Reach Out and Touch ...

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Caring for patients brings a certain amount of satisfaction to nurses, doctors and other health care professionals, as well as for the patient and his family. We all seem to have a common aim in caring for the patients - getting them back to health as soon as possible. But what happens to those patients for whom there is no cure, for whom caring means assisting towards a peaceful death?

We refer to these patients as terminally ill. Though the term seems to have become synonymous with the care of those dying from advanced malignant diseases, it also includes patients dying from chronic illnesses, such as heart diseases, respiratory diseases and cerebrovascular diseases, who will spend a period of days or weeks in the terminal phase of their illness. These patients require the application of relevant and appropriate skills to meet their needs. With proper matching of the skills of curing and caring we can diminish the isolation, guilt and unnecessary suffering so often experienced by the terminally ill patients.

Due to the need for this specialised care, the concept of the Hospice came into existence, the first of its kind being the St. Christopher's Hospice in Great Britain, established in 1967 by Dr Cicely Saunders. Hospice originally referred to a place designed for the provision of comfort and hospitality to travellers along the road. In this case, the road is the course of terminal illness and the travellers are the patients and their families whose prognosis precludes any aggressive rehabilitative endeavour. Hospice neither hastens nor postpones death.

In India too, we have the first Hospice called the Shanti Avedna Ashram in Bombay, established in 1986 by Dr Luzito de Souza. It especially caters to the needs of patients with advanced terminal cancer. The Ashram is designed in the shape of a 'U' to surround an inner secluded courtyard for the patients. The arms of the 'U' face the sea. Each ward of 10 beds has the beds angulated into separate bays, each with its own small verandah so that every patient would have a view of the sea whilst lying down on the bed. Each bed is a part of Ward and yet can be curtained off into a separate bay for complete privacy. The environment within the Hospice is full of love and concern, provided by the nuns who endeavor tirelessly in making the last lapse of the patients' journey as comfortable as possible.

However, not every patient who is terminally ill is fortunate to spend his last days in a Hospice. Though in most cases, home would have been the best and most secure place to die, it may not always be practical or even possible. Symptom management may be sufficiently complex to require hospital nursing attention. Therefore, even in the day-to-day practice, we may come across such patients. What then do we do? No matter how committed one is to the values of comforting care, it is terribly difficult to accept the reality that no one among the terminally ill is likely to get better. The grief and pain of others touches the grief and pain in ourselves. Do we then get hardened to suffering and pain? Of course not, we always remain vulnerable, but we must remember that if one person is to receive comfort, someone has to give it. Just standing and holding the hand of a patient who is struggling with physical deterioration and has terrible mental anguish can in itself be a very rewarding experience, because of the comfort, such companionship brings to that patient and the nurse.

Perhaps we need to remind ourselves from time to time that patients who are dying are not just dying, they are also living. Whether or not they have the opportunity to live this final human experience to the fullest - each in his own way - is influenced in great measure by us who take care of them. In the words of Mark Twain:

> "No ship can outsail death .. when
> I seem to be dying,
> I don't want to be stimulated back to life,
> I want to be made comfortable to go".

The author wrote this piece while as an M.Sc student, L.T. College of Nursing, SNDT Women's University, Bombay.

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