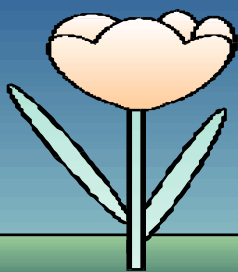


# Palliative Care

*Chanphen Manosilapakorn, RN, PhD*

*“I will always prefer not to know, or to know as little as possible. No human being knows when he is going to arrive in this world; therefore I believe that his natural state is also not to know when he will depart.”*

**--Anonymous**

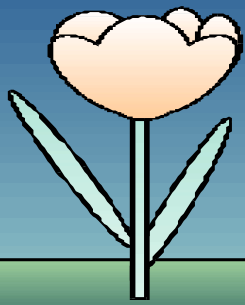


# Today Topics..

1. Dying Person
2. Palliative Care
3. Holistic Approach in Palliative Care
4. Research on Palliative Care
5. Nurses' Roles in Palliative Care)
6. Hospice

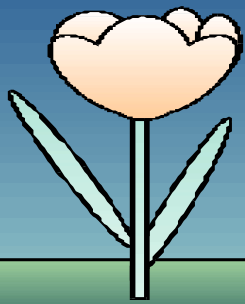


**ความตาย...**



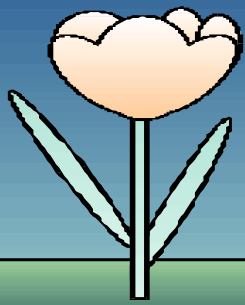
# Dying Person...

- Definition of Dying
- Signs and Symptoms of the Dying
  - Physical Problems
  - Psycho-social Problems
  - Spiritual Distress
- Breaking a bad news



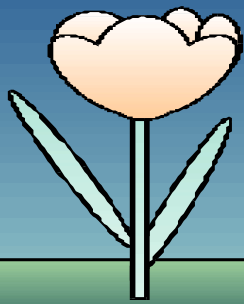
## Definitional of Dying Person...

*A person who has progressive and advanced stage of untreatable disease, having palliative treatment in term of symptom management instead of aggressive treatment (Committee of Cancer, 1995).*



## Definitional of Dying Person...

*A patient who has hopelessness in curing from his illnesses, having palliative treatment through focusing on comfort, quality of life, and dignity for his daily living (Wandee, 2000).*



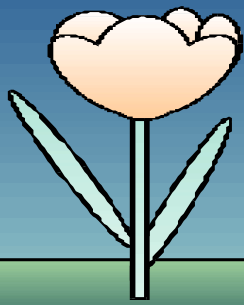
# Signs & Symptoms of Dying Person...

## Physical Problems

	General	Cancer
- Pain	66%	75%
- Insomnia	49%	69%
- Loss of appetite	48%	78%
- Depression	38%	45%
- Confusion	38%	38%
- N/V	30%	54%

(Sathaporn, 2000)

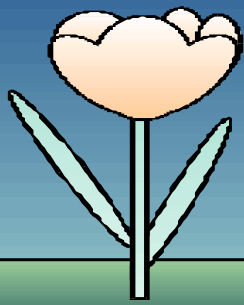




# Signs & Symptoms of Dying Person...

## *Psycho-social Problems*

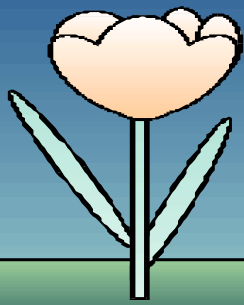
- Concern about children and family
- Social deprivation
- Economic concern
- Guilty of Responsibility
- Loss of function, personality and control



# Signs & Symptoms of Dying Person...

## *Psycho-social Problems*

- Anxiety
- Fear
- Depression
- Burden on others



# Signs & Symptoms of Dying Person...

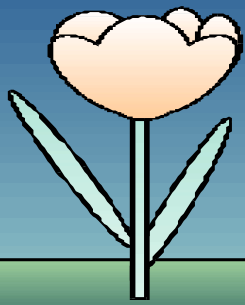
## *Spiritual Distress..*

- Fear of suffering
- Fear of death
- Loss of dignity
- Powerlessness
- Life-after death, meaning of life
- Religion faith

# Breaking a Bad News

- ***5 stages in response to a bad news***
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance

(Kubler-Ross, 1969)



# Palliative Care/ End-of-Life Care

- Definition of Palliative Care
- Multidisciplinary Team in Palliative Care

# Palliative Care

## *“Palliative Care”*

“The active total care of patient at a time when their disease is no longer responsive to curative measures and when control of pain and other symptoms and psychological, social, and spiritual problems are paramount (WHO, 1990).”



