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Wishes for a good death in context of the COVID-19 pandemic - perspective of older individuals living in Finland

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ABSTRACT



The purpose of this study was to describe the wishes for a good death in the context of the COVID-19 pandemic based on the perspective of older individuals living in Finland. The data ($N = 18$) were collected from October to December in 2021 through in-person interviews of independently living and aged 65 and older individuals. The data were analysed by inductive content analysis. Older individuals' wishes for good death included consideration of empowering factors relating to the period before death and consideration of other people in connection with the death. In addition, it included preparing documentation of wills, enabling an individual moment of death, and deciding on matters relating to the funeral. The wishes of older individuals for a good death must be considered individually. They should be allowed to discuss their wishes for a good death. In addition to the development of palliative care, attention should be paid to the ethical dialogue surrounding the individual's right to decide when to die.

KEYWORDS

Good death; community dwellers; COVID-19 pandemic; qualitative approach

Introduction

Death is an inevitable part of every human life. Older individuals are entitled to good life and death (THL, 2022b). The population is expanding rapidly worldwide (WHO World Health Organization [WHO], 2021). The world has encountered a health crisis in the form of the COVID-19 pandemic. According to the WHO World Health Organization ([WHO], (2022), there have been 6,230,357 deaths caused by the COVID-19 virus in the world by 26 April 2022. Correspondingly, 3939 deaths due to the COVID-19 virus have been reported in Finland (WHO, 2022). At the beginning of the pandemic, the Finnish institute for health and welfare guided older individuals to avoid unnecessary direct social contacts and transactions in various services, if possible, as older individuals are at risk for contracting a severe coronavirus disease, especially people over 70 years (THL, 2022a). Measures related to the COVID-19 pandemic and its containment, such as self-isolation and social distancing, have been linked to the overall well-being of older individuals,

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according to a previous study (Louie et al., 2021; Tyrrell & Williams, 2020; Visser et al., 2020). Visser et al. (2020) found out that the COVID-19 pandemic had a negative impact on the nutrition and physical activity behaviour of older individuals who lived independently. Furthermore, Louie et al. (2021) stated that essential predictors for stress and suicidal ideation were loneliness and coping efficacy. Tyrrell and Williams (2020) argued that deprivation of social contact with loved ones is associated with a decline in physical and mental health. In addition, older individuals experienced grief due to loss of agency, losing social contact and physical touch, and health struggles during the COVID-19 pandemic; all matters related to death and especially dying alone during the pandemic were an added challenge (Statz et al., 2022). During the COVID-19 pandemic, the age-based recommendation meant deprivation of autonomy. The isolation leads to a reduced ability to act, feelings of depression, and increased thoughts of death (Nilsson et al., 2021). Some studies conducted before the COVID-19 pandemic stressed that older individuals' wishes for a good death included physical and psychological well-being (Fan et al., 2019), an ability to decide who is present at the time of death, as well as the choice of place of death (Anttonen, 2016; Hävölä et al., 2014) which was not necessarily possible during a pandemic.

The pattern of beliefs about a good death can vary depending on cultural background (Koh-Krienke, 2019; Nishimoto & Foley, 2001). Western cultures are considered less holistic than Eastern cultures, as Eastern cultures include an assumption that positive and negative things can coexist (Ma-Kellams & Blascovich, 2012). Attempts have been made in the academic literature to define good death in various ways. Good death has been defined from both idealising and individual perspectives. In any case, the definition of a good death is not static but a dynamic process (Raisio et al., 2015). Also, Doorenbos et al. (2006) and Park et al. (2019) stated that the ability to maintain one's dignity and to make autonomous decisions about oneself, social relationships, and emotional security are part of a good death in general.

To our best knowledge, there has been little targeted research on the wishes of independently living older individuals aged 65 and older for a good death. Some studies have produced older individuals' wishes for a good death as an additional result. Some studies stressed that older individuals' good death wishes included getting help with unpleasant symptoms (Limpawattana et al., 2021; Srinonprasert et al., 2019) and peaceful death without pain (Fan et al., 2019; Ko et al., 2015). Also, natural death (Ko et al., 2015) and death without artificial prolongation of life (Fan et al., 2019; Ko et al., 2015; Limpawattana et al., 2021) was part of older individuals' wishes. The relationship with family members or close friends was emphasised (Ko et al., 2015; Limpawattana et al., 2021; Liu & van Schalkwyk, 2019; Srinonprasert et al., 2019). In addition, not being a burden to other people was part of older individuals' wishes for a good death as well as the opportunity to decide where to die (Limpawattana et al., 2021; Srinonprasert et al., 2019). Older individuals' wishes for a good death were related to discussing death-related issues in preparation for a good death and cultural rituals related to the birth country (Liu & van Schalkwyk, 2019). Also, aspects related to spirituality and religion were part of older individuals' wishes for a good death (Ko et al., 2015).

