

Palliative Care Nursing

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Editorial

Modern medicine can alleviate many of symptoms people with cancer suffer, but all too often it can't reverse the disease process. However, the relief of these symptoms requires close clinical assessment in order to prescribe the right treatment. Palliative care is aimed at minimizing such symptoms, often for significant periods of time. However, even with the best palliative and supportive care, patients often suffer from loss of control which means being too weak to get up by himself/herself, to feed himself/herself, to go to the bathroom himself/herself, to bath himself/herself, or do much other than wait for the end [1].

The medical profession still treats its role as an art as much as a science, relying on philosophical principles like the rule of "double effect". Under this rule, attributed at the 13th century the Roman Catholic philosopher Thomas Aquinas; even if there is a foreseeable bad outcome of treatment, it is acceptable if it is unintended and outweighed by an intentional good outcome- like relief of unyielding suffering before death [2].

Without accepting the dogma of double effect, treating physicians and nurses would be highly impoverished, and patients would suffer needlessly without it. Thus, the caring team needs its philosophical contrivances in order to be pragmatic [2]. We all understand that today's palliative care cannot heal, but at least it offers comfort. Doctors and nurses are not God, and at some point in time both the caregivers, patients and their families need to accept that [2]. Therefore, whether the caregivers can relieve suffering, the most important thing they have to offer their patients is themselves as comforters [3].

Quite too often, palliative care isn't used until the patient reaches the brink of death; and when a patient nears death, the goal of care changes from care to comfort, and relieving symptoms is one of the most valuable contributions healthcare professionals can offer. Nurses, involved in palliative care practice also can help families make difficult decisions. One has to keep in mind that family members might be unfamiliar with the decisions that need to be made, so the nurse has to ensure that the family members fully understand the options. Further, when considering the option of "doing everything" possible for their loved one, family members may not understand what that means- which interventions will be given and their implications. The palliative care nurse should make sure to provide support for them as they make these heart-rending decisions: cardiac resuscitation and ventilation, intubation etc. [4]. When a nurse cares for a patient near death, she/he is providing a special type of care. Controlling end-of-life symptoms, providing family support, and recognizing the patient's unique attributes can make palliative care nursing as rewarding as it is challenging. In doing so, the palliative care nurse needs to comprehend the concept of total pain. Total pain is the sum of the patient's physical,

psychological, social and spiritual pain. Understanding this concept is central to the assessment diagnosis and treatment of pain and suffering [5]. As death approaches, a patient's symptoms may require more aggressive palliation. Concomitantly, comfort measures intensify, which requires more intense support of the palliative care to the dying patient's family.

In Summary

It is vital that the palliative care nurse collaborates with the patient, family and other members of the health care team in developing mutual goals of care and the treatment plan. The individualized plan must be age specific and appropriate for the patient [6].

Assessment

The nurse collects data that leads to the development of the appropriate plan. The nurse providing direct care in the hospital, clinic or home plays a key role in this assessment. Arguably the most important data to collect is the patient's level of comfort. The nurse may also assess the patient's and family understands of symptom management and the dying process and the support systems that are available within the family and the community.

Identifying expected outcomes

The nurse identifies expected outcomes with the help of the patient, family and the health care team to formulate the goals of care. The latter include the identification of appropriate methods for symptom management and the patient's family ability to communicate the patient's level of comfort to the health care team.

Interventions

The nurse performs interventions that are based on current knowledge of symptom management, and is responsible for documenting the intervention and the patient's response in the medical record; while ensuring that the plan and the patient's response is communicated to all members of the caring team.

Evaluation

It is vital that the nurse evaluates all the interventions. The evaluation data should be documented in the medical record.

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