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**Studying connection at life’s end**

### **Dean’s distinguished research fellowship captures social realities of dying individuals**

Written by UW-La Crosse University Marketing & Communications

For individuals nearing the end of life, human connection becomes more than meaningful. Even the simplest gestures — like a hand held — can provide profound comfort.

This craving of human connection is one of the core discoveries from an eight-month qualitative study led by UW-La Crosse senior Maddie Jo Baumann, and faculty mentor, Angela Geraci. Baumann is recipient of the [Dean’s Distinguished Fellowship](https://www.uwlax.edu/csh/resources-for-students/deans-distinguished-fellowship/), the third awarded in 26 years in [Public Health and Community Health Education at UWL.](https://www.uwlax.edu/academics/public-health-and-community-health-education/)

The project explores a question not addressed in existing research: What do social relationships look like at the end of life, and what factors drive changes in those relationships?

“I got interested in this research after my grandma passed, and I saw how her relationships changed,” says Baumann. “As we dug into this topic, we realized a huge gap in research around this topic and thought this research could help fill it.”

Baumann’s curiosity led to a human-centered study that intersects public health, aging, caregiving and emotional support.

**Tackling a taboo topic**

The project was sparked in late 2024 when Baumann approached Geraci with an idea rooted in personal experience and public health urgency. Inspired in part by the U.S. Surgeon General’s advisory on the loneliness epidemic, Baumann wondered: What happens socially to people who are dying?

While loneliness has been widely studied across age groups — and caregivers themselves have been the focus of some research — the voices of dying individuals have largely been absent.

“I thought it was a brilliant idea, but also a difficult one,” says Geraci. “It’s a sensitive topic. How do you ethically and compassionately access that population?”

Navigating those challenges took persistence and care. The two conducted a thorough literature review, designed the study from the ground up, navigated the Institutional Review Board (IRB) process, secured consent from partnering hospice providers, and applied for funding — all while building trust with participants during an extraordinarily vulnerable time.

“This is something I never thought I’d do as an undergraduate,” says Baumann. “I’ve gained skills I’ll use for the rest of my career — and I’ve found a passion for working with geriatric and hospice populations.”

**A summer of listening and learning**

Baumann earned a stipend through the Dean’s Distinguished Fellowship, allowing her to conduct the research over the summer. With Geraci’s mentorship, she conducted interviews with patients in hospice care who were within six months of the end of life. Each session lasted about 45 minutes, offering participants an opportunity to reflect on their relationships and share insights on social change as death nears.

“We were worried we might be intruding,” says Baumann. “But it turned out many participants were eager to talk. They were craving that connection.”

Geraci recalls one La Crosse participant who said the interview was “the best part of his day.”

The interviews revealed a common thread: isolation. While all participants had some family contact, most lacked regular visitors and spent their days confined to a bed or single room, waiting for someone to come.

**Key findings: what drives social change at the end of life?**

The team’s early findings point to several factors that influence social relationships during the dying process:

* **Socioeconomic status**: Those relying solely on Medicare remained isolated at home, while those with greater financial means can afford assisted living communities with built-in social opportunities.
* **Family work schedules**: Many families wanted to visit but couldn’t take time off, further highlighting socio-economic barriers to connection.
* **Physical and cognitive decline:** Diseases such as Parkinson’s and dementia limited participants’ ability to communicate or leave home, increasing their dependence on others to initiate contact.
* **Stigma around death:** Some family members avoided visits due to emotional discomfort or fear of confronting the end of life. “We heard from families members who didn’t want their final memory of someone to be in a hospital bed,” says Geraci.

**Transformative experience, lifelong Impact**

For both Geraci and Baumann, the research has been more than academic — it’s been personally transformative.

“Mentoring and research are my favorite aspects of my job,” says Geraci. “We’ve developed such a strong research partnership, and the department has been incredibly supportive of Maddie Jo’s work.”

Baumann now hopes to volunteer in hospice care settings and continue research that supports better care practices for those at the end of life. The team is still conducting interviews and analyzing data, but they anticipate their findings could inform programmatic changes in hospice services and provide practical insights for caregivers, social workers, and families alike.

“I’m excited about what we are doing and the implications,” says Baumann. “We want this to help everyday people who are caring for others. How do you improve care and support someone in those final months?”