations and roles. These include both those who have direct responsibility for the care of individuals and families coping with life-threatening situations, dying, and bereavement, as well as for those who have indirect or occasional responsibility in such circumstances.

ASSUMPTION: A statement accepted as fact on the basis of commonly observed experience.

PRINCIPLE: A collective judgment as to the proper response to the assumption.

ASSUMPTIONS

1. Services and resources allocated to those who are coping with life-threatening situations, dying, and bereavement reflect basic values of individuals, society, and the health care system.

2. A curriculum is a statement of priorities in education.

PRINCIPLES

Education about death, dying, and bereavement should be a required distinct, and substantive part of the
A STATEMENT OF ASSUMPTIONS AND PRINCIPLES CONCERNING EDUCATION ABOUT LIFE-THREATENING ILLNESS, DEATH, DYING, AND BEREAVEMENT FOR VOLUNTEERS AND NON-PROFESSIONALS

Introduction

These assumptions and principles are intended as an aid for those concerned with education about life-threatening illness, death, dying, and bereavement for volunteers and non-professionals.

This education can be applied to a wide range of loss experiences. It is designed to prepare volunteers and non-professionals to function effectively in diverse contexts including one-to-one interactions, mutual aid, self-help groups, and support services.

ASSUMPTION: A statement accepted as fact on the basis of commonly observed experience.

PRINCIPLE: A collective judgment as to the proper response to the assumption.

Assumptions

184. Many people facing life-threatening illness, death, dying, or bereavement adapt satisfactorily if they have ready access to adequate support and understanding from caring family, friends, and other informal community contacts.

Principles

Many people facing life-threatening illness, death, dying, or bereavement will not require the services of professionals to help cope with their losses or altered circumstances.
ASSUMPTIONS AND PRINCIPLES CONCERNING CARE FOR PERSONS AFFECTED BY HUMAN IMMUNODEFICIENCY VIRUS DISEASE

Preamble

In its initial statement of Goals and Purposes, the International Work Group on Death, Dying, and Bereavement (IWG) declared itself to be an organization of international scope, committed to studying issues concerned with death, dying, and bereavement, transcending local need and national boundaries, and producing materials of social value. The statement charged its members with the responsibility of assuming relevant tasks, and challenged the organization to remain in the forefront of the field, making optimal use of its members talents. In keeping with these goals, the IWG has developed this position paper concerning the pandemic of Human Immunodeficiency Virus Disease.

Introduction

Infection with the Human Immunodeficiency Virus (HIV) constitutes a world-wide threat. The virus initiates a chronic disease, the end stage of which is termed Acquired Immunodeficiency Syndrome (AIDS). While a terminal illness may occur at any point in the disease, depletion of the immune system increases its likelihood after the onset of AIDS. The World Health Organization predicts that by the turn of the century 40 million persons will be infected. Even if a vaccine were to be made available, the problem of HIV infection would not be resolved. Given the number of persons who are currently infected -- estimated to be between 5 and 10 million -- health care systems will be challenged to the utmost.

The HIV pandemic has profound implications for both the individual and society. In the future if one is not infected by the virus, one will assuredly be affected by its consequences.
INTERNATIONAL WORK GROUP ON DEATH, DYING, AND BEREAVEMENT

A Statement of Assumptions and Principles Concerning Education about Death, Dying, and Bereavement

Developed by the Education Work Group of the International Work Group on Death, Dying, and Bereavement

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Preamble

Death, dying, and bereavement are fundamental and pervasive aspects of the human experience. Individuals and societies achieve fullness of living by understanding and appreciating these realities. The absence of such understanding and appreciation may result in unnecessary suffering, loss of dignity, alienation, and diminished quality of living. Therefore, education about death, dying, and
When I contemplated my tenure as Chair to IWG and my contribution to this collection of comments from previous chairs, I struggled with the task. Should I cite the details of achievements? If I did, would I miss what was most important? Eventually my frustration with details led me to conclude that achievements truly paled in comparison to the benefits gained from participating in the process and interactions of this dynamic, exciting, and expanding international organization. The more I contemplated, the more I recognized that I was granted a unique opportunity to meet, work with, and help to provide leadership in the company of a diverse group of colleagues who:

