

GIVING YOUR CHILD BAD NEWS

ADOLESCENTS

Adolescents approach their own deaths in very different ways. Some adolescents close to death may decide where they want to be or what medications they want to take. They may plan particular goals, including who gets possessions they value. They may call friends and family to say good-bye and may even plan their funerals and consider what kind of memorial they want. Some adolescents will talk with their friends, rather than parents, doctors, or therapists, about their approaching death. Some adolescents will delay any discussion or acknowledgment of the likelihood of death until the last possible moment. Others will not acknowledge it at all.

Adolescents, whose religious beliefs and values are likely to be more in flux than a younger child's, may develop their own spiritual beliefs as the illness progresses. These may influence their attitude toward death, what kind of funeral they want, and how they want to be remembered.

Balance what you say to your adolescent against his attitude and apparent concerns. It may well be that he understands more than he is letting on and simply does not want to talk about it. In this case, let him know you are available to talk if he wants. Or if you feel you cannot do this, encourage the doctor to probe gently whether your adolescent has any questions that he is not asking.

The doctor may want to inform your child about his medical condition, and you will need to decide how to respond. Once again, doctors are unlikely to agree to lie to your child. Based on your child's age and level of maturity, the questions he is asking, and your wishes, the doctor is likely to be more or less explicit in his answers. He too will want to preserve your child's hope for as long as possible. One wonderful doctor at Dana-Farber used to say to parents that only a miracle could save their child's life. He continued that, very rarely, he had seen a miracle happen, but usually, sadly, the miracle did not happen, and he feared the family should base their expectations on the more likely scenario. It is also true that doctors have different styles. Some are more blunt than others; some emphasize the facts, others the hopes; some have more difficulty delivering bad news than others; some show more emotion than others. But speaking generally, the older and more mature your child, the more reluctant a doctor will likely be not to answer his questions directly. If a younger child asks if he will die, and the doctor knows your wish is that he not be told, he may evade the question and suggest the child can ask again if he is worried or talk directly with you. The doctor will likely continue to discuss with you the benefits of open communication.

If your adolescent asks you or the doctors directly, "Am I going to die?" ask him first about what he is thinking. You can then adjust what you say accordingly. If the doctors have told you there is no curative treatment available, see what you think about these answers—again trying to be truthful but giving your adolescent continuing choices.

- "The doctors are worried. Right now they don't have medicine that can cure your cancer, but they can see that you are comfortable and can do some things that you want to do."
- "If the doctors can't stop the cancer from growing, you are likely to die— not right now, but at some point . . ."
- "If that does happen, what is important for us to know about what you would want?"
- "Is there anything particular you are worried about?"

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- “Do you have questions for the doctor about how it might happen?”
- “Would you like us to tell you if the doctors think it is close?”

The following stories show how differently adolescents handle their approaching deaths.