

Chapter 15

Loss, Grief, the Dying Patient, and Palliative Care

Chapter 15

Lesson 15.1

Learning Objectives

Theory

- 1) Describe stages of grief and dying, and associated behaviors and feelings
- 2) Discuss hospice care
- 3) Identify three common fears a patient is likely to experience when dying

Learning Objectives

Clinical Practice

- 1) Identify ways in which you can support or instill hope in the terminally ill patient and his family
- 2) Demonstrate compassionate therapeutic communication techniques with a terminally ill patient and/or his family

Loss, Grief, and Death

- Person's reaction to loss influenced by importance of what was lost and culture in which person was raised
- Death is a universally shared event
- All cultures have beliefs and rituals to explain and cope with death
- Nurses must provide the best care for the dying patient

LOSS

- To no longer possess or have an object, person, or situation
- Can be physical
 - Loss of a limb or body function
- Psychosocial
 - Loss of a loved one
- Only the person experiencing the loss can define the value of the loss

Grief

- The total emotional feeling of pain and distress that a person experiences as a reaction to loss
- Grieving process
 - Occurs over time
 - Person adapts and moves through pain and associated symptoms toward recovery or acceptance
- Bereavement
 - The state of having suffered a loss by death
- Grieving person may experience physical and emotional symptoms

Grief (cont'd)

- Anticipatory grieving
 - May occur before the loss actually happens
- Dysfunctional grieving
 - Falls outside normal responses
- Prolonged grieving
 - Person seems trapped in a stage, unable to progress

Symptoms of Grief

- Depression, sadness
- Fatigue, apathy, lack of interest
- Sleep alterations
- Loss of appetite
- Change in sexual interest
- Anxiety, shortness of breath
- Feeling helpless, restless, angry, irritable

Symptoms of Grief (cont'd)

- Forgetfulness, tendency to make mistakes
- Confusion, disorientation
- Symptoms of the same illness the deceased suffered
- Seeing loved one's presence, hearing loved one's voice
- Need to tell and retell things about the loved one

Stages of Grief

- Disbelief, yearning, anger, depression, and acceptance
- Peak within 6 months after the loss
- Nurse should reevaluate and create additional nursing plans for patients who continue to score high in these areas after 6 months

The nurse provides caring and comfort to the patient who experiences grief



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The Nature of Death

- Absence of heartbeat and breathing (historic, widely accepted definition of death until 1960s)
- Brain death/biologic death
 - Since 1970s
 - The stopping of integrated functioning of the person as a whole
- Each death experience is unique

End-of-Life Care

- Consider the terminally ill patient's preferences
- Try to maintain functional capacity and relieve discomfort
- Control patient's pain
- Be aware of advance directives and durable powers of attorney
- Make the patient feel safe and secure
- The patient will have ample opportunity to finish business with loved ones

End-of-Life Standards

- Opportunities provided to spend final moments with people important to the patient
- Families will have opportunity to discuss the patient's imminent death with the staff
- Family provided private time with the patient
- Family will be provided time to carry out cultural customs regarding the body after death

Rights of the Dying Patient

- A person who is dying has the right to:
 - Be treated as a person until death
 - Caring human contact
 - Have pain controlled
 - Cleanliness and comfort
 - Maintain a sense of hope
 - Participate in his care or the planning of it
 - Respectful, caring medical and nursing attention

Rights of the Dying Patient (cont'd)

- A person who is dying has the right to:
 - Continuity of care and caregivers
 - Information about his condition and impending death
 - Honest answers to questions
 - Explore and change religious beliefs
 - Maintain individuality and express emotions freely without being judged

Rights of the Dying Patient (cont'd)

- A person who is dying has the right to:
 - Make amends and settle personal business
 - Say goodbye to family and significant others in private
 - Assistance for significant others with the grief process
 - Withdraw from social contact if desired
 - Die at home in familiar surroundings
 - Die with dignity
 - Respectful treatment of the body after death

Hospice and Palliative Care

- Philosophy of caring for dying and their families
- Started in England in the 1960s
- Based on accepting death as natural part of life; emphasis is on the quality of remaining life
- Focused on treating symptoms, providing comfort measures, and promoting best quality of life possible

The hospice nurse assists the family in saying goodbye to the dying patient



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Stages of Coping with Death (Kübler-Ross)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance
- People move back and forth between the stages, sometimes getting stuck in one of them

Emotions Seen in the Dying Process

- Fear of dying
 - Fear of the unknown
- Guilt
- Hope
- Despair
- Humor
 - Individual's reaction to death may be consistent with the way he coped with difficulties in the past

Hope and the Dying Process

- Hope
 - An inner positive life force
 - A feeling that what is desired is possible
 - Takes many forms and changes as patient declines
- At first there is hope for cure
- Then a hope that treatment will be possible
- Next a hope for the prolonging of life
- Finally hope for a peaceful death

Question 1

Hospice is a philosophy of care for the dying patient and the family. Which of the following is *not* true regarding hospice care?

- 1) It was developed in England in the early 1960s as a reaction to the needs of dying people for care and comfort.
- 2) Nurses provide around-the-clock care and relief for families providing terminal care.
- 3) Hospice was originally a medieval guesthouse for travelers.
- 4) The focus of hospice is rehabilitation.

Question 2

As a nurse in a hospice setting, it is important to be familiar with the different stages of coping with death as identified by Dr. Kübler-Ross. Kelly goes into her patient's room. Her patient tells her, "If I give \$10,000 to the humane society, then maybe I might live to see my grandson." Which stage of coping is Kelly's patient in?

