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Palliative Care Nursing: Looking Back, Looking Forward

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Palliative Care Nursing Perspectives – Looking Back

Th roots of palliative care nursing can be traced back to Florence Nightingale, whose compassion for the sick has been noted throughout nursing's history [1]. She advocated for patients to have the best healing environments, whether physically or psychologically healing – places where fresh air, light, and quiet could provide a place to recover. Communication was also an essential component of Nightingale's nursing care and remains one of the most important aspects of palliative care. She taught nurses to be tactful and honest, respectful regardless of race, ethnicity, or differences and sensitive and kind. Above all, she noted that the nurse's job was to make the patient comfortable, the overarching goal of palliative care. Florence worked tirelessly and even rounded at night, hence gained the name "the Lady with the Lamp." Families were recognized as well within her scope of care. When patients passed away, Nightingale sent letters to the families of patients who had died. She shared stories of their last days and was able to soothe the grief of those who mourned.

Another nurse considered as the founder of what we now call palliative care is Cicely Saunders from London, UK, who established St. Christopher's Hospice in 1967, which was the firs of its kind in the world. She is widely acknowledged as the founder of the modern hospice movement and a key catalyst in its wider development around the world. Her contribution was to defin a new fiel of care that focused on the last stages of life, particularly when associated with progressive diseases such as cancer or neurological conditions. Thi came to be known as "palliative care", an extra layer of support for adults, children families and communities designed to present and relieve pain and sufferin also when death is impending, and in bereavement [2].

Thoug motivated by her Christian beliefs Saunders harnessed the love of people of other faiths – and none – to a neglected cause. Thi required challenging the orientation of medicine to death at a time with all its taboos and silences. In their place, she opened up a practical, personal, political and philosophical space for engaging with the care of the dying, and with death itself. Saunders combined the warmth and solicitude of the hospice with a new realism about the value of narcotic drugs. Pain must never be allowed to gain the upper hand, she felt. It must be prevented as well as relieved.

Palliative Care Nursing Perspectives – Looking Forward

Over 100 years has passed since the death of Florence Nightingale and 10 years since the death of Cicely Saunders, but many of their principles continue to emulate palliative nursing care. Today, nurses comprise the largest health care working force and are integral in the delivery of palliative care around the globe. Nurses spend more time with patients than any other health care professional, making them amenable to on-going and holistic assessment of physical, psychological, social, and spiritual concerns. Nurses are an integral part of the interdisciplinary palliative care team that addresses the multiple symptoms and concerns that exist in patients facing serious and life-limiting illness. Additionally, nurses conduct community assessments to examine community readiness for the provision of palliative care, develop palliative care programs that can be effectivel integrated into the community, and evaluate the impact of established programs using quality metrics. In 2010, the Institute of Medicine (IOM) released a hallmark report on the Future of Nursing. Recommendation 2 is especially noteworthy and recognizes the ability of nurses to lead and diffus quality improvement effort such as those in palliative care with an overall goal of redesigning and improving practice environments and health care systems [3].

In order to better equip nurses for this daunting task, a significan need exists to share knowledge and experiences with one another and to provide nurses with the tools necessary for palliative care development in their individual countries and regions. Building relationships are also paramount, with physician colleagues, psychologists, spiritual leaders, and others, that will lay the groundwork for palliative care teamwork.

Nurses and interdisciplinary teams face challenges ahead, but none are insurmountable. A recent survey by Silbermann et al. (2015) of Middle Eastern countries palliative care needs found the top barriers to be a lack of designated palliative care beds within the countries, a lack of community awareness about palliative care, lack of staff training, and lack of access to hospice services [4]. While home care is being developed in some countries, it is desperately lacking in most. Strategies should be focused on overcoming these barriers so that palliative care can be appropriately delivered.

Modern nurses are the forefront players in combining sound medicine with compassionate care, opposing the ofte response of "go home, there's nothing more we can do", through a paradigm of care which places the patient at its center, with the mantra: "you matter because you are you" [5].

An important message of the Special Issue is simply that we will never understands every aspect of one another's lives, faith, culture, professional requirements, but the most important thing to remember is to ask. If we ask and see to understand the reasons why, then we can begin to respond with respect and compassion [6].

Thi issue of Palliative Care and Medicine is dedicated to Palliative Care Nursing with a focus on the work in the Middle East and U.S. Case studies are also shared from other places around the world. Throug this issue of shared experiences and case studies, it is evident that nurses play a pivotal role in the development of palliative care throughout the world. Similar to Florence Nightingale's lead over 100 years ago, a primary nursing responsibility is to make the patient

comfortable. But no one discipline or individual can accomplish this alone. While nurses can help lead the charge as referenced in the IOM report, it truly takes a village or team to provide the best palliative care for each patient and family. It takes physician, nurses, psychologists, and other disciplines, working together and focused on the needs of each patient and family. We must learn to respect one another's roles and the unique contribution that each makes in the overall palliative care arena. Only then, will we discover the true essence of palliative care. As you read each manuscript within this issue, my hopes are that you will relish each contribution and the work reflecte and applaud these nurse colleagues for all they do to improve palliative care around the globe, as palliative care today offer a whole new approach to medical care in the face of life-limiting illness, and one that is no longer confine to the fina stages of life.

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