- really cared about each other. Who were concerned about each other's thoughts, feelings, and needs. Colleagues and friends who could agree, debate, argue, laugh, cry, and dance together - the IWG family;
- collectively promoted values that were truly the underpinnings of helping, caring, and respecting people who were dying and bereaved and their families;
- were willing to listen, learn, and grow together in a forum that promoted the sharing of opinions, experiences, knowledge, and skills;
- genuinely welcomed others with similar values who brought new perspectives or shared similar problems even though they came from different cultures;
- were determined to promote wider public and professional understanding of the difficulties and needs of people who were extremely ill, dying or bereaved;
- wanted to incorporate new ideas and new learning into research, education, clinical practice, and personal life.

As chair, I was determined to work with my colleagues on the Board and to keep the organization growing and changing. We needed to be flexible; to facilitate worldwide membership; to encourage diversity in age and experience; and to ensure that our infrastructure was capable of fulfilling our mandate effectively in a rapidly changing and increasingly accessible world. We needed to examine new topics; find new venues; interact with care providers in host countries; take time to understand their problems, needs, knowledge and skills; encourage our membership to host IWG meetings and seek election to our Board; and maintain the credibility, health and momentum of IWG.

As IWG approaches its 25th anniversary IWG continues to grow and thrive as a healthy and dynamic force. This is a time to take stock of our origins and appreciate our founders, the wisdom of those who contributed to the development of IWG during its origins and at each step along the way. It is also a time to examine where we are now, to take stock of our blessings, and appreciate the benefits of associating with the friends and colleagues that are IWG.

Finally, it is a time for excitement, for renewal, regeneration, creativity, planning, and reaching out to a new century featuring the IWG of the future.
PALLIATIVE CARE FOR CHILDREN

INTERNATIONAL WORK GROUP ON DEATH, DYING, AND BEREAVEMENT

The International Work Group on Death, Dying, and Bereavement recognizes the wide variation of attitudes, beliefs, and behaviors pertaining to childhood death, dying, and bereavement. The purpose of this statement is, therefore, to identify a set of assumptions which can serve as guidelines, across cultures, in the care of children with terminal illness and their families.

Children Die

Despite advances in health care, children continue to die. The premature death of a child disrupts human development and is therefore perceived in many societies as less acceptable when compared to the expected death that occurs with aging. A child's sudden death precludes adequate time for preparation of the family and health care providers for the unexpected loss. In contrast, the diagnosis and treatment of a life-threatening illness or chronic health condition, usually imposes a prolonged and cumulative strain on everyone involved, and requires collaborative efforts to provide quality care for the dying child. Regardless of the cause of death, supportive care should be extended to all those who are affected by the child's death.

Prepared by the Work Group on Palliative Care for Children, David Adams (Canada), Betty Davies (Canada), Chairperson, Doris Howell (USA), Ida Martinson (USA), Danai Papadatou (Greece), Bente Ramholt (Norway), and Kazumi Wakabayashi Saito (Japan).

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FORUM

A Statement of Assumptions and Principles Concerning Psychological Care of Dying Persons and their Families

Developed by the Psychological Work Group of the International Work Group on Death, Dying, and Bereavement*

INTRODUCTION

The dying and their families face numerous psychological issues as death approaches. In writing the following assumptions and principles concerning these issues we hope to counteract the tendency to focus too much on physical and technical care, to stimulate readers to test the following assumptions against their own experience, and to incorporate them into their work.

By psychosocial we mean the emotional, intellectual, spiritual, interpersonal, social, cultural, and economic dimensions of the human experience. Assumptions and principles for spiritual care and bereavement have already been developed by other work groups of the International Working Group on Death, Dying, and Bereavement (IWG).

By family we mean those individuals who are part of the dying person's most immediate attachment network, regardless of blood or matrimonial ties. The family, which includes the dying person, is the unit of care. By caregivers we mean those professionals and volunteers who provide care to dying persons and their families. We have separated the dying person, the family, and caregivers for the purposes of discussion only. Many of these assumptions and principles apply equally to dying persons and their families. They may not apply to all cultures and belief systems.

These assumptions and principles may seem self-evident, but should not be seen as generalities. They are ideals which we should strive to maintain, and thus they need to be translated into daily acts and clinical interventions that serve to meet the needs of dying persons and their families.