To our best knowledge, no targeted research has been conducted in Finland on the wishes of older individuals for a good death. In general, in Finnish culture, death has become medicalised after death has been externalised to hospitals and nursing homes (Hakola et al., 2014; Jylhäkangas, 2013). Death rituals are primarily related to the time

after death and give loved ones the opportunity to face the death of the deceased one. It is difficult for people to talk about their impending death while they are alive; death and related sentiments are considered personal matters (Hakola et al., 2014). In addition, the abstract nature of discussing death may pose a challenge to expressing wishes for a good death (Wilson et al., 2024). An academic dissertation by Anttonen (2016) and a study by Hävölä et al. (2014) revealed older Finnish palliative care patients' wishes for a good death as additional results, including the ability to prepare for death, as well as to decide the place of death and who is present at the moment of death. Also, good death wishes included hopes for the survival and success of future generations and family members (Anttonen, 2016; Hävölä et al., 2014). Palliative care patients experiences of care were described as being somewhere between living and dying (MacArtney et al., 2017). According to Borgstrom (2015), people may be able to express their preferences for end-of-life care, but they cannot control the uncertainty associated with the dying process with their choices. In the debate on a good death, in addition to palliative care, a public reflection on the right of the individual to influence the decision from the moment of death comes into consideration (Inbadas et al., 2020).

It is essential to study the wishes of older individuals about a good death in the context of the COVID-19 pandemic, as no previous research focusing on the wishes of older individuals about good death in the context of the pandemic has been conducted in Finland. The purpose of this study was to describe the wishes for a good death in the context of the COVID-19 pandemic based on the perspective of older individuals living in Finland.

Materials and methods

The qualitative approach of the study

This study applies a qualitative research method and inductive content analysis to interpretive nature of the description of experiences (McChesney & Aldridge, 2019). This study seeks to gain an understanding of the phenomenon under study from the perspective of people experiencing it as authentically as possible (Vaismoradi et al., 2013).

Recruitment of research participants and data collection

The inclusion criteria in this study followed the definition set by an international research project 'Understanding good ageing and good death in the context of the COVID-19 pandemic – A cross-cultural study' in which this study was carried out. Participants who were aged 65 years or older, were cognitively fit to answer the interview questions and were able to communicate in the Finnish language were sought as informants for this study.

The recruitment was conducted by advertising in the Facebook regional group and local retirement organisations and expanded by snowball recruitment. The interviewees were invited to participate by publishing an advertisement with a cover letter for participants on the Facebook regional groups. In addition, the first author presented the research topic at events of local retirement organisations.

Data were collected in in-person interviews by two researchers using semi-structured interviews. The interviews lasted, on average from a half hour to one and a half hours. A total of 18 people were interviewed. The data was collected from October to December in 2021. Information about the health status of the interviewees was not collected.

Open-ended interview questions: When thinking about death on a general level, what are the aspects of a good death? What do you need to experience a good death? Does the pandemic change your view regarding good death? If yes, explain those changes. What aspects are important to you when you consider the end of your own life?

Data analysis

The method of data analysis was inductive content analysis which is suitable for the analysis of sensitive material (Vaismoradi et al., 2013). The first author conducted the data analysis. It was ongoing throughout the study. The recorded interviews were transcribed and analysed in the original language (Finnish) by the first author, so the significance of the research material did not change during the analysis. The research material was coded after the data collection. It allowed a return to the data at different stages of the analysis. The coding process was handled manually.

The sentence or part of the sentence answering the research question was selected as the unit of analysis from which the original expressions were extracted and simplifications were formed. Simplifications with similar content were combined. Subcategories were formed from substantively similar expressions, from which, by further raising the level of abstraction, categories were formed. Subcategories and categories were assigned names descriptively (Elo & Kyngäs, 2008; Vaismoradi et al., 2013). The process of content analysis for one category is described in Table 1.

