

Client Comfort and End of Life Care Reflection

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What was learned from this scenario?

This scenario taught me how complicated end-of-life care can be, especially if the family members have varying opinions on the situation. This scenario also showed up important therapeutic communication is and that if you accidentally say the wrong thing then family members can very quickly and easily become upset. As a nurse we have to really think before we speak as end-of-life care involves much more than just giving medications; it is very holistic and the patient and their family members must be taken care of.

Identify the biggest takeaways.

For me, the biggest takeaway from this scenario is how realistic it was. Families can be very complicated and death of course is a difficult topic to deal with. As a nurse we have to be able to help families navigate such a difficult time and ensure that our patient's wishes are being fulfilled so that they can have a dignified death.

a) Explain the factors that influenced this decision.

The factor that influenced my biggest take away was how the two daughters wanted different things for their mom. The one daughter wanted her to "keep fighting" and the other was more accepting of the mom's decision about hospice. The aunt also wanted a chaplain to come, but the patient was not very religious and it might only upset her. This goes to show how complicated the dying process is and how differently people can view it. However, like the nurse showed in this situation the most important thing is ensuring that the patient's wishes are respected and she always made sure to address the mom's wants over what the family members wanted.

What are some of the main problems or key issues expressed in the scenario?

As mentioned previously, some of the main problems in this scenario were that the mom wanted to start palliative, hospice care, but her one daughter did not want her to “give up” just yet. Her daughter seemed to be in denial and thought her mom could pull through her end stage lung cancer. This led to some animosity between the two daughters. Another issue between the daughters was that of pain medication. One daughter wanted to respect the mom’s wishes of less pain medication since it sedates her and the other daughter thought it was important to ensure their mom was as comfortable as possible. The topic of pain medication can be very controversial among people due to its sedative effects. Another issue that came up in this scenario was the aunt wanted the chaplain to come in and speak with the family, but the daughter pointed out that their mom had not been to church in years and that this might only upset her more. Religion is another subject that can be very touchy for families during the dying process.

What were some of the challenging decisions the nurse needed to make?

The nurse had to find ways to ensure that no matter what her patient was being taken care of and that her wishes, and not the families were being fulfilled. For instance the nurse had to work out the issue of pain medication and talk with the family and patient to understand if the patient wanted the medication or not. The nurse also had to take charge and help ensure that her patient was able to get some rest and this involved finding a gentle way to ask the one daughter to take her noisy kids out of the room for a bit. The nurse also had to work with case management and the doctor to get assistance in reinforcing some teaching with the family.

a) Describe the rationale behind these decisions.

These were challenging decisions for the nurse to make because she risks having the family get really upset with her and this would make taking care of her patient even more difficult. Therefore, she really had to pay attention to the wording she used and find ways to “compromise” in the situation all while ensuring the wishes of her patient were met. It can also be difficult at times to get interdisciplinary help from other healthcare professionals at times. The nurse had to ask for help from the provider without insinuating that he did a poor job educating the family the first time around.

What factors influenced the nursing decisions and responses during the scenario?

The number one thing that influenced the nurses’ decisions in this scenario was the wishes of her patient. Above all else, the nurse wanted to make sure that her patient was comfortable and in charge of decisions related to her dying process. This meant that the nurse had to navigate some difficult conversations between family members and she also had to take charge in clearing out the noisy family for a bit to give her patient time to rest.

a) Explain the response.

We have been taught from day one in nursing school that our number one priority is the patient and what they want. There will inevitably be times where family is over bearing and tries to make decisions for our patients, but we have to learn ways to navigate these difficult decisions and ensure that our patients wishes are being fulfilled, and not the family members.

b) How will a nurse respond if this scenario presents again in the future?

There are a great deal of therapeutic techniques to help nurses navigate situations like this in the future. As the nurse demonstrated in this scenario, repeating back your understanding

of the situation such as “I hear that you are unsure about pain medications, could you explain your concerns to me” is very helpful. The nurse should ensure that everyone’s thoughts are heard in this scenario but at the end of the day that the focus is brought back to what the patient wants.

Have similar situations been experienced in current clinical rotations?

Yes, I have actually witnessed very similar situations in clinical rotations. Oftentimes family members will want more aggressive treatment measures for their loved ones, but the patient themselves is ready for just palliative care. It can be hard to get family members to understand the point of view of the patient because of course no one wants to lose a loved one.

a) How did nursing or others respond to the situation? Please explain.

I have seen the nurses use a great deal of active listening in these scenarios. They have open-body language and nod their heads to show that they are hearing what the family has to say. They also often offer to provide education materials and other resources such as case management and the chaplain. They also always stayed firm in supporting the wishes of their patients and would make sure to speak directly to the patient and not the family when asking about what they would like.

b) Describe successful communication strategies used or experienced in the clinical setting.

As stated previously, I have seen the nurses use a lot of active listening. They will ask for clarification when needed and do a good job of summarizing what the family and patient have said to them. They also almost always “offer self” and will just be a listening ear for the patient and their family. At times I have seen the nurses just sit quietly with the patients while they take

the time they need to reflect on the situation. This does a great deal to help provide a therapeutic environment for the patient.

Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.

An advantage of having families discuss treatment options before a loved one becomes ill or early in a terminal illness is that they can be more prepared for what's to come for the patient later in their illness. By creating a plan for end-of-life care early in the illness the family and patient may find it easier to agree upon decisions when there are less emotions involved. Another advantage of having family discuss treatment options early in an illness is that when the illness does enter its later stage then they can just focus on being with the sick family member and they don't have to stress about making all of these last minute decisions because they already have a plan in place. However, a disadvantage of having family members involved in end-of-life decisions making could result in them being over-bearing and making decisions for the person who is sick that the person themselves doesn't truly want. The person who is sick may feel pressured to just do whatever the rest of their family wants instead of what would truly help them have a dignified death.