

## **Abstract for Nursing Issues in Palliative Care**

Health care of patients with cancer continues to grow in complexity and caring for dying is a stressful job due to insufficient training in symptom management and communication skills. The lecture will discuss how health care workers could “Walk the journey” with the patients and enhance quality of life (QOL) by enhancing symptom management.

Palliative care is important for the patient as it seeks to enhance quality of life in the face of an ultimately terminal condition where it is a part of all good medicine regardless of the goals of treatment. It includes the control of pain and other symptoms and addresses the psychological, social, or spiritual problems of patients and their families living with terminal conditions.

The patient who is receiving end-of-life care will have physical status changes (increase in pain, decrease in activity, nausea, decrease in appetite, changes in well-being, depression, anxiety, drowsiness, shortness of breath) and functional status changes (bed mobility, walking, eating, toilet use, personal hygiene, and bathing). The lecture focused on symptoms that will affect the quality of life such as pain, nausea and vomiting, fatigue, dyspnea.

1. Pain is an important issue because the effect of uncontrolled pain during the last 6 to 12 months of life is significant. Thus when pain is discussed, there are factors that hinder pain management such as professionals (doctors) health care workers (nurses) who are not aware of proper treatment of pain and patients and how pain affects them. So, pain management requires an interdisciplinary approach.
2. Nausea-Vomiting are common in advanced disease, thus it is important to remember that health care providers should assess the etiology such as the physiological (GI, metabolic, CNS), psychological, disease related, and treatment related that will affect the patients on a daily basis.
3. Fatigue is a multidimensional and can be profound. It has several causes such as: disease related due to advanced disease, psychological, and treatment related such as chemotherapy and radiotherapy. There are two types of fatigue: physical and attentional (mental). Physical fatigue is associated with lack of energy & sleepiness, decreased ability to perform ADL's, decreased self-concept while attentional fatigue is associated with difficulty carrying out an effortful activity, lapses in working memory, increased impatience & frustration.
4. Dyspnea is the fourth issue to be discussed. its clinical presentation are “shortness of breath”, “Tightness in the chest”, “Can not take a deep breath”, and “Smothering”. These influence the patients quality of life.

These symptoms are only a few of the most common experienced by patients at the end of life. Nurses have a vital role, as the plan of care must be constantly adjusted to achieve quality of life, and for the patient to die with dignity. It is always good to remember Hippocrates saying when he mentioned “To cure, occasionally; To relieve, often; To comfort, always.”