

Role of a Nurse in a Palliative Care Setting

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Abstract

Providing expert skilled assessment and nursing care, supporting the patient and the family to make informed choices, and encouraging the patient to continue to make autonomous decisions about their care towards the end of their life are the responsibilities of a palliative care nurse who works as an integral part of a multidisciplinary team. To better support patients in maintaining their physical, mental, and emotional health, nurses who specialise in palliative care utilise an integrative and interdisciplinary therapeutic strategy. They make an effort to gain an understanding of each patient's unique requirements in order to devise a treatment strategy that is individualised and results in sustained comfort.

Keywords: Nurse, Palliative care, Telemedicine.

INTRODUCTION

Because dying patients are frail and vulnerable due to their physical and emotional state, their treatment and management during this final stage of life must be of the highest professional and ethical standards. The Nurse and other team members should strive to do their best for the patient and their family. This includes respecting autonomy by providing accurate information and assisting them in setting realistic goals while providing genuine attentive care throughout the course of the illness. To provide individually tailored palliative care to patients with life threatening illnesses and their families, nurses must have a thorough understanding of basic nursing principles. Situations place demands on nurses in the practical, relational, and moral

dimensions of care, and place comprehensive demands on their role.

The goal of palliative care is to improve both the quality of life of persons coping with a terminal illness and those close to them by employing specialized techniques to foresee, alleviate, and forestall suffering. This form of care for terminally ill patients considers and attends to every facet of the patient's wellbeing, from the patient's physical health to the patient's mental state to the patient's emotional condition and finally to the patient's spiritual dimension. If a patient receiving palliative care does not receive a holistic approach, the patient's physical, social, spiritual, and emotional misery may worsen. The hospice model does not account for care given with curative treatment or life prolonging measures like palliative chemotherapy. The concurrent model of palliative care may play a pivotal role in providing treatment in countries with low and intermediate incomes, where access to curative therapy is limited.¹

Palliative care frequently uses interdisciplinary teams to address the complex needs of patients who are coping with a terminal sickness. These teams typically include medical experts, social workers, spiritual care practitioners, and nurses.

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Most patients and the people closest to them have difficulty coming to terms with the imminent prospect of passing away. When trying to figure out what kind of medical care is ideal for a person getting close to the end of their life, it is essential to consider whether a specific treatment will be beneficial in the long run. The quality of life may have something to do with these different alternatives. When potentially life-saving therapies are discontinued, the patient will frequently pass away (e.g., ventilator support, dialysis, vasopressors or inotropes, chemotherapy, antibiotics, etc.).^{1,2}

It is typical for nurses to be in a position to counsel patients and families as they deal with emotionally stressful events, such as the diagnosis of a condition that could drastically alter one's life or the passing of a loved one. When making healthcare decisions for patients who end their lives, it is common to consider the patient's quality of life. A nurse's duty is crucial to provide emotional support for the patient, the patient's loved ones, and anyone involved in the patient's care. Nursing care entails not only the management of disease but also the provision of attention to the patient's physical comfort and the acknowledgement that their wellbeing is comprised of psychological, interpersonal, and spiritual components in addition to those that pertain to their physical health. It is important to highlight not just the part that the nurse plays in the decision-making process for palliative and end-of-life care but also the nurse's capacity to relieve patients suffering from severe or life-threatening illnesses of pain and other painful symptoms.³

Registered nurses deliver the most helpful forms of emotional support. They always guide patients through a productive and therapeutic conversational process while under their care. When patients verbalize their sentiments, nurses must be there at their bedsides and make an effort to listen with an open heart and an awareness of all of the patient's sensations. A terminally sick patient will frequently make an effort to conceal the fact that they require constant guidance, both from their loved ones and from anybody else, with their primary care physician being the person they try to keep this secret from the most. The nurses are there to offer patients assistance that, in some way, will make their suffering a little bit easier to bear. To provide patients with information concerning terminal diseases, nurses frequently jeopardize their safety. When it comes to educating patients about their current health conditions, nurses perform a significant role as educators, similar to

the role teachers' play with children. Patients are instructed in various self-care practices that will enable them to assume responsibility for their health and wellbeing. Since the entirety of a nurse's shift is devoted to ensuring the wellbeing and security of all patients, this profession is commonly acknowledged as the primary caregiver role. The moment a patient yells out in pain, the nurse immediately rushes to provide relief in any feasible way. If a patient is incapable or unable to confide in a family member, the nurse may be the recipient of the patient's most profound thoughts and feelings. Because of this, it is the nurse's job to fulfill every patient request. These days, regardless of the time of day or night, individuals are more likely to seek emergency care from a nurse because nurses are often located closer to their homes than other medical professionals. The day-to-day assessments of patients, the administration of medications, the creation of chart-based orders, and the discharge of patients are their key responsibilities. In a medical emergency, nurses are typically the first to arrive to the scene to attempt to preserve a patient's life. Being a nurse is a lot like being a mother; both moms and nurses desire the most significant possible outcomes for the patients in their care. Every nurse who works in palliative care needs to be able to communicate with patients and the people closest to them in a way that benefits all parties concerned.

Patients who require palliative care services typically want answers to their questions about their condition, treatment options, and prognosis that non-medical professionals easily understand. As a result, nurses who work in this field must be able to explain even the most complex ideas in a manner that is easy to understand. It is essential for nurses who specialize in palliative care to have the ability to share their knowledge with patients and family members of those patients. Nursing practice includes having in-depth conversations with patients and their families about the various alternatives for end-of-life care, including the administration of medications. During the active dying phase, the nurse's role is to support the patient and family by educating them on what to expect during this time, honestly answering their questions and concerns, being an active listener, and providing emotional support and guidance.

Palliative care nurses can provide specialized guidance to patients in the privacy and convenience of their own homes. Care provided to patients at the end of their lives, the management of symptoms, and the coordination of care are all examples of such activities. Instances in which patients would

benefit from receiving palliative care in the comfort of their own homes include those in which patients would benefit from longer, more intensive, or more frequent visits; instances in which patients would benefit from travelling to and from an outpatient facility would be too taxing; instances in which there is no readily available outpatient palliative care practice; and instances in which there is no outpatient palliative care practice. For health assessment, education, consultation, and remote examination or procedure, telemedicine, also known as telehealth, is a rapidly growing area of clinical medicine that involves the transmission of medical information over long distances using electronic media such as the telephone, the Internet, video, and other networks. Within the telemedicine field, interactions can occur either in a clinic or in a patient's home. Because nurses make such substantial contributions to the field of palliative care, the available data suggests that they should be employed either as members of palliative care consulting teams or as independent practitioners. Whether they are doing a restricted or broad set of activities, nurses can play a key role in addressing various needs that patients and their families suffering with cancer have. Nurses can meet these needs in a variety of ways. It is of the utmost significance that evidence supporting independent practice be readily available in settings with limited resources, such as those in which nurses may play

a key role in monitoring community health and the work of lay workers or volunteers.

CONCLUSION

Nurses must arm themselves with expert knowledge of symptom control and be well aware of ethical issues related to palliative care to help cope with these high demands and continue to maintain the delicate balance between what patients want and what health professionals believe the patient needs. Nurses must also maintain open and active communication with their peers and other facility members. To conclude, role of nurse in palliative care is very complex and unique and is an integral part of multidisciplinary care.

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