The first author performed data analysis and discussed it with the third author throughout the analysis process. The first author translated the results of the analysis into English. The translation followed the translation method process developed by Ho et al. (2019) for translating sensitive qualitative data. After translating the results, the second and third authors went through the analysis. Possible disagreements were discussed until a consensus was reached.

Trustworthiness and ethical considerations

The trustworthiness of this qualitative research was assessed throughout the research process (the preparation phase, the organisation phase, and the reporting phase). The trustworthiness assessment was performed using the trustworthiness criteria of the qualitative study (Elo et al., 2014). In this study, credibility was increased by the fact that the data collection method was suitable for answering the research question and in line with the purpose of the research. In addition, the sample size was appropriate for this study, and the saturation of data was reached (Elo & Kyngäs, 2008; Elo et al., 2014). The dependability was increased, by reporting the research process, so that another researcher can follow the progress of the process. The conformability was enhanced by presenting authentic quotations from the transcribed text. Transferability was enhanced in this study by the researcher describing the research context, and participants with sufficient accuracy and clarity. Authenticity was enhanced by the fact that the first researcher received guidance from

Table 1. Progress of inductive content analysis for one category.

Category	Subcategory	Simplification	Original expression		
Preparing documentation of wills	Planning on matters relating to the division of belongings	Planning on the distribution of goods before death in general (P10)	'Yes, we have planned the distribution of goods.' (P10)		
		Planning on the distribution of goods to different families before death (P5)	'I have already tried to organise all the books in the boxes. Which goes to which family.' (P5)		
		Planning the disposal of the property before death (P7)	'I have plan to arrange things so that I do not own anything.' (P7)		
		Planning the distribution of jewellery (P5)	'I want to give a gold ring to every family, to the eldest daughter, yeah. Except for the grandchild, I give that gold ring that I received when I had the first child.' (P5)		
		A plan on matters relating to the inheritance (P15)	'My children are descendants, not heirs.' (P15)		
		Planning to leave a financial inheritance to children (P6)	'Well, of course, I would leave it to the children, in the sense that a little as it is said, I would leave some of my wealth to the children.' (P6)		
		Planning to leave the property for the daughter (P18)	'An agreement has been made to give to a daughter ... All of them are planned to arrange so that my daughter is not left with so much to organise.' (P18)		
		Planning to facilitate the distribution of heritage through monetary inheritance (P7)	'If something is left, it is money, and it is easy to share.' (P7)		
		Planning prevention of inheritance problems (P13)	'There should be no inheritance problems.' (P13)		
		Planning to leave a valuable legacy (P18)	'Only, trying to leave what is valuable.' (P18)		
		Deciding on the making of wills	Making a will (in general) (P1, P4, P5, P17)	Making a will (in general) (P1, P4, P5, P17)	'Of course I have made a will and so it is.' (P1) 'We have all the wills ready.' (P4) 'That one does all things, such as wills, and puts them in order.' (P5) 'The will is ready.' (P17)
				Making a financial will (P8)	'A financial will has already been made.' (P8)
				Making a living will (P15)	'Then, I have made a living will.' (P15)
				Making body donation for medical science (P10, P14)	'So what about a good death? Then I thought I leave my body to pathologists of the university hospital there.' (P10) 'For example, I have made a body donation consent ... to medical science.' (P14)
Making body donation to university (P15)	'I have made a body donation to the university. I have bequeathed my body there.' (P15)				
Deciding the signing of a body donation consent (P17)	'I have been thinking about it. It would be worth doing. Making of a body donation consent.' (P17)				
Deciding the making of a funeral will (P5, P10)	Deciding the making of a funeral will (P5, P10)	Deciding the making of a funeral will (P5, P10)	'Yes, on the one hand, I would make a funeral will, yes, on the other hand, I would do such a thing.' (P5) 'I have to make that plan (funeral will) in advance, what kind of funeral, and how I want it.' (P10)		

more experienced researchers during the analysis phase which helped the researcher to show the different realities contained in the qualitative data (Elo et al., 2014).