# Palliative Care

***“Palliative Care refers to the therapy that enhances comfort, and improves the quality of a patient at the end stage of his/ her life”***

***(The National Hospice Organization, 1993)***

# Palliative Care

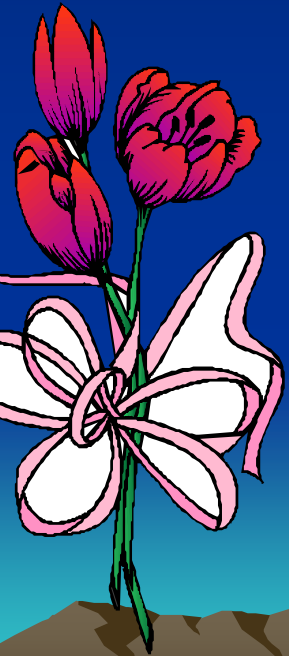
***“Palliative care is defined as the comprehensive management of the physical, psychological, social, spiritual and existential needs of patients, in particular those incurable, progressive illnesses”***

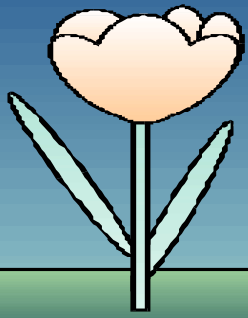
***(Robert Wood Johnson Foundation, 1997)***



# Multidisciplinary Team

- Physician
- Nurse
- Social
- Physical Therapist
- Nutrition Management
- Pain Clinic
- Homecare Team





# Holistic Approach in Palliative Care

- Palliative Caregivers
- Framework
- Holistic Care

# Palliative Caregivers

Propose to:

- (a) Affirm life and regard dying as a normal process
- (b) Neither hasten nor postpone death
- (c) Provide relief from pain and other distressing symptoms



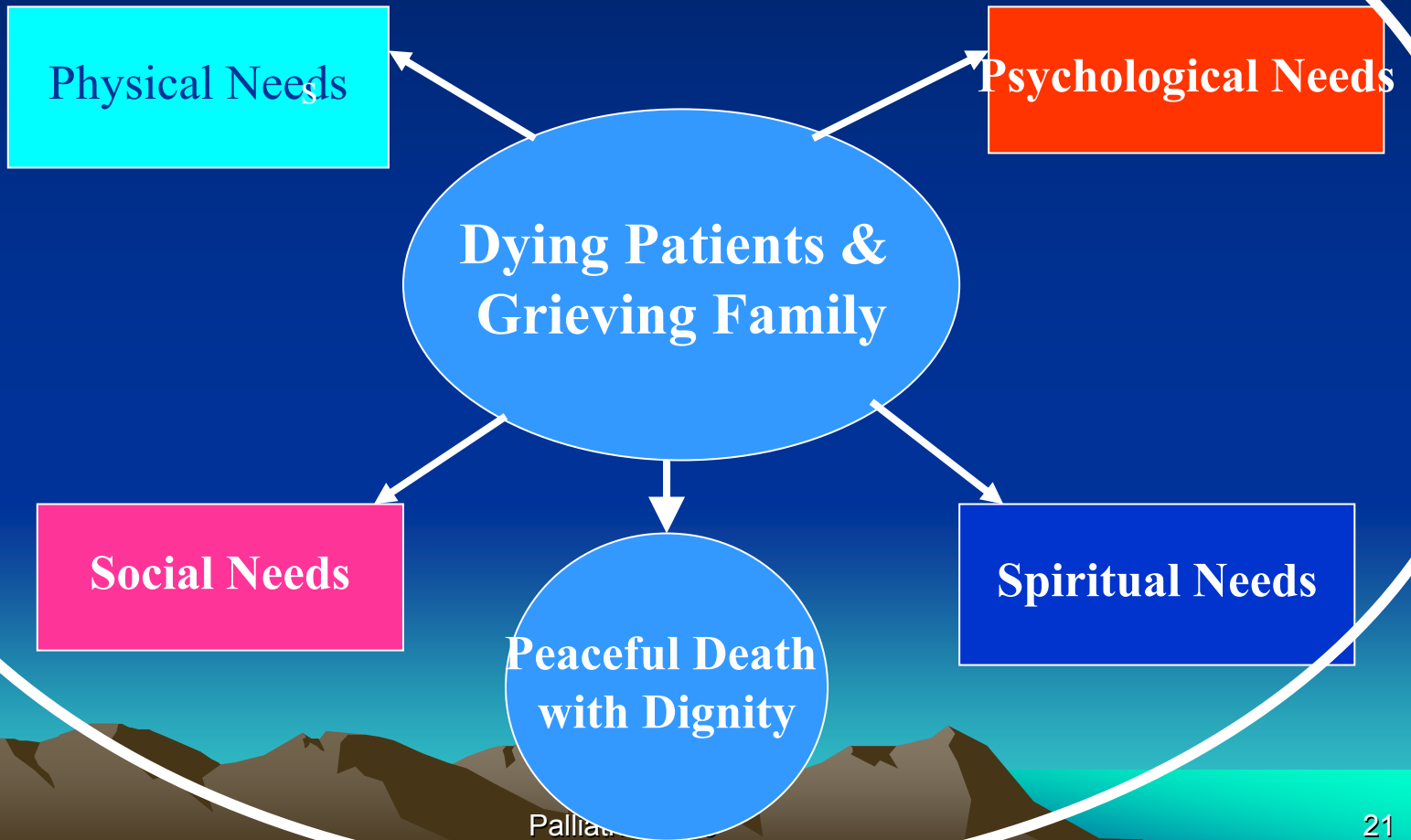
# Palliative Caregivers (cont.)

