

Palliative and Hospice Care Reflection

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How can the nurse ensure that a client receiving palliative/hospice care is kept comfortable? What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?

The nurse can provide pharmacological comforts, such as pain medication, or non-pharmacological comfort, such as oxygen therapy. The nurse can provide psychosocial and spiritual support by contacting a spiritual support specialist to work specifically with the patient. The nurse needs to treat the patient holistically, which may differ for each patient.

How can the nurse provide support for the family/loved ones of the dying client?

The nurse must realize that the patient and family will be going through different stages of grief. However, they may be at different stages at different times. The nurse should recognize the different stages of grief, such as denial, acceptance, anger, bargaining, and depression. Each stage will present differently, so knowing how to react to each situation is essential.

What feelings occurred when interacting with a person with a life-limiting illness?

Of course, it was sad when her father was sick, but there was also anger because it happened so fast. The doctors diagnosed his cancer when it had already spread throughout his body, so he was in between the ICU and hospice for a month. Being angry is difficult because it causes her not to want to talk to her father when time is so short that it is precisely what she should have been doing.

Were the feelings or emotions adequately handled?

Her feelings were not adequately handled, mostly because she was in shock, and he died. She did not process his death until afterward, which took a long time. She would say that it takes a lot of family and friends to get through that kind of loss.

Was there adequate communication with the ill person?

Communication with her father was concise when she found out about his cancer. She only had about a couple of weeks before the cancer was already in his brain. He was on heavy medication because he seemed to always be in pain. She could only be there physically and watch him deteriorate. She wished she knew how to communicate better at that moment.

How did the person with the life-limiting illness feel during their interactions?

When he was diagnosed, he had already lost most of his weight, but he was still optimistic, which was good. He kept saying that we would fight it and he would be ok. There were many hugs before it got worse. His daughter thought he knew better than anyone, so he tried to make us feel better.

Could the interactions have been improved in any way? How?

She does not think that the interactions could have been better for anyone because, in that situation, it was rapid, and we had not had a death in the family in a very long time. It is not something that one knows how to do or can practice doing or even wants to think about how to communicate with a sick loved one.