

Preparation of a Palliative Care Nurse

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Palliative care is the active total care of patients with life-limiting disease, and their families, by a multi professional team, when the disease is no longer responsive to curative or life-prolonging treatments. (Twycross Robert 2003). WHO defines palliative care as the active total care of patients whose disease is not responsive to curative treatment. This includes control of pain, of the other symptoms, and of psychological, social and spiritual problems.

The goal of palliative care is the achievement of the best possible quality of life for patients and their families.

The three essential components of palliative care:



Palliative care affirms life and recognizes dying as a normal process. It neither hastens nor postpones death. Rather it helps the patient to enjoy better quality of life by achieving relief from pain and other distressing symptoms. Patient and family get help to

cope with the situation. They are helped to cope with their own bereavement. A nurse is an important member of the healthcare team. More so in the case of palliative care team.

In palliative care a nurse's responsibility is to make patients comfortable and help them to live a life of dignity. Starting from the first visit itself the nurse needs to make herself available to the patients. This easy access itself imparts a feeling of being cared for. The patient may not express his feeling in many words. The touch from the care taker itself makes them comfortable. Breaking the bad news is a difficult task. But you need to be honest with your patient. They

may ask you many questions. When you can't handle the situation involve family members. Involving children in the care of elders in the family gives a sense of belonging to the patient and the care takers. This is possible only if the nurse prepares herself to handle the patient and the family members.

Discussing palliative care with patients and their significant others is an important part of providing high quality care for patients with life-threatening diseases. These discussions should be approached with the same care and planning that is given to other important

medical procedures. This includes factors such as - 1. Time and thought should be put into the preparations needed prior to holding the discussion, 2. The location of the discussion should be planned, 3. A preliminary discussion should be held with the patient about who should be present and what will be covered during the discussion, 4. What is likely to happen after the discussion should be anticipated? (Curtis J Randall 2003).

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A palliative care nurse must have special skills to be effective. She must be:

* **A committed person**- A nurse stays with the patient or visits the patient many times during the course of the patient's illness. She may have to stay with her patient for a long time if it makes the patient at ease. She may have to become a person oriented rather than a disease oriented nurse in order to give holistic care.

* **A good listener** - Verbal expressions are always heard. But a person who needs palliative care may not verbalizes all his fears and pains. Body language tells many things. Activities like sitting alone in an area of significance or using the articles of a particular person who passed away tells us that area or the use of that specific article gives him comfort and he is preparing himself for leaving this world. Fam-

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ily members and the patient expresses fears verbally and nonverbally. A nurse should not put herself or examples while they express themselves. They need to ventilate their anxiety for coping up with the present situation.

'Caregivers' are the people who are willing to listen to ill persons and respond to their individual experiences (Twycross R 2003). Many patients would like their significant others to be directly involved in discussions and even decisions about their care (Curtis J Randall 2003).

* **A good communicator** - Introducing yourself as a palliative care team member with the name will make the patient accept you. A nurse needs to be honest with the patient about the disease. She needs to answer in simple ways so that the patient and the relatives can understand. Patients do understand nonverbal messages easily. A nurse needs to be sensitive to the needs of the patients. Your patient may need an extra minute or a comforting word from you which makes a difference. She needs to use the right word in right tone and pitch with right attitude for reaching out to the patient effectively. Acute care nurses play a pivotal role in clinician - significant other communication in the acute care settings. Significant others rate the nurse's skill at this communication as one of the most important clinical skills of nurses. (Mc Clement SE & Desgner LF 1995). In a meta analysis of studies assessing the needs of significant others who have a loved one in intensive care, 8 of the 10 needs identified relate to communication with clinicians, and the majority of these communication needs are prima-

rily addressed by the nurses (Hickey M 1990). Communication about end-of-life care with patients suffering a potentially life threatening illness such as HIV infection or AIDS includes a spectrum of communication about prognosis, treatment options, goals of therapy, values and treatment preferences (Curtis J Randall 2003).

