DEATH

End-Of-Life (EOL) Care

Technologic advances in medicine caused care of dying to become depersonalized & mechanical. "Nurses spend more time with patients facing EOL than any other member of health care team".

Ethical Implications

Many health care agencies have ethics committees to develop and implement policies that deal with end-of-life issues. One of the most difficult dilemmas is determining ***difference between killing & allowing someone to die*** by withholding life-sustaining treatment.

Nursing process

Assessment

▪ Client's awareness of the terminal nature of illness	▪ Physical condition
▪ History of previous positive coping skills	▪ Availability of support systems
▪ Unfinished business expressed by client or family	▪ Emotional status
▪ Presence of advance directives for health care decisions	

Diagnosis

Powerlessness, "a perceived lack of control over a current situation or immediate happening". **Helplessness**, "individual sees limited or unable to mobilize energy on own behalf".

Outcome Identification and Planning

- Schedule time to be available to client.
- Balance the client's need for independence and need for assistance.
- Respect the client's confidentiality.
- Answer all questions and provide factual information to client and family.
- Recognizes & respects cultural, spiritual & religious beliefs of the clients & families.
- Planning focuses on meeting the holistic needs of the ***client and family.***

Implementation

- The nurse's first priority is to ***communicate a caring attitude to the client.***
- ***Establishment of rapport*** facilitates the client's verbalization of feelings.
- ***Establishes a safe environment*** in which ***client does not feel chided or chastised***.
- ***Nonverbal communication can be used*** very effectively with dying individuals.
- "You just need to ***make space for patients to be themselves***.
- Just ***be there*** and ***hold hands*** and ***listen***".

Nurses' Competencies to provide care to patients/families during transition to EOL:

1. Recognize changes (social, demographic, economic) necessitating improved EOL care.

2. Promote provision of comfort care to the dying.

3. Communicate with patient, family, and colleagues about EOL issues.

4. Recognize one's own attitudes, feelings, values, and expectations about death; acknowledge diversity (individual, cultural and spiritual) in beliefs and customs.

5. Demonstrate respect for the patient's view and wishes during EOL care.

6. Collaborate with interdisciplinary team members during EOL care.

7. Use standardized tools to assess symptoms experienced by patient at the end of life.

8. Use assessment data to plan and intervene using complementary approaches.

9. Evaluate impact of traditional, complementary & technological therapies on pt outcomes.

10. Assess & treat (physical, psychological, social & spiritual needs) improve **EOL** quality

11. Assist patient, family & colleagues in coping with suffering, grief, loss & bereavement.

12. Apply legal and ethical principles in the analysis of complex EOL issues.

13. Identify barriers and facilitators to patients' and caregivers' effective use of resources.

14. Demonstrate skill at implementing a plan for improved EOL care.

15. Apply knowledge gained from palliative care research to EOL education and care.

1- ***Physiological Needs***

- Physiological needs must be met before others because. Areas that are often problematic for the terminally ill client are ***respiration, nutrition, elimination, comfort, and mobility***.

2- ***Promoting Comfort***

- ***Pain relief***, keeping client ***clean and dry***& providing ***a safe, nonthreatening environment***.
- ***Establish rapport***to promote the ***client's psychological comfort***.

3- ***Hospice Care***

- It allows terminally ill individuals to die with dignity & be surrounded by lovedpersons.
- Clients enter hospice ***when client refuses further aggressive medical treatment***.
- Hospice ***emphasizes on care instead of cure***&on **palliative care** (control of symptoms).
- The team consists of nurses***, physicians, social workers, psychologists, clergy, ancillary personnel, and volunteers.***
- Team members meet regularly to solve problems, make decisions & coordinate care

4- ***Home Care***

- Dying person is often not given opportunity to be surrounded by family & friends.
- Home care is an alternative for dying client, if the family members are physically and emotionally able to provide care.

5- ***Psychosocial Needs***

Problem	**Nursing Implications**

Anxietydue to: ▪ Client's fear of death ▪ Sense of abandonment ▪ Caregiver's fear of loss of loved one ▪ Loss of independence and social isolation.	▪ Spend as much time as possible with dying client. ▪ Encourage family & friends to stay with client. ▪ Encourage verbalization of feelings. ▪ Listen in nonjudgmental manner. ▪ Answer all questions in an honest, factual manner. ▪ Provide explanation of all procedures.
Decreased independencedue to: ▪ Independence is threatened by powerlessness ▪ Independence promoted by having control over one's life.	▪ Seek client's opinion on treatment issues. ▪ Involve client in developing plan of care. ▪ Encourage client interaction with family and friends. ▪ Assist client to develop realistic goal ▪ Avoid always emphasizing limitations.
Decreased social interactiondue to: ▪ Increased loneliness when others detach themselves ▪ Health care providers tend to avoid interacting with dying. ▪ Sensory deprivations	▪ Encourage family to remain with dying person. ▪ Stay with dying person as much as possible. ▪ Provide support throughstaying& active listening. ▪ Be available to discuss client's situation. ▪ Use touch to communicate caring. ▪ Provide meaningful sensory stimuli.

