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?

A nurse can ensure that a patient receiving palliative/hospice care is kept comfortable by assessing them regularly. If they are alert and oriented to their surroundings, the nurse can ask them directly. If they are not alert and oriented, the nurse will have to rely on assessing the client. Check their vital signs. Is their heart rate increased which may indicate pain or fear? Listen to the lungs. Does it sound like there is fluid in their lungs? Also, there are medications that doctor has prescribed. Even though they may not be able to communicate, all medications should be given. For the final months, weeks, or days to live, they should not have to feel nauseous, pain or have trouble breathing. A nurse can provide for the psychosocial and spiritual comfort of the patient in a few ways. Socially, the nurse should make sure the patient has someone. This could be their family, their friends, or even just volunteers (ATI, 2025). No one should have to die alone. For the spiritual aspect, the nurse can get in contact with a spiritual adviser.

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

There are many ways a nurse can provide support for the family/loved ones of the dying patient. First, the nurse can identify if the family needs anything. Asking “how are you?” or “is there anything I can do for you?” are two great ways to identify if they need anything. Second, educating the family is important too. Most are not aware of the dying process, as it is not something that just happens casually. Explaining to the family the steps or explaining what a sudden change in vitals or breath sounds mean can better prepare them for when the patient dies. Third, give the family options. Explain to them that they can pick their hospice location and can decide the level of comfort for the patient. Fourth, give them emotional support. Watching someone die is emotionally draining. Be there for them. Lastly, give them a break. Eventually, it gets to a point where the family care start taking care of the patient. Sometimes, they might need a break, so give them one (Becque at al., 2021, pg. 4-5).

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

I can relate to this example. There is a really good family friend of mine who has cancer. Without treatment, she was given six months to live. With treatment, which is the route she chose, she has about a year. She is pretty much housebound. She will leave for appointments, but that is it. My mom and I go to her house on Sunday and organize her pill box for the week. Every time I see her, it breaks my heart. I do not see the same person I knew just a few months prior. It is sad. She is confused because of the chemo, and we also think she might have early onset of dementia. Watching someone go through such a debilitating disease is heart wrenching.

Were the feelings or emotions adequately handled?

For me, I would say yes. As someone who is religious, I know that when she dies, she will no longer suffer. I know with so much certainty that I will see her again. While it is sad in the moment, it brings me much inner peace.

Was there adequate communication with the ill person?

Yes. I see her and talk to her frequently, so I would say there is adequate communication between us.

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

I think she is happy when I go to see her. Living alone, especially when bound to the house, has to be isolating. It makes me happy that I can talk to her and visit with her. However, she does tell me that she gets depressed and anxious. They have put her on lorazepam, which I think is helping. Cancer does not just affect the body. It affects the mind too.

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

Yes! It is not hard for me to empathize with people. It sometimes is difficult knowing what to say though. It is difficult for me to find the words sometimes when she tells me that she is depressed and anxious. I try and say something along the lines of, “This must be a hard time.” Even though I may not know what to say, I will always hug her and assure her of my love.

References

ATI. (2025). *Module: End of Life: Palliative Care and Hospice Care.* ATI. https://student.atitesting.com/ViewResult/229/1968/39/683388724/131959086.

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