- 1) Denial
- 2) Anger
- 3) Bargaining
- 4) Depression
- 5) Acceptance

Chapter 15

Lesson 15.2

Learning Objectives

Theory

- 4) Identify four expected symptoms related to metabolic changes at end-of-life stages
- 5) List the common signs of impending death
- 6) Explain difference between the patient's right to refuse treatment and assisted suicide
- 7) Explain how the Code of Ethics for Nurses provides nursing guidelines regarding patient's right to refuse treatment, euthanasia, and assisted suicide

Learning Objectives

Clinical Practice

- 3) Describe one nursing intervention that can be implemented in a hospital or a nursing home for each of the following: pain, nausea, dyspnea, anxiety, constipation, incontinence, thirst, and anorexia
- 4) Explain reason for completing an advance directive to a terminally ill patient and what “health care proxy” and “DNR” mean
- 5) Prepare to provide information regarding organ or tissue donation in response to family questions
- 6) Prepare to perform postmortem care

Nursing and the Dying Process

- Comfort care
 - Identifying symptoms that cause the patient distress and adequately treating those symptoms
- Palliation
 - Relief of symptoms when cure is no longer possible, and treatment is provided solely for comfort

Assessment (Data Collection)

- Baseline assessment and continuing data collection essential to identify the problems and needs of the patient and family
- Pay special attention to assessing pain: location, nature, what makes it better or worse
- Emotional condition
- Can often be observed during the interaction
- Anxiety, agitation, confusion, depression may be obvious

Nursing Diagnoses

- Activity intolerance
- Death anxiety
- Fear
- Anticipatory grieving
- Imbalanced nutrition: less than body requirements
- Risk for loneliness
- Pain
- Impaired physical mobility
- Fatigue
- Impaired skin integrity
- Deficient knowledge
- Self-care deficit

Planning

- Giving the patient control is a first priority at a time when it seems that he has no control
- Planning should be a team effort, with all members of the team aware of the patient's goals and needs

Implementation

- Interventions should be implemented for:
 - Anticipatory guidance
 - End-stage symptom management
 - Pain control
 - Constipation, diarrhea
 - Anorexia, nausea, vomiting
 - Dehydration
 - Dyspnea
 - Death rattle

Implementation (cont'd)

- Interventions should be implemented for:
 - Delirium
 - Impaired skin integrity
 - Weakness, fatigue, decreased ability to perform activities of daily Living
 - Anxiety, depression, agitation
 - Spiritual distress, fear of meaninglessness

Physical Signs of Impending Death

- Physically weaker
- Spends more time sleeping
- Body functions slow
- Appetite decreases
- Urine output decreases; urine more concentrated
- Edema of the extremities or over the sacrum
- Pulse increases and becomes weak or thready
- Blood pressure declines
- Skin of the extremities mottled, cool, and dusky
- Respirations become shallow and irregular

Psychosocial and Spiritual Aspects of Dying

- As individuals approach death, their spiritual needs take on greater importance
- Do not impose your religious beliefs on dying patient and family; instead assist patients to find comfort and support in their own belief systems
- Be aware of remarks you make in the presence of unresponsive patients because they DO hear

Advance Directives

- Spells out patients' wishes for health care when they may be unable to indicate their choice
- Durable power of attorney for health care
 - A legal document that appoints a person (health care proxy) chosen by the patient to carry out his wishes as expressed in an advance directive

Euthanasia

- Ending another person's life to end suffering, with (voluntary) or without (involuntary) his consent
- Passive euthanasia
 - Patient chooses to die by refusing treatment
- Active euthanasia
 - Administering a drug or treatment to kill the patient
 - Not legal or permissible
- Assisted suicide
 - Making available means to end patients' life (such as a weapon or drug), knowing that suicide is their intent

Adequate Pain Control

- Nurses advocate for compassionate end-of-life care
- Cornerstones of end-of-life care that can eliminate the need for a person to choose euthanasia or suicide
 - Knowledgeable and skillful symptom management
 - Relief of suffering
 - Promise of presence, of not abandoning the patient

Organ and Tissue Donation

- Organs that can be transplanted:
 - Kidneys, livers, hearts, and lungs
- Tissues that can be transplanted:
 - Corneas, bone, and skin
- Physicians usually request organ donation from family members, but nurse may be in a position to answer questions the family raises about organ donation

Postmortem (After Death) Care

- Nurse is responsible for postmortem care
- The body is prepared for the family to say their goodbyes and for removal to the morgue or undertaker
- Return patient's belongings to the family
- Provide a private quiet place for the family to begin the grieving process until they are able to leave

Question 3

Which of the following is a clinical sign that a patient is close to death?

- 1) Increased level of consciousness
- 2) Increased urine output
- 3) Warm, dry skin
- 4) Cheyne-Stokes respirations

Question 4

Marilyn's hospice patient refuses treatment that might prolong her life. She is refusing IV fluids and antibiotics. This is an example of:

- 1) euthanasia.
- 2) passive euthanasia.
- 3) active euthanasia.
- 4) assisted suicide.

Question 5

Which of the following patients would be ineligible for organ transplant donation?

- 1) 8-year-old brain-dead patient on a ventilator
- 2) 16-year-old cancer patient
- 3) 47-year-old who died of pulmonary embolus
- 4) 30-year-old automobile accident victim