6- ***Spiritual Needs***

▪ Contacting religious person if requested by the client	▪ Communicating empathy
▪ Reading religious book aloud at the client's request	▪ Praying with the client
▪ The nurse's presence, ***just being there*** with the family	▪ Using touch
▪ Playing music	▪ Support for the family

7- ***Learning Needs of Client and Family***

- Teach family members what they need to know.
- Teach to schedule activities after rest period or early in morning when client is strongest.

Stages of Death and Dying

1ststage: ***Denial*** الانكار	Denial ***is an immediate response to loss*** of the most people. It is a ***useful tool for coping***. It is an ***essential & protective mechanism*** that may ***last for <u>few minutes</u>*** or ***<u>manifests for months</u>***.
2nd stage: ***Anger*** الغضب	The ***client's security is being threatened by unknown***. All normal ***daily routines have become disrupted***. Client has ***no control over situation*** & becomes angry in response to this **powerlessness**. A***nger may be directed at self, God, and others***.
3rd stage: ***Bargaining*** الصفقة المساومة	Anticipation of loss through death brings about bargaining through which ***client attempts to postpone or reverse inevitable***. Client ***promises to do something*** in exchange for a longer life.
4th stage:	It occurs when the ***realization comes that the loss can no longer be***

Depression الاكتئاب	***delayed***. This depression ***helps client detach from life*** to be able to ***accept death.***
5th stage: ***Acceptance*** القبول	Acceptance ***may not be reached by every dying client***. ***Most dying persons eventually accept the inevitability of death***. ***Verbalization of emotions*** facilitates acceptance. With acceptance comes ***growing awareness of peace & contentment***. **Reinforcement** of ***feelings & sense of personal worth*** are important in this stage.

CARE AFTER DEATH

1. **Care of the Body**
   - Maintaining privacy and preventing damage to the body.
   - Use caution when removing tape from the body to avoid skin breakdown.
   - Nurse should elevate head to prevent discoloration from blood pooling.
   - Close eyelids, insert dentures, close mouth &keep body in natural position.
   - Preparing body for family viewing (make body look comfortable & natural) by removing all tubes & position body properly &places identification tags on body's toe & wrist.
   - Place in a plastic or fabric shroud and shroud is tagged. ▪ Transport body is to morgue.
   - Return deceased's possessions to family e.g. Jewelry, clothing & all personal items.
2. **Legal Aspects**
   - Physician is responsible for determining **cause of death** & **signing death certificate**.
     - ***A. Autopsy*** (تشريح)
       - **Autopsy** is mandated in an unusual death e.g., an **unexpected** & **violent death**.
       - Families must **give consent for an autopsy** to be performed.
     - ***B. Organ Donation***
       - Organs & tissues used:(kidneys; heart; lungs; liver; pancreas; skin; corneas & bones)
       - At time family gives **consent for donation**, nurse **notifies donor team** that an organ is available. **Organ or tissue must be harvested & transplanted quickly.**
3. **Care of the Family**
   - At time of death, the nurse provides invaluable support to deceased family.
   - Informing family of the ***type and circumstances surrounding the death***.
   - The nurse ***provides information*** about ***viewing body*** asks family about ***donating organs*** & ***offers to contact support people*** (other relatives).
   - Help family regarding a **funeral home**, **transport** & **removal of deceased's belongings**.
   - Use compassionate skills to provide information & support to families.

NURSE'S SELF-CARE

- Working with dying can evoke both a personal & a professional threat in nurses.

- **"Death & dying process**, represents a **personal crisis** for **dying** person & for **caregivers**
- Nurses are confronted with death & loss daily so **grief is common experience for nurses.**
- Exposure to death can **interfere nurse's effectiveness** due to subsequent anxiety & denial.
- **Nurses are at risk for experiencing negative effects from caring for dying.**
- Nurses use defenses against grieving as keeping busy, being strong & suffering in silence.
- Nurses need to ***stop pretending that they do not experience grief and subsequent suffering*** and to ***talk about the intense emotions*** associated with care-giving.
- ***Nurses need support, education& assistance in coping with clients death***
- Staff education should focus on **decreasing staff anxiety** about working with grieving, **how to seek support**, and **how to provide support to coworkers.**
- Nurse's fears about death & its meaning causing anxiety related to mortality's feelings.
- **Caring for the dying client and the family can be emotionally draining.** Therefore**, nurses must remember to care for themselves.**