

3rd International Conference on

Palliative Care & Hospice Nursing

June 21- 22, 2017 | Philadelphia, USA

OPPONENTS AND PROPONENTS VIEWS REGARDING PALLIATIVE SEDATION AT END OF LIFE

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Palliative sedation is sedating a patient to the point of unconsciousness to relieve one or more symptoms, when all other possible measurements have failure. Palliative sedation is charged with controversy since developed. The purpose of this position statement paper is to support and discussing opponents and proponents' views comprehensively around palliative sedation in terminally ill patients. The most important dispute was if palliative sedation hastens death or not, if it can be used as physician-assisted suicide, if it legalized euthanasia and (or) if it violate patient's autonomy. The current authors are supporting palliative sedation with advanced incurable patients in order to alleviate patients suffering, palliative sedation offer to terminally ill patients' comfortable experience at end of life and allow them to die in peace. Palliative sedation should be encouraged to get health care facilities and legal support.

IMPACT OF AGE AND FINANCIAL STATUS OF PATIENTS OR CAREGIVERS ON PERCEPTIONS OF HOSPICE CARE AND THE CHOICE OF HOSPICE V. HOSPITAL CARE AT TERMINAL DIAGNOSIS

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Hospice is designed to provide quality end-of-life medical care for patients and support for their families. Most insurance, including Medicaid, provides hospice benefits. Why then do so few people enter hospice? I hypothesized that the perception of hospice care as a last resort drives the decision to choose hospital care at terminal diagnosis. However, the data shows that although a large number of respondents across age and income groups did not regard hospice care as a last resort, when asked to make a hypothetical decision between hospice and hospital care, they primarily chose hospital care except when life expectancy was less than 3 months. Subjects aged 30 and under showed higher preference for hospital care even when given life expectancy of less than 3 months. Respondents were more likely to choose hospital over hospice care when making the decision for a family member than for themselves. Given 6 months or more to live with a terminal disease, respondents generally chose hospital care, perhaps in anticipation of a curative option which may not be available for diseases such as end-stage Alzheimer's. Thus my hypothesis that the perception of hospice as a last resort drives choice of hospital care at terminal diagnosis was not proven. Multiple factors affect decision making when life expectancy is 3 months or less. Age and income do impact the choice; however end-of-life care decisions are clearly more complex and require careful guidance and support.