Propose to:

- (d) Integrate the psychological and spiritual aspects of patient care
- (e) Offer a support system to help patients live as actively as possible until death
- (f) Offer a support system to help families cope during patients' illnesses and their own bereavement

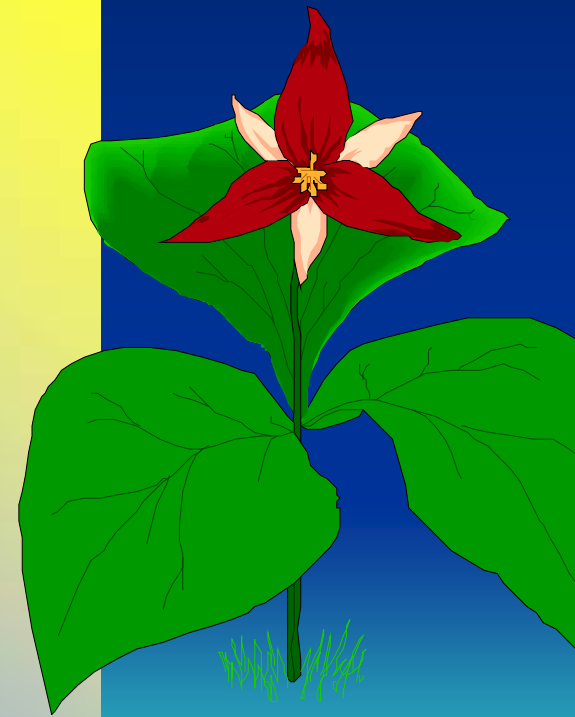
# Framework

## Palliative Care



# Physical Care


- Hygiene care and environment
- IV Fluid, NG-Tube, Mechanical Ventilator
- Pain Management
- Voiding and excretion / Intake-Output
- Position and Rest
- Nutritional status



# Psychological Care

- Psychological support dying patient and grieving family
- Give information about treatment plan
- Open for questions
- Encourage patient and family, even though it is hopeless
- Respect for patient's rights and decision made

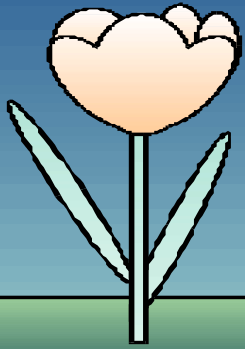
# Social Care

- 
- Develop relationship with patient and family
  - Not to restrict for visiting time
  - Concern about economic status and costs of treatments
  - Promote the family and friends to stay with the dying



# Spiritual Care

- Assess spiritual needs of the dying and family including belief, cultures, religion related to death
- Encourage patient and family to practice religious activities
- Death is normal process of life
- Meditation



# Research on Palliative Care

Thai nurses' attitudes, knowledge, ethical dilemmas, and clinical judgment related to end-of-life care in Thailand/ by Chanphen Manosilapakorn, Thesis (Ph.D.)--George Mason University, 2003

# Quantitative Research

Objective is to examine:

- 1) Thai nurses' attitudes toward death and dying
- 2) Problems and concerns on end-of-life care
- 3) Knowledge related to end-of-life care

# Quantitative Research

## Methodology:

- 1) 600 of nurse participants—response rate = 538 (89.7%)
- 2) Questionnaire survey
- 3) Data collection
- 4) Data analysis

# Study Results

## Attitudes toward death & dying

- I'm not comfortable caring for dying patients (Agreement = 53.7%)
- I'm not confident talking to families of the dying about death (Agreement = 71%)
- I feel satisfied when my patients experience what they believe to be a good death (Agreement = 84.5%)
- Never take away hope from patients/families; even though it is hopeless (89.6%)

# Study Results

## *Problems in end-of-life care*

- Inability to meet spiritual needs (28.8%)
- Loneliness (18.2%)
- Control of pain (16.2%)

# Study Results

## *Concerns on end-of-life care*

- Emphasis on spiritual care (25.1%)
- Family involvement (23%)
- Education in ethical issues (12.5)

# Study Results

## *Knowledge related to end-of-life care*

- Scores from 0-20
- Mean score 13.22
- 52% participants have lower score than the mean score



# Qualitative Research

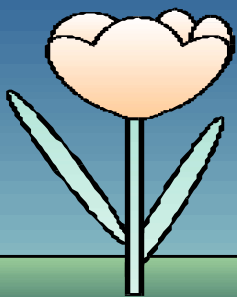
- Lived Experience of Nurses in Providing End-of-Life Care
- 12 interviewees
- Semi-structured Interview
- Tape-recording 1 hr

# Research Question

What are significant concerns about end-of-life care?

