

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?**

Nurses ensure that a client is kept comfortable by frequently assessing them for pain. For palliative care therapy, the care provided prevents and relieves pain and provides for those not dying. Hospice care manages pain related to their condition especially for those that are terminally ill. A nurse can provide comfort to the patient but educating themselves on end-of-life wishes and cultural norms (Eliopoulos, 2022).

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

Being a listening ear is always the greatest form of support. Allowing someone to come and express their emotions, feelings, insecurities, sadness with you will always be supportive in helping them through the stages of grief. It is important to understand that each stage looks different per person.

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

I felt bad. I felt like it wasn't fair for someone to be dying because their body is giving up on them. I want to be comforting without having them thinking I'm giving them sympathy. I hope that the individual did everything they wanted to do, had a happy life, and accepted the afterlife that's to come. There's a range of emotions and feelings that I went through

**Were the feelings or emotions adequately handled?**

Yes. I want to enjoy the moment doing whatever I'm doing. It was not until I got home, showered, relaxed for the day that those ranges of emotions let out and broke free.

**Was there adequate communication with the ill person?**

This individual decline was sudden and fast. Although we knew that due to age this day would come you can never be prepared for the unexpected. Once the decision was made, the individual was able to communicate her wishes while still maintaining relationships.

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

The person was the same as always. She did voice her concern of never thinking she would be at this stage of her life, but she was accepting of what's to come. She stayed smiling, engaging in happy topic conversations, asking the family how we are feeling, showing us a sense of selflessness.

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

I don't think I would have wanted it to improve in any way. This interaction worked for both of us, allowing each other to enjoy our moments together. We shared laughs and memories, shared time, and love. So, no I don't think this interaction could have been improved.

Reference:

Eliopoulos, C. (2022). Gerontological Nursing: tenth edition. Wolters Kluwer.