RESEARCH LETTER

Children of the elderly are inapt in assessing death anxiety in their own parents

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INTRODUCTION

Daily the geriatric multidisciplinary staff encounters Death Anxiety (DA), whether in the patient or family member, and its existence impairs the ability to make unbiased decisions. Since children are often intimately involved in the decision making process with or for their elderly parent, the child’s belief in the existence of Death Anxiety in their parents may prevent flow of information, sometimes against the law.

Death Anxiety is defined by two separate but connected constructs: fear of death, and fear of the dying process (Depaula et al., 2003). It is reported to peak in middle-age but disappear in the elderly (Twelker, 2006), an important finding for the physician. Studies have examined DA in the young and elderly separately, but none have related to children’s ability to assess the level of DA in their own parents. The working hypotheses for this study were that the level of Death Anxiety would be higher in the children, the elderly would fear more the dying process and finally that the children would be unable to assess correctly the level of Death Anxiety in their own parent.

METHOD AND RESULTS

Forty-four child-parent pairs were recruited from in-patients in an acute geriatric ward. All the elderly (mean age: 81 ± 4.71) enrolled in the study were cognitively intact (mean MMSE score: 27 ± 1.6) with mean 9.2 years of educational. The children (mean age of 52 ± 6.41) were slightly better educated (mean 14.2 years). The children scored higher on Templer’s Death Anxiety Scale (DAS) (Templer, 1970) than their parents (mean score: 6.9 ± 3.3 compared to 4.0 ± 1.4, p < 0.01). Even more significant was a higher score given by the child on proxy-assessment of the level of DA in his own parent (mean 8.1 ± 3.1; p < 0.001). Interestingly no correlation with the scores was found with religiosity, educational level, health, affective status, Holocaust survivor or interpersonal parent-child relationship. On sub-analysis of the questions in the DAS, it was found that the parents tended to relate more to the actual process of death (100% were afraid of dying a painful death) rather the thought of death itself (negative answers to ‘I am afraid to die’, and ‘The thought of death does not bother me’ and positively to ‘I am not afraid to die’). The children answered differently to their parents and even more so, assumed the existence of Death Anxiety in their own parents on proxy-assessment (see Table 1).

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DISCUSSION

The hypothesis that Death Anxiety is higher in the young compared to the elderly was confirmed in our study by the differences on the mean DAS scores (6.9 for children versus 4.0 for parents), a finding similar to that in the literature (Twelker, 2006), with DA peaking in middle-age and decreasing with increasing age. A future study should also be done with grandchildren to investigate DA over whole lifespan. The hypothesis that parents are not afraid of death but of the dying process was supported in our study by the negative answers to the questions directly related to death, a finding reported by others (Hallberg, 2004). The final hypothesis that the children incorrectly assess Death Anxiety of their own parents was verified by significant difference in mean DAS scores for parent compare to child proxy-assessment of parent.

This conflict between parent and child with regard to extension of life is well known. Schafer (2001) reported that the basis is often related to the desire of the child for continuing life, whereas the parent tends to understand the finite limits of life. Though the sample size was small, our findings are still very significant. As expected, the elderly presented with less Death Anxiety than their children, but the uniqueness of the study was that it proved that children were inapt to assess, by proxy, the absence or presence of Death Anxiety in their own parents. The children actually tended to extrapolate their own fear of Death Anxiety onto their parents and this may explain why children deny the rights of their parent to receive information from the physician, often in contradiction to the Patient’s Rights Act. Explaining to the children of the elderly the true state of their parents, the absence of Death Anxiety in their parents, will allow for more open communication.

CONFLICT OF INTEREST

None known.

REFERENCES