The researcher conducted research following the responsible conduct of research and the practices recognised by the scientific community. Ethical approval for research and data

collection was obtained from the Ethics Committee of the Tampere Region, Finland in September 2021 (Permission 60/2021) (TENK, 2023). Participation in the study was based on informed consent. Participation was voluntary. The participant had the right to withdraw from the study at any stage of the study. Throughout the research process, the following research ethical principles were followed: the autonomy and dignity of human research participants (TENK, 2019). Research material was processed and stored in a such way that the privacy of participants was not compromised (TENK, 2023). All personal data collected during the research were processed in compliance with the EU's General Data Protection Regulation (GDPR) and the data protection laws of Finland. Due to the COVID-19 pandemic, the interviews were conducted either remotely or in a face-to-face meeting, considering any instructions and limitations that resulted from the COVID-19 pandemic. Trustworthiness was increased by the fact that the participants voluntarily contacted the researcher when announcing their willingness to participate. In addition, participants could choose the method of conducting the research interview. This strengthened trustworthiness, as it enabled participation even from those who did not want to meet the researcher face-to-face during the pandemic (Elo et al., 2014).

This study examined older individuals' wishes for a good death that may be perceived as a sensitive topic (Brannen, 1988) in the context of the COVID-19 pandemic, which can be defined as a difficult life situation. In addition, older individuals may be considered a sensitive group of research participants (Jokinen et al., 2002). The researcher paid special attention to the recruitment of participants (Kavanaugh et al., 2006) to ensure that this study does not cause unnecessary harm to the participants (TENK, 2019). Those interested in the research and participating in it had the opportunity to contact the researcher and ask questions related to the research. The participants were given both oral and written information about the voluntary nature of the study (Elo et al., 2014). The first author has a long experience of working as a psychiatric nurse. The second author has a notable experience in gerontological research. The third author has a long experience in nursing and significant experience in researching sensitive topics and interviewing sensitive participant groups. Thus, the members of the research team have the skill to recognise who are suitable as participants and to recognise the possible need for psychological support of the research participants, if it arises in connection with the research interviews, and to guide them in seeking support if necessary. Although the researcher has a duty to protect participants from significant harm, according to the principle of fairness, everyone has the right to participate in research, which will also be observed at all stages of this research (Raudonis, 1992). Talking about difficult things has also been found to be therapeutic (Aho & Kylmä, 2012).

Results

Participants

Study participants ($N = 18$) were independently living. They lived without professional carer support. Seven of them lived with a spouse or life partner, and eleven lived alone. Fifteen of the participants were women, and three were men. Participants ranged in age from 65 to 87 years. The average age of the participants was 75 years.

Table 2. The wishes of older individuals living in Finland in connection with a good death.

Category	Subcategory
Consideration of empowering factors relating to the period before death	Enabling individual wishes related to the period before death Enabling active involvement in the pre-death period Meeting their care needs before death Adapting to impending death Thinking about empowering wishes related to the time after one's death
Consideration of other people in connection with the death	Discussing the matters of an older individual with children Caring for the quality of interpersonal relationships before death Passing instructions to loved ones by the dying person Avoiding being a burden to other people
Preparing documentation of wills	Planning on matters relating to the division of belongings Deciding on the making of wills
Enabling an individual moment of death	Experiencing a psychophysically good moment of death Surrounding by the others by the time of death Enabling wishes concerning the place of death Possibility of deciding on the moment of death
Deciding on matters relating to the funeral	Fulfilment of funeral wishes Making choices about the method of burial or other disposal or interment methods Selection of participants for the funeral Expressing funeral wishes to loved ones

Description of the wishes of older individuals for a good death

Participants' wishes for good death included consideration of empowering factors relating to the period before death and consideration of other individuals in connection with the death. In addition, it included preparing documentation of wills, enabling an individual moment of death, and deciding on matters relating to the funeral. (Table 2).

Consideration of empowering factors relating to the period before death

Consideration of empowering factors relating to the period before death included enabling individual wishes related to the period before death and active involvement in the pre-death period. In addition, meeting their care needs, adapting to impending death, and thinking about empowering wishes related to the time after one's death was part of the participants' wishes.

Enabling individual wishes related to the period before death meant the period when participants felt a closeness with death. It included a wish to live a healthy life by remaining healthy and functional and maintaining the ability to identify people and an ability to take care of oneself. Participants wished to live painlessly before death without experiencing sorrow, live without long-term illnesses like cancer, and die less old without functional limitations. Part of their wishes was that all things would go well before death, they would die before their spouses, and they would experience death as their only option in their state of health. The possibility of refusing to sing hymns based on belief and the desire to stay sane were also part of participants' individual wishes before the death.

