

Palliative and Hospice Care Reflection

Madalyn Goble

Lakeview College of Nursing

3/23/2024

Palliative and Hospice Care Reflection

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?

Caring for client's receiving palliative and or hospice care is a very important job of the nurse. One way a nurse can care for a client receiving this care is by administering pain medications and other comfort measures. In the video case study, it mentioned providing a client with oxygen therapy. Providing oxygen can help a client breathe better, ultimately making them more comfortable. The video also mentioned that positioning the client in different ways can help alleviate breathing. Some nonpharmacological treatment options that a nurse can implement are massage therapy, music therapy, or even Reiki, a type of energy therapy. These alternative therapies can help provide pain relief and relaxation.

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

A nurse plays a big role in providing support for the family and loved ones of a dying client. In the video case study, the speaker covered how the nurse interacts with the client's loved ones and the role of the nurse to be their advocate. It is important for a nurse to listen to the client's loved ones so that any important information can be relayed to the provider if necessary. It is also important for a nurse to educate the client's family about the care their loved one is receiving. Seeing a loved one in such a vulnerable position can be scary, so the nurse needs to be able to communicate with the family. A nurse should explain what is happening to the client and why it is being done. This can help put the family at ease and make them feel more involved with the client's care.

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

When my grandmother was diagnosed with stage four pancreatic cancer, it was a very hard time for me and my family. I remember not really believing it at first, as my niece was currently in the hospital at that time fighting meningitis. A little while later, I remember getting really angry because she wasn't eating and I felt that she was giving up on herself. After I began taking her to her chemo treatments, I realized that she was a lot sicker than I realized, and I became very sad. Shortly after her chemo began, she was admitted into the hospital where she decided that she was not going to continue with her treatments. I remember just sobbing that day and just not understanding why this was happening. She passed very early that next morning, and it was one of the hardest days of my life. She was one of my biggest role models and losing her was terrible. I look back and realize that I went through the stages of grief and I now know what loved ones of a client with a life-limiting illness may be going through.

Were the feelings or emotions adequately handled?

The emotions that I felt during this time period were not handled in the best way. I often chose to ignore my feelings in order to be strong for my grandparents and my other family members. I sort of took on the role of a care giver for my grandma by driving her to her appointments, giving her her medications, and helping her when she was throwing up. After she passed, I realized that I did not really take the time to feel the emotions that I needed to, and they continued to build up until they finally exploded. I should have talked out my feelings with those around me or at least not ignored them when they were taking place.

Was there adequate communication with the ill person?

When my grandma first got sick, she didn't really tell anybody. Instead, she waited until she got the final diagnoses before we let everyone know. I remember going with her to her pet scan and then sitting in the hospital room with her and my grandpa while the doctor explained

her condition. As the only one of the three of us that had any background with medicine, my grandparents looked at me to kind of explain what the doctor had said. After getting her diagnoses, the doctors talked to my grandma about her treatment options. They listed off all the different ways that they could treat her cancer, and she understood her options. When she decided that she did not want to continue with chemotherapy, she was informed about hospice care, as she did not have much longer to live. She unfortunately passed the morning after she decided to begin hospice care, but I know that she knew what that would have entailed.

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

My grandma was very open and receptive to the conversations about hospice and her inevitable passing. She had always been a very religious woman and she felt at peace knowing where she was going to go. The night before she passed, we all went to visit her as we knew the time was near. When I walked into the hospital room, the first thing she did was ask me for a hug and then tell me she was going to miss me. Then she told me that I needed to keep pursuing my nursing career as it was always her dream too and she was very proud that I was going to achieve that for the both of us.

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

I think the interactions between my grandma and the members of her healthcare team could have been improved by them explaining more about her cancer. She really didn't understand what was actually happening, and she relied on me to translate what the doctor was saying. I think that the doctors, nurses, and other members should have sat down with her all at once to explain her condition and what was going on in her body before asking if she had any questions.