# Sample of Study Results

- Promoting ethics and moral
- Concerns of beliefs, cultures, traditions about death
- Legal concern
- Respect for patient's rights
- Improving quality end-of-life care and promoting service innovation



# Nurses' Roles

- Nurses' Roles **P-A-L-L-I-A-T-I-V-E**
- American Nurses Association—Codes of Ethics for Nurses
- Summary

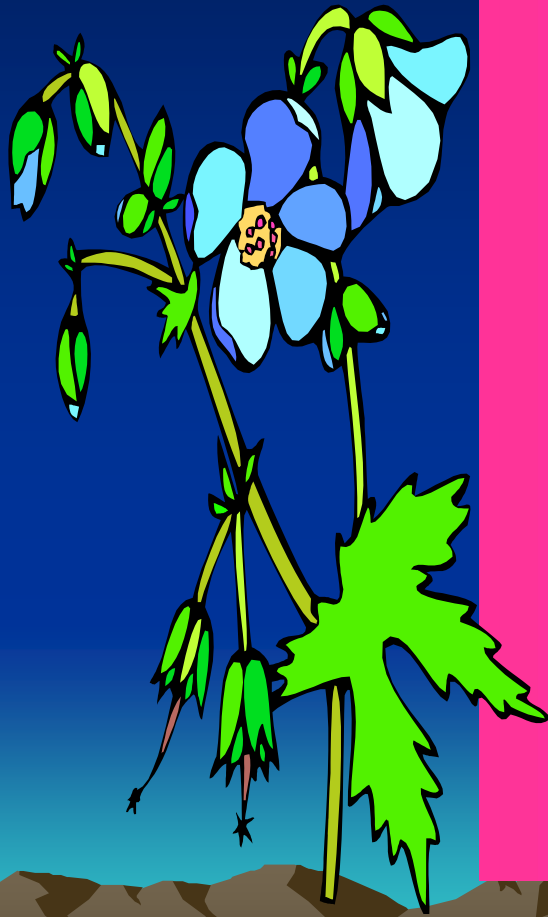
# Nurses' Roles

## *P-A-L-L-I-A-T-I-V-E*

- P = Practitioner
- A = Advisor
- L = Like relative
- L = Legal consultant
- I = Innovator
- A = Advocate
- T = Trainer
- I = Informant
- V = Vigorous supporter
- E = Ethical caregiver



# ANA—Codes of Ethics for Nurses



*“The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.”*

# ANA—Codes of Ethics for Nurses

*“Nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care, and it is particularly vital in the care of patients and families at the end-of-life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying.”*

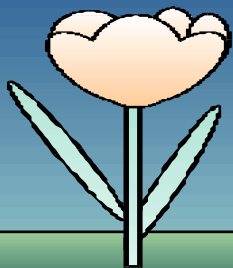


# Hospice Care

*What is about **hospice Care**?*

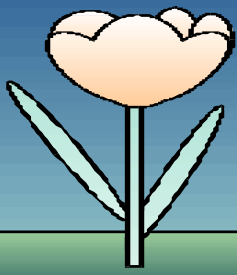
*“The place that health care personnel provides holistic care for dying persons by focusing on quality of life and giving the home environment around with relatives and friends, and the dying feel like home ”*





# Trip to Hospice Care..



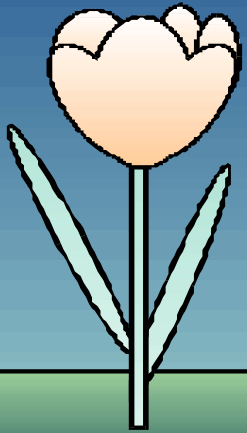


# Summary

*Nurses should be concerned about providing holistic care in relation not only to the physical and psychological needs, but also to the social and spiritual needs of the dying in respect to his/her faith. They should be adequately educated and prepared for the provision of quality end-of-life care.*

***“Being ready to die does not mean we will not have sadness in leaving this world. It means we will know it is okay to leave. We can have a calm assurance that our future and the future of those we love are secure.”***

**--Dunn, 1999**



**Thank you for your attention**