That I don't want to experience... that I no longer know anyone who is coming to see me or anything, and I cannot take care of myself. (P6)

I wish I don't have to die of cancer that causes terrible pain. (P10)

Enabling active involvement in the pre-death period included a wish to be able to do all practical tasks before death and take care of all the little things well. It also involved renovating the garden, repairing unfinished business, and arranging things. In addition, participants' wishes comprised keeping things in order, organising financial affairs, selecting persons to handle financial matters on behalf of an older individual, going through assets before death, and writing wishes related to death on paper. Part of the wishes was planning for the death cleaning and doing the death cleaning.

I'll put the garden and some little things in order before I die. (P2)

I have begun to clean, doing the death cleaning. (P8)

Participants wished to meet their care needs before death. It was related to the possibility of hospice care and a wish that one's state of health in hospice care is such that one can eat food. In addition, participants wished that the well-being of the dying person and the person who wants to die would be taken care of to the end. Also, involving their own adult children in decision-making about caring for the dying, enabling the person approaching death to use a laptop computer and communication channels, and allowing children to visit, were related to the participants' wishes.

A hospice care may be a way to receive fluid therapy but no longer food. I do not say that when I do not know whether I want food, but it sounds awful that your state of health might be such that you cannot eat food anymore. (P13)

Adapting to impending death included preparing for the possibility of sudden death as a means of psychological adjustment and alleviating the fear of death, a fatalistic approach towards death, and accepting death. The prevention of the fear of death through ideological principles, adapting to death by planning a living will, and thinking about the cause of death and death before one's death was related to adapting to impending death. Participants' wishes also included experiencing death as exciting, the forgiveness of sins before death, being in faith, and experiencing the goodness of sons. Some participants experienced a fearless attitude to death. Therefore, they felt that the COVID-19 pandemic had not affected their wishes for a good death. Instead, some participants felt that their wishes for a good death were readjusted because they had to adapt to the possibility that relatives may not be able to be with a person diagnosed with COVID-19 disease at the time of one's death at the hospital. Some of the participants mentioned that keeping a body donation consent with you, becoming aware of your attitude towards death, and avoiding annoyance by taking care of things before death, were included in adapting to impending death.

That is what is said to protect us from sudden death, and so on, but at this age, I am prepared for it in such a way that it is not frightening either. (P2)

The COVID-19 era has not affected my wishes for a good death. I have not feared death. (P5)

Death comes when it comes. I have accepted it. (P17)

Thinking about empowering wishes related to the time after one's death included a wish that the body will be found soon after death, it is removed after death, and that one can trust that this will happen. It also included a wish to plan a characteristic and self-made obituary. Participants felt that thinking about empowering wishes related to the time after

one's death involved friends grieving and remaining non-bitter about one's death as well as that friends are not suffering. Participants wished that relationships of the remaining people would remain undisputed, and the remaining people will stay in good spirits.

However, there would be good interpersonal relationships. That no one would be left with any resentment, nor a bitter mind. (P5)

Consideration of other people in connection with the death

Consideration of other people in connection with the death involved discussing the matters of an older individual with children and caring for the quality of interpersonal relationships before death. In addition, participants' wishes included passing instructions to loved ones by the dying person and avoiding being a burden to other people.

Discussing the matters of an older individual with children was related to the possibility of death and death of an older individual, negotiating general matters related to older individuals' death with children or sons, and discussing body donation to medical science with a daughter.

Children know that I am old, and it can happen. Even those younger than I have died. (P2)

We have everything ready, and things have been negotiated with the boys. (P4)

Caring for the quality of interpersonal relationships before death involved having good relations with the remaining loved ones and clarifying matters before one's death by talking and clarifying matters with children, at least at the time of death. In addition, participants' wishes included settling disputes and being at peace with everyone or at least with loved ones.

It is a good death to have all things sorted out, for example, the basics considering current matters. And then, in a way, to be in harmony with everyone, at least those close to you. (P11)

Passing instructions to loved ones by the dying person included telling passwords to children for financial matters and sharing information about their accounts with children. Part of the participants wished to leave children with instructions related to wealth and listing shares for relatives for the estate inventory deed. In addition, it included organising things to help children, providing children with information about the body donation consent, and planning to leave a handwritten or computer-generated message to loved ones.

