

# Understanding the Difference:

## Palliative Medical Care & Death Doulas

Both support people facing the end of life — but in different ways. Together, they create a more complete circle of care.

### 1. WHO THEY ARE & WHAT THEY DO

#### *Palliative Medical Team (Doctors, Nurses, Social Workers):*

- **Medical professionals** who treat physical symptoms and manage pain.
- They help decide what treatments to pursue or stop.
- They explain illness, options, and outcomes in medical terms.
- Provide some emotional and social support within their time and system constraints.

**Example:** A palliative doctor adjusts morphine levels for a patient in pain and talks to the family about stopping aggressive treatment.

#### *Death Doulas (Non-medical End-of-Life Guides):*

- **Non-medical companions** who support the *emotional, spiritual, and practical* needs of the person and family.
- Help with legacy work, ritual, advance care planning, end-of-life education, and family presence.
- Offer continuous support and time — especially when medical staff are stretched thin.
- Fill the gaps in care that the healthcare system is not designed or funded to provide.

**Example:** A death doula helps a family create a memory book, guides a vigil, and explains what to expect in the final hours in non-clinical terms. She sits quietly beside the person dying, offering calm presence.

### 2. FOCUS OF CARE

	Palliative Medical Care	Death Doulas
Goal	Manage illness, reduce pain, improve quality of life	Emotional/spiritual preparation and presence
Focus	Symptoms, medications, treatment choices	Meaning, fears, relationships, legacy, ritual

<b>Workplace</b>	Hospitals, hospices, long-term care, homes	Primarily in the home or hospice beside the bed
<b>Time</b>	Visits limited due to caseloads	May stay for hours or even overnight if needed
<b>Services</b>	Medical decisions, pain relief, care planning	Advance directives, vigil planning, grief support

### 3. HOW THEY WORK TOGETHER – NOT DUPLICATE

#### *Complementary Roles*

- Palliative teams focus on clinical and symptom-based care.
- Doulas attend to what's often left behind: **emotions, meaning, family distress, spiritual or cultural rituals.**

#### *Real-world gap:*

Healthcare systems are overwhelmed — staff are stretched. Many families are sent home with basic instructions and are left to navigate death on their own.

#### *Example:*

A doctor might say, “He is nearing the end. He’ll likely die within a week.”

A doula can help the family **understand what that looks like** day by day, **create a sacred space**, support the person’s **final wishes**, and **sit with the grief** that arises.

### 4. ADDRESSING COMMON CONCERNS

#### *"Are death doulas duplicating what we do?"*

**No.** Doulas are not medical. We do not diagnose, prescribe, or replace clinical care.

Instead, we extend and **humanize the dying process** beyond the clinical limits. Many doctors have said, “I wish I had more time for that part.” Doulas *do*.

### 5. A Shared Goal: Dignified, Empowered Dying

When we work **together**, we ensure people don’t die in confusion, fear, or isolation.

We create a circle of care: **medical + emotional + spiritual.**

## Summary

Aspect	Palliative Medical Care	Death Doula
Medical Role	Yes	No
Emotional/Spiritual	Some, limited by time	Primary focus
Symptom Management	Yes (clinical)	No
Legacy/Ritual Support	Rarely	Often
Grief and After-Death Care	Some bereavement programs	Personalized presence and rituals
Time & Presence	Limited	Flexible, based on need