* **Empathetic to the emotions** (of patients and relatives) - Patient and relatives may shout and scream at you. They may blame God for all the pains and difficulties. Palliative care is seen as the end of the road of care. Thus it becomes difficult to accept for the patients and the relatives. Reacting to their anticipated grief and crisis and helping them appropriately, makes them to be at ease. A person facing a life-limiting illness finds it difficult to accept it, as people of his age look towards future and dealing with personal goals. Families and the patient needs to know the truth as they may need to reorganize and adapt their lives towards the attainment of more achievable goals, realistic hopes and aspirations. (Fallowfield L J et al 2002). Conflicts between physicians and families about end-of-life decisions create challenging and emotionally difficult situations (Goold S D et al 2000).

Constant comparative analysis revealed that the nurse's role was a supportive one with multiple dimensions. Model of the supportive role in palliative care was developed, comprised of six interwoven dimensions. Valuing, connecting, empowering, doing for, finding meaning and preserving own integrity. (Davies B, Oberie K 1990)

* **Able to understand pain** - 'Pain is what the patient says hurts.' (Twycross R 2003). The intensity of pain increases or decreases according to the mood of the patient. It could be acute or chronic. Patient describes location, duration, provocative factors, quality, radiation, and severity of pain. Causes of pain can be due to factors like chemotherapy, constipation, muscle spasm, osteo-arthritis and other physical or psychological problems. Whether recommendations on the prevention of osteoporosis can be applied to cancer survivors is questionable (Hawkins Rebecca 2006).

Pain management in patients includes modification of the pathological process by giving radiation therapy, hormone therapy, chemotherapy, or surgery. Along with this opioids and non opioids are also used. Adjuvant includes corticosteroids, antidepressants, anti-epileptics, muscle relaxants, antispasmodics, and bisphosphonates. In some cases interruption of pain pathways by injecting local anesthetics or cryotherapy is performed.

There are non-drug methods which the nurse may be able to teach the patient and the relatives. This includes massage, application of heat pads acupuncture and other similar methods. Psychological measures such as relaxation therapy, behavioral therapy can be used for reducing pain. Modification of the way of life and environment makes the patient to cope with the pain in a better way. Avoiding pain-precipitating activities, immobilization of the painful part, using a wheelchair for ambulating are some of the measures to make the patient free from pain.

* **Able to understand the personal needs of the patient** – Personal hygiene and protection from infections are two major needs of a cancer patient. Teaching the patient and relatives to use wheelchairs, backrests, suction machines, urinals, bedpans are also important. Prevention of pressure sore by giving back care and changing position every two hourly is to be taught to the relatives. If the patient is on catheter keeping it free of infection is important. Simple ways by which the patient can be made comfortable to be used and taught to the relatives.

Nutrition of the patient is another important factor we need to look into. Their taste and desire to have a specific special food is to be taken into consideration.

* **Able to recognize associated neuropsychiatry conditions** – Cancer related fatigue and sleep disturbances must be considered as a clinical syndrome (Barton-Buake M 2006). Cancer patients with advanced disease are prone to delirium, depression, suicidal ideation and severe anxiety (Roth and Breitbart 1996). Depression in late life should be treated with antidepressants. When depression occurs with a physical problem it is overlooked. If the patient is an elderly person then he may develop delirium. When the person knows that he is getting palliative care, the amount of fear and anxiety increases and it can lead to delusions and hallucinations. People who received systemic cancer treatment were somewhat impaired in executive function, verbal memory and motor functioning

(Nail L 2006). Large amount of medications and decreased biologic reserve can result in confusion. Elderly patients are prone to have Alzheimers disease which is a progressive, irreversible, degenerative neurologic disease (Smeltzer's & Bare 2004). Although at least one-third of the cancer population experiences some variety of distress, only about 10% receive any psychosocial therapy (Vachon M 2006)

CONCLUSION

The role of a nurse in palliative care is very vital. Helping the patient and his family to cope up with the sick person in the family, preparing the family to face end-of-life of a dear one with understanding becomes the major function of a palliative care nurse. Family members are substantially distressed when a member has cancer (Lewis Frances M 2006). She can co-ordinate the function of the team members. Recognizing the difference between the patients role and professional role will help her to cope-up better and reduces stress. When the caregiver communicates to the ill person that she cares about the patients uniqueness, she makes the person's life meaningful (Twycross R 2003).

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