Yes, I have certain thoughts in my mind about what I have wanted, what on paper or somehow on a computer somewhere that my loved ones know. (P6)

According to the participants' wishes avoiding being a burden to other people were related to taking care of one's practical matters to avoid burdening others, avoiding leaving goods, and doing the cleaning so that it does not become a nuisance to others. Participants' wishes included choosing a burial method to avoid burdening others, preventing the cost of death to children, avoiding burdening the daughter, and hoping to avoid harming others. This was related to the way older individuals tried to live their lives avoiding making their children and grandchildren bitter and managing one's affairs to avoid and prevent disputes and recording of distributed goods.

I have tried to live in a way that the children, my children, and their children would not be as bitter as I have been to my mother. (P15)

Preparing documentation of wills

Preparing documentation of wills included planning on matters relating to the division of belongings and deciding on the making of wills.

Participants' wishes involved planning on matters relating to the division of belongings. It involved planning the distribution of goods in general or to different families before death, planning the disposal of the property, and the distribution of jewellery. According to some participants, it included making a plan for matters related to inheritance, while others mentioned that they are planning to leave a financial inheritance to children or leave property to the daughter. Also, it was related to planning to facilitate the distribution of heritage through monetary inheritance and the prevention of inheritance problems as well as planning to leave a valuable legacy.

I have plan to arrange things so that I do not own anything, if something is left, then it is money, and it is easy to share. (P7)

Deciding on the making of wills included making a will in general or making a financial will or living will (meaning that you can ensure that your personal wishes are taken into account in situations where you are no longer able to express your wishes, for example, a do not resuscitate decision). In addition, it involved making a body donation for medical science or university use and deciding on the signing of a body donation consent. Some of the participants mentioned that they decide to make a funeral will, in which they define their wishes regarding the funeral.

Of course I have made a will and so it is. (P1)

For example, I have signed the body donation consent. If I die that way, my body belongs to medical science. (P14)

Enabling an individual moment of death

Participants' wishes involved enabling an individual moment of death (meaning having a personalised death). It included experiencing a psychophysically good moment of death, being surrounded by others at the time of death, enabling wishes concerning the place of death at the time of death, and the possibility of deciding on the moment of death.

Participants wished to experience a good moment of death psychophysically. It involved experiencing a sudden, calm, peaceful, and gentle death. In addition, experiencing a quick, easy and valuable death was part of the wish to experience a psychophysically good moment of death. Some participants wished their death to be unique, while others wished it to be ordinary. Participants wished to experience death without suffering, distress, and agony and to experience painless death. Also, experiencing a psychophysically good moment of death included receiving appropriate pain medication and experiencing clarity at the time of death despite medication, dying without confusion, and recognising people. In addition, experiencing death while outdoors or sleeping, as well as being in a comfortable position at the time of death, and calm

cessation of vital functions were associated with experiencing a psychophysically good moment of death.

That death is peaceful and that you really should not be in pain, not to languish. It has to be easy. Indeed, the best thing would be sudden death. (P17)

Surrounding by others by the time of death included experiencing death in the presence of other people, friends, or loved ones. In addition, the presence of children and grandchildren at the time of death, as well as experiencing a respectful approach, were included in the participants' wishes.

That I would not be alone at the time of my death. (P16)

Enabling wishes concerning the place of death was associated with dying in one's own home or a care home, depending on the need for care, choosing the place of death according to the current need, and experiencing death in bed. In addition, the possibility to die in a peaceful place, having a hydraulic bed, as well as the use of comfortable bedding, and listening to music at the time of death was included in enabling wishes concerning the place of death.

If it is known that death is coming, then it is that one could listen to that music at the place of death. I would die in a bed that would be a kind of hydraulic bed, a hospital bed that can be raised and tilted, that it is good to be in the right position, and that there is no plastic sheet that is sweaty. (P10)

Participants' wishes were related to the possibility of deciding on the moment of death. It included deciding on one's death when seriously ill, injured, or as a bedridden patient and deciding on one's death in the case of incurable cancer or another incurable disease. In the wishes of the participants, it included deciding on one's death if only pain relief is possible or based on a doctor's assessment of the medical condition. It was related to the possibility of deciding death in the event of a seizure, the prohibition of artificial maintenance of vital functions, and the determination of one's moment of death. In addition, the possibility of euthanasia in general or when the situation is hopeless, for example, when demented or dependent on infusion therapy, and the legalisation of euthanasia in Finland (which is not currently legalised in Finland) were part of the participants' wishes for a good death.