ISSUES FOR DYING PERSONS

Assumptions

1. Dying persons may choose to acknowledge or not to acknowledge their impending death.

2. Dying persons can communicate about their impending death in different cultural ways, encompassing verbal, nonverbal, or symbolic ways of communicating.

3. Dying persons have the right to information on their changing physical status, and the right to choose whether or not to be told they are dying.

4. Dying persons may be preoccupied with dying, death itself, or what happens after death.

Principles

1. Caregivers must recognize and respect the person's right or need to deny or not to communicate about his or her impending death. Caregivers may be helpful to family members and others in understanding or accepting the dying person's position, which may change with time.

2. Caregivers must seek understanding and knowledge of the dying person's cultural and lifestyle experiences. Caregivers need to be astutely sensitive to nonverbal and symbolic ways of communicating and recognize that these modalities may be more significant to the dying person than verbal expression.

3. Caregivers need to be sensitive and perceptive to the different ways the person may be requesting information about his or her condition.

4. The caregiving team needs to be aware of the dying person's concerns and fears in order to provide care which is responsive and supportive.

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Dr. Kenneth Doka
Chair, 1997 to present

I think one of the marks of my tenure as chair of IWG is that during my time IWG actually met in cities on three continents - Delphi, Sydney, and Boulder. We certainly can say we were well travelled.

Actually, I suppose the most significant event occurred on my "watch" was that IWG changed its secretariat from King's in London, Ontario to LaCrosse, Wisconsin. In many ways the secretariat, more than the chair, is the operating center of the organization. Hence the well-deserved retirement of John Morgan from that post naturally created anxiety. Happily, the decision of Bob Bendiksen to take the post relieved that angst. And together, Jack and Bob managed a transition that appeared smooth and effortless.

That transition influenced Board actions. I believe the Board made great strides in trying to set consistent policies especially in the area of membership, where Patrice O'Connor exercised real organizational effort. The Board is attempting as well to strengthen IWG's financial security. Here the assistance of one of our founding members, Dame Cecily Saunders, has proved invaluable.

IWG's Silver Anniversary will occur under my tenure. In many ways the event points to a generational shift in IWG. I think as part of that, there is a deep concern that we do not forget our identity, traditions, mission and history. I think that lies at the heart of this celebration.

It has been a great honor to serve on the Board and as chair. I have learned again to appreciate the work of all the Board, and the strength, support, and stimulation we offer, as members of IWG, to one another.
IWG XVII
SYDNEY, AUSTRALIA
JUNE 19-24, 1998
DOCUMENT ON VIOLENCE AND GRIEF

developed at
IWG MEETING XIV
London, Ontario, 1993

IWG MEETING XV

received board approval
for membership review
IWG MEETING XVI
Delphi, Greece, 1996

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Robert G. Stevenson — Chairperson

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CHILDREN, ADOLESCENTS, AND DEATH:
MYTHS, REALITIES, AND CHALLENGES

A STATEMENT FROM THE WORK GROUP ON PALLIATIVE CARE
FOR CHILDREN OF THE INTERNATIONAL WORK GROUP ON
DEATH, DYING, AND BEREAVEMENT

All too often, the needs of children and adolescents who encounter
issues related to death are not properly acknowledged or appreciated by adults. In such circumstances, children and adolescents
who might have benefited from effective guidance and support
may be left to their own devices or even harmed by the actions of
adults around them.

For some children and adolescents, confrontations with death
are infrequent and difficult. They may be unprepared to cope with
such confrontations. For other children and adolescents, encounters
may be all-too-familiar parts of life. Still, familiarity does not necessarily mean that coping is easy.

Typically, children and adolescents might expect to be able to
turn to adults for assistance in understanding and coping with
important life events. In so doing, they might hope to be able to
draw on the experience, maturity, and insights that adults should
have at their disposal.

Unfortunately, adults do not always help children and adoles-
cents to cope effectively with death and the reactions it elicits.
There might be many reasons for this. In this statement, we
examine some inaccurate myths that adults have generated con-
cerning children, adolescents, and death. These myths typify the
outlooks of some adults and serve to deform relationships and
interventions with some children and adolescents.

