

Client Comfort and End-of-Life Care Reflection

Natalie Zizumbo

Lakeview College of Nursing

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What was learned from this scenario?

This scenario helped give me a better understanding of how the decision-making for end-of-life care can become very difficult when the client's family has conflicting opinions/wishes. It showed me some therapeutic responses/techniques I could use when speaking with the family or trying to calm a situation down. The most important factor that needs to be considered is that the client's wishes are the main priority when it comes to the planning of care. The nurse needs to listen to their client even if the family disagrees with them. As long as the client is alert and oriented to set their plans of care before the situation becomes worse, then their wishes need to be followed.

Identify the biggest takeaways.

a) Explain the factors that influenced this decision.

Many factors influence the decision-making process. One factor is how advanced the client's cancer is. The doctor has discussed with the client and her family that if she were to be put on a ventilator again, then she would not be taken off of it. Another main factor is the client's wishes regarding her care, in this case, being placed into hospice. Although the client's daughter wants her to keep fighting, the client is tired and would like to just be kept comfortable due to her cancer already being advanced.

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

One of the main problems in this scenario is the difference in wishes/opinions on the client's care. One of the daughters did not want her mother placed into hospice care, while the other did not want her mother to suffer any longer. The client's sister also wanted a chaplain to come and speak to the client when the client did not have a religious connection. These cause

problems because the family members could disagree with the care/decisions the nurse is making and interfere.

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

a) Describe the rationale behind these decisions.

The nurse needed to make decisions based on the client's wishes and provide them with the best care. This included not taking her daughter's wishes/opinions into account and, in turn, using therapeutic communication to see what the client actually wanted to do. Also, to relieve some of their concerns regarding the care, for example, the client's concern about taking pain medication.

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

a) Explain the response.

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

The nurse needed to make the decisions based on what the client wanted. Her responses were appropriate for reliving the daughters' concerns. They also brought down tension and calmed them down so they could express their wishes or concerns. The nurse also used good therapeutic communication to steer the conversation/decision-making toward listening to what the client wanted and not what the daughters wanted.

Have similar situations been experienced in current clinical rotations?

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

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

I have not experienced a similar situation in my clinical rotation yet. However, one successful communication strategy that could be used is active listening. The nurse should not voice input when family members are arguing or talking amongst themselves. The nurse should listen appropriately to what is being said to gain insight into what may be the underlying problem or concerns.

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.

I think one of the advantages of having families discuss treatment options is the different viewpoints on the treatment options. The client can gain a better understanding of the different options they have. This, however, is one of the main disadvantages of having families discuss treatment options. The family members could have conflicting opinions on how their loved one is being cared for. Because of this, the family members could end up disregarding the client's wishes and focus on what they want.