I think a good death is that I can decide for myself when to leave. I fully support euthanasia. I think people should be able to decide for themselves if it comes to a situation where the doctor says there is nothing else to do but relieve the pain. (P13)

I think that euthanasia could be ok in some cases if you don't remember anything anymore and are stuck in infusion lines, so what's the use of this life then? (P18)

Deciding on matters relating to the funeral

Participants' wishes included deciding on matters related to the funeral. It involved the fulfilment of funeral wishes and making choices about the burial or other disposal or interment methods. In addition, the selection of participants for the funeral and expressing funeral wishes to loved ones were part of the participants' wishes for a good death.

For some of the participants, fulfilment of funeral wishes meant not arranging a funeral, for others it involved organising a small, simple, good, beautiful, unadorned,

formal, or modest funeral. It also included a wish to hold a funeral without a family celebration for some of the participants. In addition, adherence to funeral traditions, refusal of large funerals and commemorations, planning a playlist for the funeral, a funeral playlist compiled by the son, and playing music at the funeral that brought joy to the deceased was, according to participants' wishes, part of the fulfilment of funeral wishes. In addition, it involved wishing to avoid a tearful funeral, getting a single rose in a coffin, and considering a memory plate unnecessary.

Very formal and small those funerals. A very modest funeral. You don't even have to do that memory plate. (P14)

Making choices about the method of burial or other disposal or interment methods included choosing cremation or economic burial method, placing an urn in a family grave, spreading the ashes in the scattering area, or scattering ashes in the wind. In addition, participants' wishes included choosing a familiar cemetery as a burial ground and wishing to be buried in their clothing or non-gauze clothing.

They will cremate me, and then they will give the children that urn. And they will not have to pay the bucks. I have been thinking of an economical solution like this. (P10)

Older individuals themselves wanted to influence who would attend their funeral. The selection of participants for the funeral included the wish that the closest relatives or only loved ones would attend the funeral. For some older individuals this meant, the possibility of family members or just closest family members or a few friends and foster children attending the funeral.

I don't want a big funeral, just between loved ones. (P4)

For the participants expressing funeral wishes meant expressing a wish for a burial place to loved ones, writing funeral wishes on paper or saying them out loud, and passing on information about funeral traditions to the remaining ones. In addition, it involved discussing the funeral will with the daughter and the funeral wishes with the daughters and the burial place wishes with the son or the sister-in-law, as well as discussing with a partner about burial clothing.

I have told them that there is no need for any funeral. (P12)

I have spoken, and the daughters know about my funeral wishes. (P14)

Discussion

This study revealed a range of wishes of older individuals for a good death. The core elements of older individuals' wishes for a good death were consideration of empowering factors relating to the period before death and consideration of other people in connection with the death. In addition, core elements' included preparing documentation of wills, enabling an individual moment of death, and deciding on matters relating to the funeral.

Participants in this study highlighted the following wishes for a good death which are supported by the previous study: psychophysical well-being (Fan et al., 2019) and peaceful death without pain (Fan et al., 2019; Ko et al., 2015). Also, death without artificial prolongation of life (Fan et al., 2019; Ko et al., 2015; Limpawattana et al., 2021) was

included. In addition, the relationship with family members or close ones (Ko et al., 2015; Limpawattana et al., 2021; Liu & van Schalkwyk, 2019; Srinonprasert et al., 2019) and not being a burden to other people (Limpawattana et al., 2021; Srinonprasert et al., 2019) were emphasised in participants' wishes for a good death. This study highlighted the active involvement and participants' ability to make autonomous decisions in influencing the fulfilment of their wishes for a good death (Doorenbos et al., 2006; Park et al., 2019).

In this study, participants wished to meet their care needs before death which was, for example, related to obtaining the possibility of hospice care and a wish that one's state of health in hospice care is such that one can eat food. This highlights a relevant point of view that it was challenging for participants to express their wishes, as they do not yet fully know what wishes they have for a good death. It is because they have not yet experienced their death and related needs. This perspective has not emerged in a previous study on the good death of older individuals (Anttonen, 2016; Fan et al., 2019; Hävölä et al., 2014; Ko et al., 2015; Limpawattana et al., 2021; Liu & van Schalkwyk, 2019; Srinonprasert et al., 2019). On the other hand, MacArtney et al. (2017) found partially similar results to this study in their study of palliative care patients aged 30 to 90 years, that experiences of care were described as being liminal in character, meaning, somewhere between living and dying. The abstract nature of talking about death when it was not an impending or personal issue has also been found in the study of general population between the ages of 30 and 81 in relation to a good death (Wilson et al., 2024). According to Borgstrom (2015), sense of uncertainty affected palliative care patients ability to plan for their deaths.