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1974
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Robert Kastenbaum, Bonnie Kastenbaum
J. William Worden, Elisabeth Kübler-Ross
Colin Murray Parkes
Mary Vachon
Jack Lynch
Herman Feifel
Doris Howell
Gerald Kaplan

1978
Sylvia Lack, Carl Schneider
Belfour Mount, Mary Vachon, J. William Worden, Carl Schneider, Catherine Sanders
Mary Vachon, J. William Worden, Carl Schneider, Catherine Sanders
Robert Buckingham
Mary Vachon, Robert Buckingham
Belfour Mount, J. William Worden
Belfour Mount, J. William Worden

1982
Chuck Donna Corr, Marjorie Cockburn, Jane Nichols, Elizabeth Berrey
Mary Vachon, Ida Marie Martinson
Inge Corless
Jane Nichols, Elizabeth Berrey, Takeshi Saito, Kazumi Wakabayashi, et al
Herman Feifel, his sister
Jeanne Quint Benoliel, Mary Vachon, Thelma Bates, Trevor Hoy
Joy Rogers
John Fryer, Hannelore Wass

1984
Thelma Bates, Dorothy Ley, Marjory Cockburn
Leslie Degner, Lisa Lemers, Bill Lemers, Herman Feifel, Mort White
Jeanne Quint Benoliel, Takeshi Saito, Kazumi Wakabayashi
Van Pise, Inge Corless, Jeanne Quint Benoliel, Kazumi Wakabayashi
Mary Vachon, Phyllis Palgi
Britt Hyssing-Dahl, Steve Connor
Kazumi Wakabayashi, Thelma Bates, John Mauritzon
Ida Marie Martinson, Inge Corless, Bill Lemers

1985
Judy van Heerden, Thelma Bates, Paul Martinson, Ida Martinson, Bob Benoliel, Jeanne Quint Benoliel
Trevor Hoy
Bill Lemers
Betty Davies, Thelma Bates, Mary Ann Morgan
Ida Martinson, Mary Ann Morgan
Children in school visited

1986
Jan Foitz, Edie Deck, Bob Fulton, Bal Mount
Hannelore Wass, Harry Sisler, Henry Wald
Elie Deveau, Bob Fulton
Jeanne Quint Benoliel, Mary Vachon, Don Foster
Penny MacEileven-Hoehn, Jeanne Quint Benoliel
Florence Wald, John Fryer
Andrew Hoy, John Fryer, Betty Davies
Patrice O'Connor, John Scott, Bal Mount
Chuck Corr, Hannelore Wass, Doris Howell, Harry Sisler, Betty Davies, Bal Mount

1989
Sven Didikens, Ulla Ovarstrom
Lesley Degner, Paul Henteleff
Herman Feifel, Bob Fulton
David Head, Sally Bailey
Norm Walters, Inge Corless, Bob Fulton
Isa Jaramillo, Ida Martinson
David Schulman, Britt Hyssing-Dahl
Sandy Bertman, Phyllis Silverman
Terje Knudsen, Myra Bluebond-Langner

1990
Geeting the Sun
Tom Attig, Don Foster, Ulla Ovarstrom, the Mayor of Oslo, Sven Didikens
Eileen Stevenson, Sam Silverman, Inge Corless, Bob Bendiksen, Lisa Lemers, Britt Hyssing-Dahl, Penny MacEileven-Hoehn
Jack Morgan, the Mayor of Oslo, John Mauritzon
Mary Ann Morgan, Jeanne Quint Benoliel
Bill Lemers
Doris Howell, Peggy Oechsle

1992
The Group
Sam Silverman, Carlos and Maria from Spain, Sandy Bertmen, Sally Bailey, Andrew Hoy, Ruthmariko Smeding
Margaret Villas-Boas
Tom Attig, Barry deVebre, Mort White, Bob Bendiksen, Sam Silverman, Trevor Hoy
Penny MacEileven-Buohm, Bill Lee, Andrew Hoy, Jacek Luchzak, Herman de Mannink, Tom Attig, Chuck Corr, Phyllis Silverman, Britt Hyssing-Dahl, Patrice O'Connor, Ken Doka, Bob Fulton
IWG discovers a cemetery

1993
The Group
Melinda Bridgemaran, Scott Long, Florence Wald, Henry Wald, Isa Jaramillo
Alfonse Deeken, Takeshi Saito, and two dancers

