

Insights on Palliative Care

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ABSTRACT

Medical problems can't always be fixed, despite advancements in modern medicine. Death and dying are unavoidable aspects of life, and each one is a personal experience. No two end of life situations are the same. If an individual has a life-limiting illness, meaning it cannot be healed and will cause them to die, the focus of their treatment will change from attempting to heal them to providing the best quality of life possible. Palliative care isn't just about those in their final days. An individual can receive palliative care for many years, months, weeks, or days, depending on their circumstances. Palliative care may be given at a person's home, in a residential aged care facility, at a hospice, or in a hospital. It is open to anyone of any age, culture, history, beliefs, or place. The current paper give an overview on palliative care & its importance and nurses role as well as discussion on the challenges that faced by nurses during palliative care.

Keywords: Palliative care; Patient care; Symptoms; Nurses role; Quality of life

INTRODUCTION

Palliative care is a form of specialist healthcare that is given to people who have a life-limiting illness. Palliative care supports patients of all ages who are suffering from serious or complex symptoms as a result of a life-limiting or terminal disease. It helps to enhance and maintain the patient's and family's quality of life, allowing them to live as fully as possible before death.

Common medication conditions of people who access palliative care include:

- Cancer
- Dementia, including Alzheimer's disease
- Advanced lung, heart, kidney or liver disease
- Stroke and other neurological diseases, including motor neurone disease and multiple sclerosis
- Huntington's disease
- Muscular dystrophy
- HIV/AIDs
- And other degenerative or deteriorating conditions relating to aging [1].

Palliative care is for patients who are experiencing complex or extreme symptoms as a result of a chronic, advanced, life-threatening illness. Palliative care is not available to anyone who dies. People who die suddenly as a result of a serious accident or disease do not

need or be able to receive palliative care. Some people may opt not to receive palliative care or may find it ineffective.

Nurses Role

The nurse must have good interpersonal skills and clinical experience to provide palliative care, which is driven by respect for the individual and the ethical values of autonomy, beneficence, nonmaleficence, and justice. Even in the face of death, a nurse's real, warm, and caring relationship with his or her patient is often a healing relationship. It's a blend of cutting-edge clinical expertise with patient fidelity, the capacity to listen and stay present in the face of great pain and anxiety, and clear communication. The nurse is the one who provides the majority of treatment and assistance to patients and families over the course of a disease, and she is the one who is more likely than any other to be present at the time of death [2].

Patients who do not respond to medications designed to sustain and prolong life are often cared for by critical care nurses. Critical care nurses are under a lot of pressure to provide physical and emotional support to both patients and their families during the dying process, which typically happens after withholding/withdrawing medication. Despite the fact that there are recognised care planning mechanisms that may assist nurses in delivering End of Life (EoL) care, not all units use them, and many nurses rely on experience to guide their practise. A variety of factors have been identified as contributing factors, including communication, patient/family-centered decision-making, quality of care, emotional/spiritual support, and support for health professionals [3].

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