Participants' wishes were related to the possibility of deciding on the moment of death which included, among other things, the possibility of euthanasia in general or when the situation is hopeless, for example, when demented or dependent on infusion therapy, and the legalisation of euthanasia in Finland. In this regard, it would be a priority in the future to have a public ethical dialogue on what opportunities can be offered to older individuals, for example, in the context of palliative care, so that their potential wishes for a good death can be met. In addition, the public ethical dialogue about euthanasia and the individual's right to decide when to die is significant (Dransart et al., 2021; Inbadas et al., 2020; Terkamo-Moisio, 2016).

Older individuals have experienced living in the world which has encountered the COVID-19 pandemic. In this study, part of the participants' wishes for adapting to impending death was a fearless attitude to death which is why some of the participants felt that the COVID-19 pandemic had not affected their wishes for a good death. This differs from previous research on the experiences of older individuals with the effects of the COVID-19 pandemic on their lives. According to previous study, the pandemic and its containment have been linked negatively to the overall well-being of older individuals including psychological and physiological wellbeing (Louie et al., 2021; Tyrrell & Williams, 2020; Visser et al., 2020). On the other hand, according to previous study, older individuals have also found ways to adapt to the pandemic and the resulting restrictions. For example, accepting the age-based recommendation but emphasising that it does not apply due to an active and healthy lifestyle or rejecting the legitimacy of age as an organising principle (Nilsson et al., 2021) is what might be behind the fearless attitude to death. In addition, the participants of this study were at least 65 years old at the time of the interview. Due to this, death may be more familiar to them as a phenomenon than to

those born later, in which case the perceived fear of death may be less (Hakola et al., 2014). Instead, some participants felt that their wishes for a good death were readjusted by the fact that they had to adapt to the possibility that loved ones may not be able to be with a person diagnosed with COVID-19 disease at the time of one's death in hospital. It may be due to the following adaptation method presented by Nilsson et al. (2021) accepting the age-based recommendation but expressing ambivalence and a change in self-perception. Additionally, all matters related to death and especially dying alone during the pandemic were an added challenge (Statz et al., 2022).

The challenge in the study was that some participants did not share their wishes about a good death extensively with the researcher. The question arose as to whether this could be a cultural way to avoid talking about death. Koh-Krienke (2019) stressed that notions related to death are dealt with denying one's mortality in Western cultures. Instead, in Eastern cultures thinking about impending death reminds an individual of life-related thoughts and activities (Ma-Kellams & Blascovich, 2012). According to Hakola et al. (2014) and Jylhänkangas (2013), in Finnish culture, death has become medicalised, and death is considered a personal matter. Despite this occasional challenge, the research material proved to be rich. On the other hand, some of the participants mentioned that they wanted to discuss death and the times surrounding. Some participants wanted to have a conversation with someone, in general, while others mentioned that they wanted to have a conversation with a close person, for example, their own children.

A limitation of this study may be that individuals who avoided social contact due to the pandemic did not participate in the study, although the opportunity for a remote interview was also available. Because the participants in this study were older individuals living independently and retaining their ability to function, this study does not necessarily reflect wishes for a good death from the perspective of older individuals living in nursing homes.

In conclusion, it can be stated that in the wishes of older individuals, good death appears to be a phenomenon that acquires individual meanings and is diverse in its time continuum. Older individuals strive to maintain active agency to influence their chances of obtaining a good death that meets their wishes. Information that was obtained from this study can be utilised, for example, in health care services, to better address the needs of older individuals concerning a good death in a normal situation and during a pandemic. Also, the information can be used, in the education of health care professionals and students, and the development of social environments, at the level of society, that are more responsive to the needs related to the older individuals' wishes for a good death. Along with the development of palliative care, there should be a societal, ethical dialogue regarding the individual's right to decide on their moment of death in Finland. In order to refine the information produced by this study, we will need different research methods to gain more information about the wishes of older individuals for a good death.

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