John Fryer
Pat Murphy, Sandy Bertman, Ken Doka, Bob Wrenn
Bob Bendiksen, Ann Blumenthal-Barby, Kai Blumenthal-Barby, Rob Stevenson, Bill Lemers, Lisa Lamers
Judy Stillusion, Hannelore Wass, Thelma Bates, Donna O'Toole (with Jack Morgan and Margaret Somerville in background)
Colin Murray Parkes, Geoff Glasscock, Michael Stevens, John Foster
Marilyn Marks, Pat Webb, Donna Corr, Chuck Corr
Earl Grollman
Ken Doka, Donna O'Toole
Dave Adams, Reena McDermott

1995
Alfonse Deeken
Martin Lovelin, Barbara Reyes-Lovrin, Esther Gjertsen
Hendrik ten Banne
Hank Schut, Margaret Streobe, Steve Fleming
Thelma Bates, Judy van Heerden, Marcie Wrenn, Ben Zylcer
Danai Papadatou, Bob Wrenn, Marcie Wrenn
John Hinton, Isa Jaramillo
Ira Byock, John Fryer
Neil Thompson, Sid Moss, Simon Rubin
Stan Henen, Shirley Henen

1997
Sid Moss, Herman Meijburg, Ben-Joshua Jaffe, Bob Wrenn, Tom Attig, Neil Thompson, Gerry Cox
Dave Adams, Alfonse Deeken, Phyllis Silverman, Fritz Roth
Leslie Balmer, Steve Fleming and daughter
Janice Nadeau, Len Nadeau
Frances Dominica Ritchie, Bob Wrenn
Dana Papadatou, Bob Neimeyer
Dave Adams, Paul Rosenblatt
Tim Moss, Sid Moss
Lynne deSpelder, Alex Fosterpolis, Ben-Joshua Jaffe, Ira Byock
The group

1998
In the shearing shed
At the sheep ranch
Cecily Saunders, Michael Stevens, David Balk
Naoko Sugimoto, Inge Corless, Al Strickland
Denis Klas, Steve Connor
Neil Small, Geoff Glassock, Kjell Kallenberg, Esther Gjertsen
The group at the Opera House
Barbara Reyes-Lovrin, Ron Barrett, Gerry Cox
The group in the post tour
Bob Neimeyer
Cecily Saunders, Bob Bendiksen, Connie Holden, Herman Meijburg
ASSUMPTIONS AND PRINCIPLES 
UNDERLYING STANDARDS FOR CARE OF 
THE TERMINALLY ILL 

INTERNATIONAL WORK GROUP 
ON DEATH, DYING AND BEREAVEMENT 

Assumptions and Principles 
Regarding Bereavement 

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STATEMENT ON CARE OF THE DYING 
AND BEREAVED IN DEVELOPING COUNTRIES 

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ASSUMPTIONS AND PRINCIPLES 
OF SPIRITUAL CARE 

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A STATEMENT OF ASSUMPTIONS AND 
PRINCIPLES CONCERNING EDUCATION ABOUT 
LIFE-THREATENING ILLNESS, DEATH, DYING, 
AND BEREAVEMENT FOR VOLUNTEERS AND 
NON-PROFESSIONALS 

A STATEMENT OF ASSUMPTIONS AND PRINCIPLES 
CONCERNING EDUCATION ABOUT DEATH, DYING, 
AND BEREAVEMENT FOR PROFESSIONALS IN 
HEALTH CARE AND HUMAN SERVICES 

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INTERNATIONAL WORK GROUP ON DEATH, DYING, 
AND BEREAVEMENT 
A Statement of Assumptions and Principles Concerning 
Education about Death, Dying, and Bereavement 

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ASSUMPTIONS AND PRINCIPLES CONCERNING 
CARE FOR PERSONS AFFECTED BY HUMAN 
IMMUNODEFICIENCY VIRUS DISEASE 

A Statement of Assumptions and Principles Concerning Psychological Care 
of Dying Persons and their Families 

Final Draft from the 
Violence and Grief Work Group 

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DOCUMENT ON VIOLENCE AND GRIEF 

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CHILDREN, ADOLESCENTS, AND DEATH: 
MYTHS, REALITIES, AND CHALLENGES 

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